



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: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ E-mail address: _____ Phone: _____

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).

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. 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

6. Do you own the building? Yes No

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.

15. Does the applicant sell products under their own name or label? Yes No
16. Does the applicant sell directly imported products? Yes No

II. ELIGIBILITY CRITERIA

Hired and Non-Owned

17. Is there a Commercial Auto Insurance policy in force? Yes No
18. Are there any owned or leased (long-term) vehicles? Yes No
19. Are employees or volunteers required to use their personal vehicle to conduct the applicant's business on a regular basis? Yes No
20. Are vehicles used to transport people or deliver goods or products on a regular basis? Yes No

III. PRIOR CARRIER

21. Is there expiring insurance in force for:

Coverage	Limit	Carrier	Premium
Property <input type="checkbox"/> Yes <input type="checkbox"/> No			
General liability <input type="checkbox"/> Yes <input type="checkbox"/> No			

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)