



**Please forward application to:**  
 LMS PROLINK Ltd.  
 800-480 University Avenue  
 Toronto, Ontario M5G 1V2  
 Telephone 800-663-6828  
 Facsimile 416-595-1649

# Application Addendum

## for Members of the Canadian Kinesiology Alliance

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1. Name of Applicant: \_\_\_\_\_

\_\_\_\_\_

Unless otherwise indicated, the Named Insured shall read the same as indicated on the Errors & Omissions application to which this addendum is attached.

2. Form of Business:     Individual     Partnership or Joint Venture     Corporation or Other Organization

3. List all locations at which business is conducted, providing details indicated below.

Location/Address	Occupancy	Square Metres	Owned or Leased?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Provide a complete description of the Applicants:

(a) Products manufactured, distributed or sold: \_\_\_\_\_

(b) Construction activities: \_\_\_\_\_

(c) Work conducted away from the Applicant's premises in connection with repair, service, maintenance or installation of products sold or distributed: \_\_\_\_\_

5. Provide details of any aircraft or watercraft owned, operated or maintained by the Applicant:

\_\_\_\_\_

\_\_\_\_\_

6. Describe any work or service performed on behalf of the Applicant by other contractors. Provide estimates of the annual cost of such work. Provide details of insurance which the Applicant contractually requires these contractors to maintain, and the method by which they are requested to provide evidence of such insurance.

\_\_\_\_\_

\_\_\_\_\_

7. Coverage Particulars:

(a) Limit(s) of Liability requested: \_\_\_\_\_

(b) Property Damage Deductible(s) requested: \_\_\_\_\_

8. Insurance:

(a) Name of Present Insurer: \_\_\_\_\_

(b) Policy Period: \_\_\_\_\_

9. Has any insurer cancelled, declined or refused to renew or issue this type of insurance for the Applicant?

YES  NO

If yes, give reason: \_\_\_\_\_

\_\_\_\_\_

10. **Claims History**

Please detail liability claims or potential claims that have come to the Applicant's attention during the past three years. For each incident, detail the date of the loss, nature and cause of the claim, amount claimed, costs actually incurred (claim investigation, defence costs and damages), and status of the claim. Please use additional paper if necessary.

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**It is understood and agreed that the completion of this application does not bind the insurers to sell nor does it obligate the applicant to purchase the insurance.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date