

Contingent Business Interruption Individual Locations Supplemental Application

NOTE: If a contingent business (property) has more than one location (e.g. ABC Inc. has a head office, warehouse, manufacturing plant) details regarding each of these locations is required

Named Insured _____ Policy Number _____

Business or Corporate name of the Contingent Property _____

Contingent Property Information

Location _____

Construction _____

Fire Protection _____

Occupancy _____

Limits of Insurance \$ _____

Contingent Property Information

Location _____

Construction _____

Fire Protection _____

Occupancy _____

Limits of Insurance \$ _____

Contingent Property Information

Location _____

Construction _____

Fire Protection _____

Occupancy _____

Limits of Insurance \$ _____

Contingent Property Information

Location _____

Construction _____

Fire Protection _____

Occupancy _____

Limits of Insurance \$ _____

Is this Contingent Business a _____ Supplier _____ Recipient _____



Indicate the product/material this Contingent Property is a supplier or recipient of and provide a brief description of how the Applicant's business would be affected

Is this the Applicant's only supplier/recipient of this product or material? YES _____ NO _____

If "NO", indicate the approximate percentage you received or supplied to this contingent business _____ %

Supplier Additional Information: If this is the only supplier, in the event of a loss, are there other sources available the Applicant can obtain this product or material from? Explain

Applicant Acknowledgement

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant Name _____ Title/Position _____
Applicant Signature _____ Date _____
Broker Name _____
Broker Signature _____