



604-888-0050
#103 – 8411 200th Street
Langley, BC V2Y 0E7

LEGAL EXPENSE COVERAGE

Brokerage: _____ Phone #: _____

Broker: _____ Email: _____

1. Named Insured: _____

2. Full Mailing Address: _____

3. Location Address (if different): _____

4. Number of locations: _____

5. Website: _____ Phone#: _____

6. Business Operations: _____

7. Revenues for the past 12 months: \$ _____

8. Estimated revenues for the next 12 months: \$ _____ USA or International Sales? _____

9. Have you had any claims/incidents within the past 5 years: _____

IMPORTANT - PLEASE READ CAREFULLY:

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting this application.

Signature: _____

Date: _____