



# Overhead Expense Application Supplement

500-5000 Yonge Street  
Toronto, ON M2N 7J8  
Fax: 1-877-767-0477

Name	Date of birth DD / MM / YYYY	Policy number
------	---------------------------------	---------------

- 1 Type of business organization  Sole Proprietor  Partnership  Corporation
- 2 How many employees currently employed by your firm? \_\_\_\_\_
- 3 a) Do you share expenses with other person(s)? .....  Yes  No  
If "Yes," how many other persons: \_\_\_\_\_ How much is your portion? \_\_\_\_\_ %
- b) Are all persons with whom you share expenses in the same profession or business as you? .....  Yes  No  
If "No," please provide details: \_\_\_\_\_
- 4 Would your disability significantly reduce the income of the firm without reducing overhead? .....  Yes  No  
If "No," please provide details: \_\_\_\_\_
- 5 a) Do you have any overhead expense insurance currently in force? .....  Yes  No  
If "Yes," please indicate below:

NAME OF INSURING COMPANY	MONTHLY AMOUNT	BENEFIT PERIOD	ELIMINATION PERIOD

- b) Is this insurance intended to replace or change existing overhead coverage in this or any other company? ....  Yes  No

- 6 List the actual, normal and customary monthly business overhead expenses: Fill in your portion only
  - a) Rent or scheduled mortgage interest and principal payments \$ \_\_\_\_\_
  - b) Scheduled loan interest and principal payments for purchase of business or professional practice \$ \_\_\_\_\_
  - c) Furniture and equipment leasing costs or scheduled loan and interest payments \$ \_\_\_\_\_
  - d) Employees salaries or wages (excluding your own or any member of your profession) \$ \_\_\_\_\_
  - e) Employee benefit programs \$ \_\_\_\_\_
  - f) Maintenance, cleaning and laundry \$ \_\_\_\_\_
  - g) Business taxes (excluding income taxes) \$ \_\_\_\_\_
  - h) Business insurance premiums (including malpractice insurance) \$ \_\_\_\_\_
  - i) Legal and professional service fees \$ \_\_\_\_\_
  - j) Membership fees and dues \$ \_\_\_\_\_
  - k) Advertising \$ \_\_\_\_\_
  - l) Utilities (heat, light, telephone, etc.) \$ \_\_\_\_\_
  - m) Subscriptions \$ \_\_\_\_\_
  - n) Others: please provide details: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Total of all listed expenses \$ \_\_\_\_\_

**Overhead Expense Application Supplement**

I understand that my answers to the above questions will be relied on by *ivari* in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire (being part of the Application for Insurance) may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to *ivari*.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

 \_\_\_\_\_   
Signature of Insured Signature of Witness

 \_\_\_\_\_   
Owner(s), if other than Insured Signature of Witness



500-5000 Yonge Street, Toronto, ON M2N 7J8

™ ivari and the ivari logos are trademarks of ivari Canada ULC. ivari is licensed to use such marks.