

Small Business Application

Please provide all the following information and email to GO.Atlantic@nbfc.com

Insured Information:

Proposed Effective Date:	_____	Registered Business Name:	_____
Mailing Address:	_____		
City & Province:	_____	Postal Code:	_____
Insured's Website:	_____		

Operational Activities of the Insured:

Description of operations (include % of each if multiple operations):

Annual Revenue Breakdown:

Canadian Revenues	_____
US Revenues	_____
Foreign Revenues	_____

Year Business Established:

If less than 12 months, indicate business and/or school experience: _____

Number of Employees (including owner): Full-Time _____ Part-Time _____

Is automobile coverage required? *(If yes, please submit a standard auto application)* Yes No

History and Claims Information:

Current Insurer: _____

Has the applicant's insurance been cancelled by any insurer during the past 5 years? Yes No

3 Year Loss History:

Date of Loss	Type of Loss	Amount Paid
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Small Business Application

Location Information (if additional locations, see addendum)

Address: _____
City & Province: _____ **Postal Code:** _____
No. of Mortgagees: _____

Please provide the following information with regard to the building:

Fire Resistive	Masonry Non-Combustible	Non-Combustible		
Masonry	Masonry Veneer	Frame		

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS) _____ %

Number of Stories: _____ Burglar Alarm? None Monitored Local
Year Built: _____ Sprinklers? Yes No

If building is more than 45 years old, please provide the year of the following updates:

Plumbing: _____ Roof: _____ Electrical: _____
Total building area: _____ square feet
Building Limit: _____ Contents Limit: _____ Property Deductible: _____

Coverage Details

CGL (Occurrence) Limit: _____

Other coverages required including limits:

***Depending upon information provided above, this risk may be ineligible for our Small Business product. Please note if this is the case, your application may be reviewed by our Mid-Market team.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, declares that it has obtained the necessary consent for the collection, use and disclosure by the Insurer of any personal information provided above or in connection with this application or any renewal or change in coverage, for the purposes of offering and providing products and services to meet the insured organization's needs, assessing and underwriting risks on a prudent basis, determining insurance product prices, investigating and settling claims, detecting and preventing fraud or other illegal activities, analyzing business results and compiling statistics, reporting to regulatory or industry entities, and acting as required or authorized by law.

Date: _____ **Signature:** _____
Print Name with Official Title: _____
Agent/Broker: _____

Small Business Application

Additional Locations Addendum

Location 2:

Address: _____

City & Province: _____

Postal Code: _____

No. of Mortgagees: _____

Please provide the following information with regard to the building:

Fire Resistive Masonry Non-Combustible Non-Combustible
Masonry Masonry Veneer Frame

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS) _____ %

Number of Stories: _____ Burglar Alarm? None Monitored Local

Year Built: _____ Sprinklers? Yes No

If building is more than 45 years old, please provide the year of the following updates:

Plumbing: _____ Roof: _____ Electrical: _____

Total building area: _____ square feet

Building Limit: _____ Contents Limit: _____

Location 3:

Address: _____

City & Province: _____

Postal Code: _____

No. of Mortgagees: _____

Please provide the following information with regard to the building:

Fire Resistive Masonry Non-Combustible Non-Combustible
Masonry Masonry Veneer Frame

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS) _____ %

Number of Stories: _____ Burglar Alarm? None Monitored Local

Year Built: _____ Sprinklers? Yes No

If building is more than 45 years old, please provide the year of the following updates:

Plumbing: _____ Roof: _____ Electrical: _____

Total building area: _____ square feet

Building Limit: _____ Contents Limit: _____

Small Business Application

Additional Locations Addendum (continued)

Location 4:

Address: _____

City & Province: _____

Postal Code: _____

No. of Mortgagees: _____

Please provide the following information with regard to the building:

Fire Resistive Masonry Non-Combustible Non-Combustible
Masonry Masonry Veneer Frame

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS) _____ %

Number of Stories: _____ Burglar Alarm? None Monitored Local

Year Built: _____ Sprinklers? Yes No

If building is more than 45 years old, please provide the year of the following updates:

Plumbing: _____ Roof: _____ Electrical: _____

Total building area: _____ square feet

Building Limit: _____ Contents Limit: _____

Location 5:

Address: _____

City & Province: _____

Postal Code: _____

No. of Mortgagees: _____

Please provide the following information with regard to the building:

Fire Resistive Masonry Non-Combustible Non-Combustible
Masonry Masonry Veneer Frame

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS) _____ %

Number of Stories: _____ Burglar Alarm? None Monitored Local

Year Built: _____ Sprinklers? Yes No

If building is more than 45 years old, please provide the year of the following updates:

Plumbing: _____ Roof: _____ Electrical: _____

Total building area: _____ square feet

Building Limit: _____ Contents Limit: _____

Small Business Application

Additional Locations Addendum (continued)

Location 6:

Address: _____

City & Province: _____

Postal Code: _____

No. of Mortgagees: _____

Please provide the following information with regard to the building:

Fire Resistive Masonry Non-Combustible Non-Combustible
Masonry Masonry Veneer Frame

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS) _____ %

Number of Stories: _____ Burglar Alarm? None Monitored Local

Year Built: _____ Sprinklers? Yes No

If building is more than 45 years old, please provide the year of the following updates:

Plumbing: _____ Roof: _____ Electrical: _____

Total building area: _____ square feet

Building Limit: _____ Contents Limit: _____

Location 7:

Address: _____

City & Province: _____

Postal Code: _____

No. of Mortgagees: _____

Please provide the following information with regard to the building:

Fire Resistive Masonry Non-Combustible Non-Combustible
Masonry Masonry Veneer Frame

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS) _____ %

Number of Stories: _____ Burglar Alarm? None Monitored Local

Year Built: _____ Sprinklers? Yes No

If building is more than 45 years old, please provide the year of the following updates:

Plumbing: _____ Roof: _____ Electrical: _____

Total building area: _____ square feet

Building Limit: _____ Contents Limit: _____

Small Business Application

Additional Locations Addendum (continued)

Location 8:

Address: _____

City & Province: _____

Postal Code: _____

No. of Mortgagees: _____

Please provide the following information with regard to the building:

Fire Resistive Masonry Non-Combustible Non-Combustible
Masonry Masonry Veneer Frame

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS) _____ %

Number of Stories: _____ Burglar Alarm? None Monitored Local

Year Built: _____ Sprinklers? Yes No

If building is more than 45 years old, please provide the year of the following updates:

Plumbing: _____ Roof: _____ Electrical: _____

Total building area: _____ square feet

Building Limit: _____ Contents Limit: _____

Location 9:

Address: _____

City & Province: _____

Postal Code: _____

No. of Mortgagees: _____

Please provide the following information with regard to the building:

Fire Resistive Masonry Non-Combustible Non-Combustible
Masonry Masonry Veneer Frame

Aluminum composite cladding panels (ACM) or Exterior Insulation Finishing System (EIFS) _____ %

Number of Stories: _____ Burglar Alarm? None Monitored Local

Year Built: _____ Sprinklers? Yes No

If building is more than 45 years old, please provide the year of the following updates:

Plumbing: _____ Roof: _____ Electrical: _____

Total building area: _____ square feet

Building Limit: _____ Contents Limit: _____