Legal Expenses Insurance Application

Insured Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Broker Name: |  | | | | | |
|  |  | | | | | |
| Broker Office Address: | No. |  | Street |  | | |
|  | City |  | Province |  | Postal Code |  |

|  |
| --- |
|  |

Operations

|  |  |
| --- | --- |
| Casino | Yes  No |
| Bingo Halls | Yes  No |
| Other Gambling and Gaming | Yes  No |
| Fairground Amusement and Arcade | Yes  No |
| Waste and Refuse Disposal | Yes  No |
| Tobacco Manufacturing | Yes  No |
| Police Department | Yes  No |
| Scrap Merchant | Yes  No |
| Aircraft/Aerospace Industry | Yes  No |
| Are the Band operations solely based in Canada? | Yes  No |
| Types of business the Band has a contract with |  |
| Total number of contracts |  |
| Total number of contracts worth over $50,000 |  |
| Size of largest contract |  |

|  |  |
| --- | --- |
| Are you aware of any past legal disputes that could have given rise to a claim under this policy in the past five (5) years? If ‘Yes’, please describe in detail, including dates and legal costs incurred (lawyers, accountant fees, etc): | Yes  No |

Coverage’s Requested

|  |  |
| --- | --- |
| Bodily Injury | Yes  No |
| Statutory License Protection | Yes  No |
| Tax Protection | Yes  No |
| Employment disputes | Yes  No |
| Contract Disputes & Debt Recovery (optional Endorsement) | Yes  No |
| Legal Advice | Yes  No |
| Legal Defence | Yes  No |

Chief and Council Worksheet

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Elected Official Name | Date of Birth DD/MM/YYYY | Sex | Marital Status M/S/C-L | Dependents | Elected Date |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |
|  |  |  |  | Yes  No |  |

Prequalified Contractors

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Contractor | Contact Name | Telephone | Cell Phone | Email | Expertise |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Disclosure Statement

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to insurers. In this respect, you must provide all information relating to the risk, whether favourable or not, which would influence the judgement of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the policy from its inception, which may lead to claims not being paid.

Completion of this form does not bind coverage. The applicant’s acceptance of the company’s quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued, and it will become part of the policy.

**Broker’s Allocation Letter of Authority**

By this Broker’s allocation letter of authority, the client hereby gives the broker authority, on behalf of the owners to research, negotiate and obtain premium quotations for the requested insurances.

This Broker’s allocation letter of authority can, at any time and all times, be changed or withdrawn by the client by written notice to the broker.

|  |  |  |
| --- | --- | --- |
| Applicant’s Name |  | Signature |
|  |  |  |
| Title |  | Date |
|  |  |  |
| Agent/Broker Name |  | Signature |
|  |  |  |
| Address |  | Date |

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