

Full Name of Insured: _____

Policy number _____ Expiry Date: _____

Do you have any knowledge or information of any claim or incident which might give rise to a claim against you in connection with your profession as a Real Estate Agent which has not been reported to Northbridge General Insurance Corporation? If YES please detail on a separate page Yes No

Have there been any changes to operations in the past 12 months? If YES please detail on a separate page Yes No

Give a full description of the Applicant's activities and for each activity show the gross revenues earned during the past 12 months, and the Applicant's forecast for the next 12 months:

Description of Activities	Gross Revenues	
	Previous Fiscal Year	Current Fiscal Year (projected)
Real Estate Sales (Gross Commissions)		
Property Management (excluding Strata Corporations)		
Property Management of Commercial and Residential Strata Corporations		
Mortgage Brokering		
Real Property Leasing Agency		
Other:		
Total		

Provide split in Real Estate Sales (Gross Commissions):

Category	Percentage	
	Previous Fiscal Year	Current Fiscal Year (projected)
Residential		
Commercial		
Industrial		
Rural (including Farms and Resorts)		

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.

COMPLETED AND DULY SIGNED AND DATED. (This Application MUST be signed by an OWNER, PARTNER OR OFFICER)

Signed: _____ Please print name: _____

Title: _____ Date: _____