

**Please note:** This is an Annual Insurance program that has a common renewal date of **April 1**, each year. If you purchase a policy before or after **April 1**, there are no prorated premium calculations. The full annual program premium will be charged. No Refunds are permitted; the premium is fully retained.

Please indicate requested starting date \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

1 Applicant is Sole Proprietor ☐ Corporation Partnership ☐

2 Insurance Council of  
☐ Alberta Insurance Council ☐ Insurance Council of Saskatchewan  
☐ Insurance Council of Manitoba ☐ Financial and Consumer Services Commission (New Brunswick)

3 Nature of Operations

☐ **Class 1**  
 Automobile, Watercraft, Recreation Vehicles, or Farm Implement Dealership  
☐ **Class 2**  
 Customs Brokerage, Freight Forwarder, Funeral Director, Travel Agency  
☐ **Class 3**  
 Deposit Taking Institution, Mortgage Broker

4 Do you sell Guaranteed Asset Protection ("GAP") Insurance? ☐ No ☐ Yes

5 Confirm the number of employees offering insurance products, including GAP Insurance Products  
☐ Up to 5 ☐ 6-10

6 This is an Occurrence Base policy. The following limits are available

Per Occurrence	Aggregate	Please Indicate your choice
\$1,000,000	\$2,000,000	<input type="checkbox"/>
\$2,000,000	\$2,000,000	<input type="checkbox"/>

7 Provide details of all Errors and Omissions or Professional Liability Insurance carried in the past three years

Insurer	Period	Limit	Deductible
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED. ANNUAL PREMIUM IS MINIMUM AND RETAINED.**

- 8 Has any insurance been refused or cancelled in the past five years?  
☐ No ☐ If yes, please attach details.
- 9 Has the Applicant, or any of the Applicant's employees, ever been investigated by, or suspended from practice by, any governing body of his/her profession?  
☐ No ☐ If yes, please attach details.
- 10 Does the Applicant or any other person proposed for this insurance have knowledge or information of any claim, demand, occurrence, suit or proceeding which has been made or is pending against any insured proposed for coverage under the proposed insurance?  
☐ No ☐ If yes, please attach details.
- 11 Have there been any suits, claims, occurrences (including allegations) made against the Applicant or any other person proposed for this insurance in the last five years?  
☐ No ☐ If yes, please attach details.

**The applicant does hereby provide the following warranty to the insurer**

Does the applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation, which could reasonably give rise to a claim which would fall within the scope of the proposed insurance?

☐ No ☐ If yes, please attach details below

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It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

**False Information**

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for Insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

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### **Declarations and Signature**

The undersigned authorized representative of the Applicant:

- (i) Declares, after inquiry, that the statements and representation set forth in this Application and all materials submitted to or requested by the Insurer in conjunction with this Application, are true
- (ii) Acknowledges that these statements, representations, and materials are relied on by the insurer and that they shall be deemed material to the acceptance of the risk assumed by the insurer under the insurance applied for, should the insurance be effected;
- (iii) Agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any Insurance effected pursuant to this Application, the undersigned will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) Acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant of the insurer to effect insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the insurer in conjunction with this Application are the basis of and are deemed attached to an incorporated into any policy effected pursuant to this Application.

**PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.**

Signature \_\_\_\_\_ Dated \_\_\_\_\_

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Payment options: **VISA** or **MASTERCARD** only

Total to be applied to credit card\*:\$ \_\_\_\_\_

\*Plus applicable taxes where taxes apply. (Manitoba - 7%, and Saskatchewan - 6%)

Credit card number \_\_\_\_\_

Expiry date: (mm/yy) \_\_\_\_\_

Name on card (please print): \_\_\_\_\_

Signature \_\_\_\_\_

\*\*\* If submitting electronically, you are agreeing to debit your credit card for the amount indicated on this application.

Please email this application to [commercialprograms@westlandmygroup.ca](mailto:commercialprograms@westlandmygroup.ca) or fax to 1-866-966-0969  
If you have any questions, please call us at 1-844-999-7687 ext. 2175. Your policy documents will follow shortly. Thanks for your business!

☐ I would like to receive additional insurance information that may benefit me and/or my business.

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**Westland MyGroup**

4-201 Brownlow Avenue Dartmouth, NS B3B 1W2  
[westlandmygroup.ca](http://westlandmygroup.ca)

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**F:** 1-866-966-0969

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