



# LIONS GATE UNDERWRITING

## GROUP ACCIDENT INSURANCE APPLICATION

### I. General Information

Name of Applicant Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_

Requested Effective / Expiry Date: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage? (If 'yes', please provide details below) Yes  No

Have there been any WCB claims or other accidents, insured or uninsured, in the past 5 years? Yes  No

(If 'yes', please provide details below)

| DATE | LOSS DESCRIPTION | RESERVE OR PAID OUT AMOUNT |
|------|------------------|----------------------------|
|      |                  |                            |
|      |                  |                            |
|      |                  |                            |



| BENEFIT  | EXAMPLE LIMIT                | REQUESTED LIMIT |
|--|------------------------------|-----------------|
| Accidental Death & Dismemberment (Principal Sum) | \$50,000                     |                 |
| Paralysis (two times Principal Sum)              | \$100,000                    |                 |
| Weekly Accident Indemnity (Optional)             | \$250                        |                 |
|  | Benefit Period<br>26 weeks   |                 |
|  | Elimination Period<br>7 days |                 |
| Accident Medical                                 | \$5,000                      |                 |
| Dental Injury                                    | \$2,500                      |                 |
| Rehabilitation                                   | \$5,000                      |                 |
| Repatriation                                     | \$5,000                      |                 |
| Aggregate Limit per Accident                     | \$500,000                    |                 |

Other Benefits Requested:

| BENEFIT | LIMIT |
|---------|-------|
|         |       |
|         |       |

Is War and Terrorism Risk Coverage Required? Yes  No

**FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**PERSONAL INFORMATION CONSENT**

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i. To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii. That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.0

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

*(Principal, Partner or Officer)*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_