

HOW TO APPLY

Specialty insurance products are provided through certain underwriters at Lloyds of London. Receiving a quote from London will normally take us up to 5 business days, but may vary. The more detailed information you are able to provide, the quicker and more favourable the process will be.

Please fill out the applicable form(s) and return to us by email at helpline@ingleinternational.com or by fax at +1 416.730.1878. If you require additional space to provide further details, please feel free to use a separate sheet.

If you have any questions prior to submitting an application, please contact us at helpline@ingleinternational.com.



A. COMPANY INFORMATION

Name

Industry/Business Type

Phone Number

Email

Primary Contact Name

Address Street

City

State/Province

Country

Zip/Postal Code

Total Consolidated Assets

\$

Net Worth

\$

B. REQUESTED COVERAGE

Effective Date

Expiry Date

Limit of Liability

\$

C. GROUP ROSTER

Name	Title	Sex	DOB	Salary	Country of Residence
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D. OVERSEAS OPERATIONS, TRAVEL, AND SECURITY

Please list the locations of all offices worldwide.

Please provide details of the security surrounding those to be insured.

Please provide detailed information on where covered individuals will live, work or travel during this period, including frequency of travel and lengths of visits in any high-risk country or region.

E. EXISTING THREATS AND COVERAGE

Please provide details of any kidnappings, attempts or threats against the company or any person to be insured.

Please provide details of any existing coverage in place on the company or any of the persons to be insured.

F. ADDITIONAL DETAILS OR INFORMATION

Please provide any other details or information which may affect your insurability for the product(s) you have requested, including any risk management strategies or security arrangements

G. DECLARATION

To the best of my/our knowledge and belief, the information provided in connection with the proposal, whether in my/our hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (NB. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it.)

I/We understand that Underwriters will determine their terms and conditions upon the information provided in connection with this proposal and I/we further understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept this insurance.

Signature of proposer

Date

M	M	D	D	Y	Y	Y	Y
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