

CARRIER:

United States Liability Insurance Company

Mainstreet Mercantile Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING. Coverage(s) Desired:

Property

General liability Please fill out the Instant Quote Information section, along with the section (s) you are requesting coverage. I. INSTANT QUOTE INFORMATION Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application Applicant's name (include Legal Entity and/or DBA name): _____ Mailing address: Province/Territory: ______ Postal code: _____ City: __ Location address: _____ Province/Territory: ______ Postal code: _____ City: ___ _____ E-mail address: ______ Phone: _____ Web address: _____ Inspection contact name: _____ E-mail address: ____ _____ Phone: _____ Audit contact name: E-mail address: _____ Phone: _____ Form of business: Individual Corporation ☐ Partnership ☐ LLC ☐ Trust ☐ Other ___ **Description of Operations/Schedule of Hazards:** 1. Have there been any losses in the last three years? □ Yes ■ No If "Yes," please provide the following information (additional claims or information may be submitted on separate sheet). Description of Loss Paid Status Coverage Type Date of Reserved Loss Property □ Open □ Liability ☐ Closed \$ □ Property \$ □ Open □ Liability □ Closed \$ \$ □ Property □ Open Closed ■ Liability What is the annual revenue/gross receipts? \$ ____ 3. What is the total square footage occupied by the applicant? _____ sq. ft. 4. How many years has the applicant been in business? _____ years 5. How many years at this location? _____ **Property Coverage** □ Yes □ No 6. Do you own the building? 7. Do you lease any portion of the building to others? ☐ Yes ■ No a. If "Yes," to whom do you lease the space? _____

b. How much square footage is leased to them? _____ sq. ft.

Building Cor		☐ Frame☐ Masonry NC		ed masor ified fire r	•		oncombustible re resistive					
FUS Grade	Cause of Basic (Nar Special (Br	med Perils)	Dedu ,000 □ \$2 her		\$5,000	Number of Stories	□ Local	Type of Burgla ☐ Central St			l No	ne
What year wa	s the building o	constructed?			Is there	a basement?	☐ Yes	□ No				
What type of	plumbing is in t	he building? 🔲 F	PVC 🗖 Co	opper	☐ Galvan	ized 🖵 Le	ead 🔲 Oth	er:				_
What type of	roof is on the b	-		Wood sl	nake	☐ Shingle ☐ Slate	☐ Other:				-	
When was the	e roof last comp	oletely replaced or	recoated?									
Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No												
What is the so	quare footage o	of the entire structu	re?	s	q. ft.							
Building Lim	it:	\$		Coinsu	ance (80%	% minimum)		% □ AC	V		RC	
Business Pe	rsonal Proper	ty Limit: \$		Coinsur	ance (80%	% minimum)		% □ AC	V		RC	
Business Inc	ome Limit:	\$		Coinsu	rance	<u>o</u>	o <u>r</u> N	lonthly Limit	of Inc	demn	ity	
☐ With extra	expense 🗖 \	Without extra expe	nse	□ 50% □ 80%		□ 70% □ 100%		1/3 🗖 1/4		1/6		
Additional Pro	operty Covera	ges Requested (c	heck all that a	pply)								
☐ Flood					□ Earth	nquake						
☐ Equipmen	t Breakdown		☐ Electronic	Data			☐ Interruptio	n of Computer	Ope	ration	ns	
☐ Glass	I	inear feet	☐ Garage					ign \$				
			☐ Canopy/A					ceivable \$				
							tterments \$ _					
	-	\$ pecial form only) S		of emplo insid			Employee Doutside	ishonesty \$ _				-
	ce limit	\$1,000,000/\$2,00 \$3,000,000/\$3,00 ed Automobile Liab litional insured, LP =	0,000 pility?	□ \$4,00 es □		000,000 □ If "Yes," pleas	\$2,000,000/\$5 \$5,000,000/\$5 se answer quest asfer of Rights of	5,000,000 tions 17–20	inst (Others	s to U	s)
Na	ıme	Relationship/Inte	rest	А	ddress		City, Sta	te, Zip	AI	LP	М	W
		<u> </u>										
										<u> </u>		<u> </u>
against the	any past, pend e named insure	ing or planned fore	artner, membe	er or own	er, individu	ually in the pas	•			Yes		ı No
	_	been cancelled or		· ·	-					Yes) No
-		rior to 1978 have a or to 1978, is 100 p		-		_	nal circuit brea	kers?		Yes Yes		l No
-	-	operational heat ar		_		-				Yes		ı No

Mainstreet Mercantile – CAN 4/18 – USLI page 2 of 3

15. Does the applicant sell products under the	☐ Yes ☐ No			
16. Does the applicant sell directly imported	☐ Yes ☐ No			
II. ELIGIBILITY CRITERIA				
Hired and Non-Owned				
17. Is there a Commercial Auto Insurance po	☐ Yes ☐ No			
18. Are there any owned or leased (long-term	☐ Yes ☐ No			
19. Are employees or volunteers required to business on a regular basis?	☐ Yes ☐ No			
20. Are vehicles used to transport people or	☐ Yes ☐ No			
III. PRIOR CARRIER				
21. Is there expiring insurance in force for:				
Coverage	Limit	Premium		
Property	0			
General liability	0			
FULL DISCLOSURE				
all of the information is true and correct even if the understand that acceptance of this application for it to the prejudice of the Insurer, or misrepresent or the enable it to judge of the risk to be undertaken, the material. Any fraud or willfully false statement in a statutory specified in relation to a claim, vitiates the claim of	nsurance is based on the truth and co fraudulently omit to communicate any contract may be void in whole or as to declaration in relation to any of the pa	mpleteness of this information, and circumstance that is material to be any property in relation to which	nd that if I falsely describe the property e made known to the Insurer in order to the misrepresentation or omission is	
PERSONAL INFORMATION CONSENT	the person making the decidration.			
I am providing personal information of individuals i application or any renewal or change in coverage.			ill be used for the purpose of this	
i)To collect, use and disclose personal information the insurer's policy regarding personal information.		gent of insurer to the following.	• •	
		urers and other appropriate partie	es, subject to my broker's, agent's and	
ii)That these collections, uses and disclosures are risk, determine a premium, determine eligibility and	Such personal information will include for the purposes necessary to communications.	urers and other appropriate partie e policy history, loss history and ra inicate with me and the listed app	es, subject to my broker's, agent's and ating information. licants, assess, manage and underwrite	
ii)That these collections, uses and disclosures are risk, determine a premium, determine eligibility and prevent fraud, as permitted by law.	Such personal information will includ for the purposes necessary to commud conditions for a premium payment pl	urers and other appropriate partie e policy history, loss history and ra- inicate with me and the listed app an, investigate and settle claims,	es, subject to my broker's, agent's and ating information. licants, assess, manage and underwrite analyze business results, detect and	
ii)That these collections, uses and disclosures are risk, determine a premium, determine eligibility and prevent fraud, as permitted by law.	Such personal information will include for the purposes necessary to communications for a premium payment plantion is contained in this form have an	urers and other appropriate partie e policy history, loss history and ra- inicate with me and the listed app an, investigate and settle claims, uthorized me to consent to i) and it	es, subject to my broker's, agent's and ating information. licants, assess, manage and underwrite analyze business results, detect and i) above on their behalf.	
ii)That these collections, uses and disclosures are risk, determine a premium, determine eligibility and prevent fraud, as permitted by law. I declare that all individuals whose personal inform I may obtain a copy of or ask questions about my	Such personal information will includ for the purposes necessary to commund doubtions for a premium payment plantion is contained in this form have authoroker's, agent's or insurer's personal	urers and other appropriate parties policy history, loss history and runicate with me and the listed appan, investigate and settle claims, athorized me to consent to i) and information policies by contacting	es, subject to my broker's, agent's and ating information. licants, assess, manage and underwrite analyze business results, detect and ii) above on their behalf. their Chief Compliance Officer.	
ii)That these collections, uses and disclosures are risk, determine a premium, determine eligibility and prevent fraud, as permitted by law. I declare that all individuals whose personal inform I may obtain a copy of or ask questions about my	Such personal information will include for the purposes necessary to communication for a premium payment plantion is contained in this form have authoroker's, agent's or insurer's personal crincipal, Partner or Officer)	urers and other appropriate parties policy history, loss history and runicate with me and the listed appan, investigate and settle claims, uthorized me to consent to i) and information policies by contacting Title:	es, subject to my broker's, agent's and ating information. licants, assess, manage and underwrite analyze business results, detect and i) above on their behalf. their Chief Compliance Officer.	
ii)That these collections, uses and disclosures are risk, determine a premium, determine eligibility and prevent fraud, as permitted by law. I declare that all individuals whose personal inform I may obtain a copy of or ask questions about my Applicant's Signature: (Proceedings)	Such personal information will include for the purposes necessary to communication for a premium payment plantion is contained in this form have authoroker's, agent's or insurer's personal crincipal, Partner or Officer)	urers and other appropriate parties policy history, loss history and runicate with me and the listed appan, investigate and settle claims, uthorized me to consent to i) and information policies by contacting Title:	es, subject to my broker's, agent's and ating information. licants, assess, manage and underwrite analyze business results, detect and i) above on their behalf. their Chief Compliance Officer.	
ii)That these collections, uses and disclosures are risk, determine a premium, determine eligibility and prevent fraud, as permitted by law. I declare that all individuals whose personal inform I may obtain a copy of or ask questions about my Applicant's Signature: (Proceedings)	Such personal information will include for the purposes necessary to communication for a premium payment plantion is contained in this form have authoroker's, agent's or insurer's personal rincipal, Partner or Officer)	urers and other appropriate partie e policy history, loss history and re inicate with me and the listed app an, investigate and settle claims, uthorized me to consent to i) and information policies by contacting Title: Date:	es, subject to my broker's, agent's and ating information. licants, assess, manage and underwrite analyze business results, detect and i) above on their behalf. their Chief Compliance Officer.	

Issued or made by United States Liability Insurance Company, Canada Branch in the course of its business in Canada.

Mainstreet Mercantile – CAN 4/18 – USLI page 3 of 3