



COMPUTER TROUBLESHOOTERS  
TECHNOLOGY SOLVED



MAIL APPLICATION TO: THE MITCHELL & ABBOTT GROUP , 393 RYMAL ROAD WEST, SUITE 305, HAMILTON, ON L8V 5C4

BUSINESS INSURANCE PROGRAM APPLICATION

**GENERAL INFORMATION**

Named Insured		Telephone Number (      )	Fax Number (      )
Business Name		E-Mail	
Mailing Address			
City	Province	Postal Code	
Business Address (If different from Mailing Address)			
Effective Date (yy-mm-dd):		Prior Carrier & Policy Number:	
Previously Cancelled, Declined Or Non-Renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Length of Time in Business:			
Date Business Established:			

**PROPERTY, LIABILITY, CRIME: 3-YEAR LOSS HISTORY**

Date of Loss:	Type of Loss:	Amount Paid:	Description:
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**LIABILITY**

Business Operations: *(Brief description that best describes majority of services)*

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Total Annual Gross Receipts: \$

- Canadian Revenues: \$
- U.S. or Foreign Revenues: \$

Operations:	Software Design <input type="checkbox"/> Yes <input type="checkbox"/> No	Web Hosting <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Hosting <input type="checkbox"/> Yes <input type="checkbox"/> No
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Number of Employees:

## COVERAGE

<input type="checkbox"/> Commercial General Liability / Errors & Omissions:	\$1,000,000. Limit	\$1,000. Deductible	\$1,250.
<input type="checkbox"/> Optional Coverages:	Business Contents Non-Owned Auto	\$ 10,000. Limit \$1,000,000. Limit	\$1,000. Deductible \$50 \$50.

## QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you use written agreements to outline scope of service you'll provide?  Yes  No  
(If yes, please attach sample)

2. Please provide complete description of any products manufactured, distributed or sold:

3. Describe any work in connection with repair, service, maintenance or installation of products sold or distributed:

4. What is the worst thing that could happen to your customer's operation if your product or service were to fail or not meet expectations?

CHEQUE <input type="checkbox"/> VISA ONLY <input type="checkbox"/>	PAYMENT ENCLOSED? <input type="checkbox"/> YES	TOTAL PREMIUM
CREDIT CARD NUMBER	CARD EXPIRY DATE	
CARDHOLDER SIGNATURE	CARD HOLDER NAME	

Name (please print)

Insured Signature:

Date:

PLAN ADMINISTRATOR:

The Mitchell & Abbott Group Insurance Brokers Limited  
393 Rymal Road West, Suite #305, Hamilton, Ontario L8V 5C4

- Phone: (905) 385-6383
  - Phone: Toll Free: 1-800-461-9462
  - Fax: (905) 385-7905
- E-Mail: [backles@mitchellabbottgrp.com](mailto:backles@mitchellabbottgrp.com)