



## BEAZLEY ENVIRO MEDIATECH INSURANCE APPLICATION

**NOTICE: CERTAIN INSURING CLAUSES OF THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THESE INSURING CLAUSES APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED IN WRITING TO THE INSURER EITHER DURING THE POLICY PERIOD, WITHIN SIXTY (60) DAYS AFTER THE EXPIRATION OF THE POLICY PERIOD, OR DURING THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE). THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES AND CLAIMS EXPENSES SHALL BE APPLIED TO THE DEDUCTIBLE. THE INSURER IS NOT OBLIGATED TO PAY ANY DAMAGES AND CLAIMS EXPENSES AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED BY PAYMENT OF DAMAGES AND CLAIMS EXPENSES. PLEASE REVIEW THIS POLICY CAREFULLY.**

**PLEASE ATTACH THE FOLLOWING (✓ if attached):**

- Résumés (Statement of Qualifications) of Corporate Officers, Partners and/or Owners and Key Personnel (i.e. Project Managers)
- Past two years financials including balance sheet and income statement
- Sample Copy of Contract with Clients and/or Subcontractors/consultants
- Brochures and/or website address
- Five years of currently valued loss information for all lines of coverage being requested with details of any losses over \$10,000 (General Liability, Pollution, Professional Liability)
- Copies of licenses and/or permits for the performance of regulated operations (i.e. asbestos / lead / mold / abatement / transportation of materials or storage of waste)

### 1. GENERAL INFORMATION

1. Name of Organization or Legal Entity (Applicant) including any subsidiaries:

\_\_\_\_\_ (please show complete name as you wish it to appear on the policy)

2. Address (Not P.O. Box):

\_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_

3. Date Established: \_\_\_\_\_

ADDRESS OF BRANCH OFFICES	DATE ESTABLISHED	PERCENTAGE (%) OF APPLICANT'S TOTAL REVENUES
		%
		%
		%
		%

4. Firm is:  Sole Proprietorship  Partnership  Corporation  Professional Corporation  Other \_\_\_\_\_

5. During the past five (5) years, has the name of the Applicant been changed or has any other business been purchased or any merger or consolidation taken place?  YES  NO

If YES, please provide details including the dates:

\_\_\_\_\_  
\_\_\_\_\_

STAFF COMPOSITION	NUMBER OF EMPLOYEES
Principals, Partners, Officers and Directors	
Engineers	
Geologist/Hydrogeologist	
Industrial Hygienists	
Environmental Scientists	
Toxicologists	
Project Managers	
Field Personnel	
Other	
<b>Total # of Employees</b>	

6. How many professional employees have left the Applicant in the last twelve (12) months: \_\_\_\_\_

7. What Professional Societies & Associations does the Applicant and their professional staff belong to?  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Is the Applicant controlled or owned by any other entity or individual not employed by the Applicant?  YES  NO  
 If YES, please provide details:

\_\_\_\_\_

9. Does the Applicant or any of its professional staff own an interest in any other entity?  YES  NO  
 If YES, please provide the following details:

\_\_\_\_\_

OWNER NAME	AMOUNT OWNERSHIP INTEREST	ENTITY NAME	RELATION TO APPLICANT	NATURE OF ACTIVITIES	ENTITY'S GROSS REVENUES IN PAST YEAR
	%				\$
	%				\$
	%				\$
	&				\$

10. Does the Applicant provide professional services to any of the above entities?  YES  NO

11. Does the Applicant subcontract services to any of the above entities?  YES  NO

12. Does the Applicant provide professional services on projects in which any principal, officer, director or shareholder or an immediate family member of such person retains any ownership interest in excess of ten percent (10%)?  YES  NO  
 If YES, please attach a complete description of the project, identify all individuals holding an ownership interest and include their respective amount of ownership interest:

**2. FINANCIAL INFORMATION**

**PLEASE ATTACH A COPY OF THE FIRM'S PAST TWO (2) YEARS FINANCIAL STATEMENTS**

13. Is the Named Insured a successor to a bankrupt entity?  YES  NO  
 If YES, provide details along with the name of predecessor entity:

\_\_\_\_\_

14. **Gross Revenues:** Please include the amount of revenues from professional services. If there are abandoned projects, please provide details and associated revenues:

\_\_\_\_\_

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	<b>FISCAL YEAR END (MM/DD/YY)</b>	<b>TOTAL GROSS REVENUES</b>	<b>SEPARATELY INSURED PROJECT REVENUES</b>
Estimate for Upcoming Policy Period		\$	\$
Projected for Current Policy Period		\$	\$
Prior Year		\$	\$

15. What percentage (%) of the Applicant’s revenues are generated from overseas services? \_\_\_\_\_ %  
Please list the countries services are provided in:  
\_\_\_\_\_
16. What percentage (%) of the Applicant’s revenues are generated from Technology Based Services? \_\_\_\_\_ %  
If greater than five percent (5%), please complete the Technology Supplemental Application.
17. Does the Applicant’s firm collect any revenue online or otherwise engage in any e-commerce operations?  YES  NO  
If YES, then please complete the Technology Supplemental Application.
18. Does the Applicant’s firm collect private personal information?  YES  NO  
If YES, then please complete the Technology Supplemental Application.

**3. PRACTICE INFORMATION**

19. List of five (5) largest projects in the last three (3) years (or attach SF 254):

Project Name/Client: \_\_\_\_\_ Projected/Actual Gross Revenue: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Services Provided: \_\_\_\_\_

Project Name/Client: \_\_\_\_\_ Projected/Actual Gross Revenue: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Services Provided: \_\_\_\_\_

Project Name/Client: \_\_\_\_\_ Projected/Actual Gross Revenue: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Services Provided: \_\_\_\_\_

Project Name/Client: \_\_\_\_\_ Projected/Actual Gross Revenue: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Services Provided: \_\_\_\_\_

Project Name/Client: \_\_\_\_\_ Projected/Actual Gross Revenue: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Services Provided: \_\_\_\_\_

20. Please indicate the estimated gross revenue and % of work subcontracted for the following disciplines of service in which the Applicant is engaged:

<b>ENVIRONMENTAL CONSULTING OPERATIONS</b>	<b>EST. GROSS REVENUE</b>	<b>% SUBCONTRACTED</b>
Air Quality Testing		
Asbestos/Lead Assessment, Remedial Design & Monitoring		
Mold Assessment, Remedial Design & Monitoring		
Construction or Project Management		
Decommissioning Design for Radioactive & Nuclear Facilities		
Health & Safety Training, OSHA Compliance		
Lab Analysis		
Phase I – Environmental Risk Assessments		
Phase II – Environmental Site Assessments		
Phase III – Remedial Investigation, Design & Feasibility Studies		
Regulatory Consulting – Permitting & Compliance Audits		
Tank System Design & Testing		
Waste Arranging & Brokering		
Other Environmental Consulting		
<b>Total Environmental Consulting Revenue</b>		

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<b>ENVIRONMENTAL CONTRACTING OPERATIONS</b>	<b>EST. GROSS REVENUE</b>	<b>% SUBCONTRACTED</b>
Asbestos/Lead Abatement		
Mold Abatement		
Barrier/Liner Construction		
Construction or Project Management		
Dredging (Remedial)		
Emergency Response Services		
Groundwater/Soil Sampling		
Hazardous Materials Soil/Groundwater Cleanup		
Landfill Construction/Expansion/Capping		
PCB Removal		
UST Installation/Removal & Maintenance		
AST Installation/Removal & Maintenance		
Waste Hauling/Lab Packing		
Other Environmental Contracting		
<b>Total Environmental Contracting</b>		

<b>NON-ENVIRONMENTAL CONSULTING OPERATIONS</b>	<b>EST. GROSS REVENUE</b>	<b>% SUBCONTRACTED</b>
Civil Engineering		
Geotechnical Engineering		
Heating, Ventilation, AC Design		
Landscape Design		
Transportation Engineering		
Structural Engineering		
Mechanical Engineering		
Architectural Services		
Process Engineering		
Planning Services		
Surveying Services		
Construction Management		
Construction Monitoring		
AE Lead Design/Build		
Other Non-Environmental Engineering/Consulting		
<b>Total Non-Environmental Consulting Revenue</b>		

<b>NON-ENVIRONMENTAL CONTRACTING OPERATIONS</b>	<b>EST. GROSS REVENUE</b>	<b>% SUBCONTRACTED</b>
Excavation/Grading		
Carpentry/Framing		
HVAC/Mechanical/Industrial		
Street/Road Paving		
Drilling		
General Commercial or Residential		
Civil/Industrial Construction		
Electrical		
Utility Work		
Heavy Highway/Bridge		
Demolition/Renovation		
Construction Management		
Masonry/Concrete		
Restoration Contractor (Fire/Water Damage)		
Roofing/Insulation		
Operation and Maintenance for Others		
Plumbing		
Oil and Gas Contracting		
Alternative Energy Contracting		
Steel Erection		
Paintings/Coatings Application		
Pesticide/Herbicide/Fertilizer Application & Landscaping		
Construction Lead Design/Build		
Other Non-Environmental Contracting		
<b>Total Non-Environmental Contracting</b>		

PRODUCT DESIGN & SALE WITH & WITHOUT INSTALLATION	EST. GROSS REVENUE	% SUBCONTRACTED
Product Design and/or Sold with Installation Describe:		
Product Design and/or Sold without Installation Describe:		
<b>Total Product Design/Sale Revenue</b>		

21. Please indicate the approximate percentage (%) of revenues derived from the following project types (Total Must Equal 100%):

INDUSTRIAL		% REVENUES	INFRASTRUCTURE		% REVENUES
Manufacturing/Chemical Plants		%	Airport Runways		%
Petrochemical/Refineries		%	Street/Road		%
Natural Gas Pipelines		%	Bridges/Tunnels		%
Petrochemical Pipelines		%	Harbors/Piers/Ports/Dams		%
Other Pipelines		%	Offshore Marine		%
Wastewater Sewage Plants		%	Landfills/Disposal Facilities		%
Potable Water Systems		%	Mass Transit/Railroad		%
Power Plants (non-nuclear)		%	Transformers		%
Other (describe):		%	Nuclear Facilities		%
			Other (describe):		%
RESIDENTIAL/HABITATIONAL			COMMERCIAL/PUBLIC		
Apartment		%	Shopping Centers		%
Single Family Home		%	Offices/Warehouses		%
Condos/Townhouses		%	Parking Structures		%
Nursing Homes		%	Churches		%
Prison/Correctional Facilities		%	Sports/Convention		%
Dormitories		%	Schools/Colleges		%
Other (describe):		%	Hospitals		%
			Airport Terminals		%
			Hotels/Motels		%
			Other (describe):		%
MUNICIPAL/GOVERNMENTAL					
EPA/DEP (Federal/State)		%			
Homeland Security		%			
DOD/DOE (Federal)		%			
State/Local		%			
Other (describe):		%			

22. What percentage (%) of the Applicant's professional services are provided using the following project delivery methods:

DELIVERY METHOD	% REVENUES
Design/Bid/Build	%
Design/Build – Contractor Led	%
Design/Build – Designer Led	%
Fast Track (attach details)	%
Engineer/Procure/Construct (EPC)	%

23. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication or real estate development?  YES  NO

If YES, please give details:

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24. What percentage (%) of the Applicant's professional services are attributable to the following types of clients:

PRIVATE SECTOR	% REVENUES	PUBLIC SECTOR	% REVENUES	FOREIGN	% REVENUES
Contractors	%	Local Government	%	Private Owner	%
Design Professionals	%	State Government	%	Governmental	%
Developers	%	Federal Government	%	Design Professionals	%
Owners	%	Other (describe):	%	Other (describe):	%
Other (describe):	%				

25. What percentage (%) of Applicant’s work is derived from repeat clients? \_\_\_\_\_ %
26. Does the Applicant work with other firms in joint ventures?  YES  NO  
 If YES, please provide the following information:

JOINT VENTURE NAME	PROJECT NAME	JOINT VENTURE PARTNERS	APPLICANT’S % INTEREST	SERVICES PROVIDED	SEPARATELY INSURED
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

**4. RISK MANAGEMENT**

27. Does the Applicant have a written in-house quality control procedure?  YES  NO
28. Do client deliverables undergo an internal peer review?  YES  NO  
 If YES, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
29. Does the Applicant perform project file audits on a routine basis?  YES  NO  
 If YES, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
30. Has the Applicant participated in a peer review program?  YES  NO  
 If YES, please describe and provide the date(s) of the review:  
 \_\_\_\_\_  
 \_\_\_\_\_
31. What percentage (%) of the Applicants’ professional services are performed under the following contract types:
- |                                   |       |   |
|-----------------------------------|-------|---|
| Professional Association Contract | _____ | % |
| Firm’s Standard Agreement         | _____ | % |
| Firm’s Letter Agreement           | _____ | % |
| Client Drafted Agreement          | _____ | % |
| Purchase Orders                   | _____ | % |
| Verbal Agreements                 | _____ | % |
32. Are all non-standard agreements reviewed by Applicant’s legal counsel or insurance broker before they are executed?  YES  NO  
 Please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
33. What percentage (%) of the Applicant’s contracts include a waiver of consequential damages? \_\_\_\_\_ %
34. What percentage (%) of Applicant’s contracts use limitation of liability provisions, where the firm’s liability is limited to:
- A specific dollar amount which is less than the Applicants’ insurance limit? \_\_\_\_\_ %
  - A specific dollar amount equal to the Applicants’ insurance limit? \_\_\_\_\_ %
  - Other, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
35. Does the Applicant require a signed contract before a project number is assigned or services begin?  YES  NO  
 Please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

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36. Does the Applicant have:
- An in-house continuing education program for professional employees?  YES  NO
  - Procedures to evaluate and screen potential new clients?  YES  NO
  - Procedures for monitoring and collecting outstanding fees?  YES  NO
37. Does Applicant subcontract services?  YES  NO
- What percentage (%) of the Applicant's subconsultants/contractors are insured for professional liability and/or pollution liability: \_\_\_\_\_ %
  - Type of work subcontracted? \_\_\_\_\_
  - Is evidence of insurance required from consultants/contractors?  YES  NO
  - Are certificates annually updated for each consultant/contractor?  YES  NO
38. Does Applicant have formal safety practices?  YES  NO
- A written procedure for avoiding underground hazards?  YES  NO
  - A written Employee Health and Safety Plan?  YES  NO
  - A written Medical Monitoring Program?  YES  NO
  - A written procedure for following EPA, ASTM or other procedures?  YES  NO
39. Please describe additional risk management procedures and processes that are utilized to manage risk:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**5. CURRENT INSURANCE INFORMATION**

40. Please provide a copy of the Applicants' current policy for which coverage is being requested and provide the following details regarding the Applicant's Professional Liability, Pollution Legal and General Liability Insurance Coverage for the last five (5) years beginning with the most current year:

**Professional Liability:**

POLICY PERIOD	INSURANCE COMPANY	COVERAGE LIMITS	DEDUCTIBLE/ RETENTION	PREMIUM
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Retroactive Date: \_\_\_\_\_

**Contractors Pollution Liability:**

POLICY PERIOD	INSURANCE COMPANY	OCCURRENCE OR CLAIMS MADE	COVERAGE LIMITS	DEDUCTIBLE/ RETENTION	PREMIUM
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Retroactive Date: \_\_\_\_\_

**General Liability:**

POLICY PERIOD	INSURANCE COMPANY	OCCURRENCE OR CLAIMS MADE	COVERAGE LIMITS	DEDUCTIBLE/ RETENTION	PREMIUM
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Retroactive Date: \_\_\_\_\_

**6. ENVIRONMENTAL LIABILITY COVERAGE**

41. Does Applicant want their quote to include the following environmental liability enhancements (Transported Cargo, Insured Organization Location, Non-owned Disposal)?  YES  NO  
 If YES, complete the following:

**Pollution Conditions Resulting From Transported Cargo Coverage**

42. Identify the waste or hazardous materials being transported and the manner in which it is hauled (Bulk, Container, Roll Off, etc.):

\_\_\_\_\_

\_\_\_\_\_

43. Is waste or hazardous materials transported directly by the Applicant?  YES  NO  
 If YES, what percentage of materials are transported? \_\_\_\_\_ %

44. Does the Applicant verify that the contract/common carrier is permitted/approved to transport waste or hazardous material cargo?  YES  NO

45. Does the Applicant verify the contract/common carrier has adequate insurance?  YES  NO

**Insured Organization Location Pollution Coverage**

Location:	_____	
Describe Operations / Activities Performed at this Location:	_____	
Does the Applicant store any hazardous or bulk materials at this property (other than in tanks schedule below)? If YES, please elaborate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____		
Has the Applicant had any historic environmental issues at this property? If YES, please elaborate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____		

**TANK INFORMATION**

AST	UST	Size	Content	Tank Construction Material	Age	Last Test Date	Containment
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

\*To request coverage for additional owned locations, please attach additional sheets as needed.

**Pollution Condition at a Non-Owned Disposal Site**

46. Identify the waste the applicant is disposing at a non-owned disposal site:

\_\_\_\_\_

\_\_\_\_\_

47. Does the Applicant take title to any waste at any time?  YES  NO

48. Does the Applicant select or recommend the disposal location on behalf of a client?  YES  NO  
 If YES, please provide details:

\_\_\_\_\_

\_\_\_\_\_

49. Does the Applicant verify the disposal facility is permitted and/or licensed to accept the waste?  YES  NO

50. Does the Applicant verify that the disposal facility is insured for environmental damages, including all closure/post-closure obligations?  YES  NO



**7. TECHNOLOGY INFORMATION**

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For any online service Applicant operates or for any website content Applicant posts:

51. Does Applicant have a qualified attorney review all content prior to posting?  YES  NO  
If YES, does the review include screening the content for the following?

Copyright Infringement  YES  NO  
Trademark Infringement  YES  NO  
Invasion of Privacy  YES  NO

Please check if Applicant does not have online service or website.

52. Does Applicant have a policy for removing controversial material (libelous, slanderous, etc.) from Applicant's websites or any online services?  YES  NO  N/A

53. Does Applicant have a policy for removing infringing material (copyright, trademark, etc.) from websites or any online services?  YES  NO  N/A

54. Has Applicant ever received a complaint or cease or desist concerning the content of Applicant's website, online service or any publications created or distributed by the Applicant (libelous, slanderous, copyright, trademark, etc.)?  YES  NO  N/A

If YES, how did the Applicant respond to such complaints and in what time frame?

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**Computer Systems Controls**

55. Has the Applicant suffered any known intrusions (i.e., unauthorized access) of its Computer Systems in the most recent past twelve (12) months?  YES  NO  N/A

If YES, please describe such intrusions and any damage that resulted:

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**8. COMMERCIAL GENERAL LIABILITY INFORMATION**

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56. Does Applicant want their quote to include the Commercial General Liability coverage?  YES  NO  
If YES, complete the following:

57. Has any previous General Liability or similar coverage been nonrenewed or cancelled by any insurer?  YES  NO  
If YES, describe reason for:

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58. Does the Applicant have a separate Automobile insurance policy that provides hired and non-owned auto coverage?  YES  NO

59. Does the Applicant perform any operations/services in a monopolistic state required Employers Liability (Stop Gap) coverage?  YES  NO  
If YES, list monopolistic states where operations/services are to be performed:

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60. Does the Applicant want Employers Liability (Stop Gap) coverage included?  YES  NO  
If YES, what is the Applicants Worker's Compensation premium? \_\_\_\_\_

61. Does the Applicant want Employee Benefits Liability coverage included?  YES  NO

**9. CLAIM AND CIRCUMSTANCE INFORMATION**

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62. Please attach a current copy of carrier loss runs for the past ten (10) years:

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63. Have any of the Applicant's principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities?  YES  NO

If YES, please provide details:

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64. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners in a prior firm ever been declined or has the insurance ever been canceled or renewal refused?  YES  NO

If YES, please give details:

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65. Has any claim or legal action been brought against the Applicant, its predecessor(s) or any past principal, partner, director, or officer in the past ten (10) years?  YES  NO

If YES, please attach details stating the following:

- a) Date when claim was made;
- b) Date the alleged act, error or omission giving rise to the claim was committed;
- c) Claimant and project name;
- d) Allegations / nature of the claim;
- e) Amount of damages sought;
- f) Legal expenses incurred and reserved;
- g) Damages paid and/or reserved; and
- h) Status (open / closed).

66. After inquiry, is the Applicant, its predecessor(s) or any other person or entity for which coverage is requested aware of any act, error, omission or circumstance (including, but not limited to any unresolved job dispute, fee disputes or accident) which may possibly result in a claim being made against them?  YES  NO

If YES, please attach details stating the following

- a) Project name;
- b) Potential claimants;
- c) Allegations / nature of the dispute; and
- d) Extent of damages or injury sustained.

67. Please describe all corrective action(s) the Applicant has undertaken to improve claim history:

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Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described above, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.

**10. FALSE INFORMATION**

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Any person who, with intent to defraud or knowing that s(he) is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**11. NOTICE CONCERNING PERSONAL INFORMATION**

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By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

**12. WARRANTY STATEMENT**

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The undersigned warrants that to the best of their knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to issue this insurance. However, should the Insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

SIGNED: \_\_\_\_\_  
(Authorized Representative)

DATE: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_