



PointConversion Inc.

CONTRACTORS INSURANCE APPLICATION

Contact Information

Full Name: Adam B*****
Legal Name: Adams Painting *** ****
Business Address: ***** ** *
Previously Used Name: No.
Years Under Current Business Name: Less than one.
Phone: +1*****

Underwriting Information

Type of Contractor: Painting Contractor
Years in Business: 8
Residential vs Commercial Split: 90% residential 10%
Number of employees: 0
USA or International Exposure: No.
Renting or Leasing Equipment: No.
Airport Work: No.
Oil, Natural Gas, Exploration, and Processing Facility Work: No.
All Employees in Canada: Yes.
Own, Rent, or Lease Watercraft: No.

Revenues

Estimated Next 12 Months Gross Revenue: 30000
Past 12 Months Gross Revenue: 20000

Sub-Contracting

Sub-Contracting Work Details: Not using sub-contractors.
Do You Ask for Proof of Insurance: Not using sub-contractors.

Claims

Past 5 Years Insurance Claims History: Never had a claim.

Aware of Potential Claims: Not aware of any potential future claims that may arise.

When Claim Occurred: Never had a claim.

Coverages Required

General Liability: \$3,000,000.

Office Contents: \$10,000.

Tools: \$5,000.

Need a Certificate of Insurance: Yes.

Insurance History

Previous Insurer: None

Year Insured: Never has insurance before.

Reason for Never Having Insurance: I haven't had a business.

(Optional) Credit Check

November 7th 1988

By signing below, the applicant agrees that he or she DOES NOT Use or Perform Operations Involving any of the following below:

- Demolition or Wrecking
- Underpinning
- Excavation
- Tunneling
- Welding
- Blasting
- Chemicals
- Bridges/Dams
- Fire Restoration Work
- Oil-Field Work

- Gases
- Liquified Petroleum
- Radioactive Materials
- Shoring
- Caisson Work
- Raising or Moving or Structures
- Pile Driving
- Land Clearing
- Asbestos
- Explosives
- Hot Tarring or Application of Heat
- Natural Gas

Protection of the Applicant's Personal Information

By completing this application and returning it to PointConversion Inc., the Applicant agrees and consents to the collection, use and disclosure of such information, including any personal information, by PointConversion Inc. For the following purposes:

- Communicating with the Applicant
- Assessing the Applicant's application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the Applicant's behalf
- Providing claims assistance and service.
- Advising the Applicant of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.PointConversion.ca or contact our Privacy Officer at PointConversion Inc.

DISCLOSURE OF MATERIAL FACTS

It is essential that every Applicant when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by a broker or agent partner of PointConversion Inc. Our broker and agent partners have engaged in a marketing process to offer a competitive product on a group basis with insurers but have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by PointConversion to seek an alternative insurer if available.

EMAIL AUTHORIZATION

In an effort to bring policy holders the most cost-effective insurance plan, our broker and agent partners correspond completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold PointConversion Inc. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by PointConversion Inc. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the category(ies) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and PointConversion Inc.

Today's Date:

February 9th 2021

Signature here
