HTM INSURANCE COMPANY

Location Details

Insured's Name: _____   **Policy #:** _____   **Agent/Broker:** _____

Risk Address: _____
Street Address, City, Province, Postal Code

Submit to: <u>Underwriting@htminsurance.ca</u>

☐

Additional Insured

☐

Information Only

Certificate Holder

Name:
_____

Mailing Address:
_____

Reason for Issuance

Operation:
_____

Job I.D. (# etc.)
_____

Location:
_____

Duration:
_____

Broker Comments:
_____
_____
_____
_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Insured Signature: _____   **Date:** _____

02-2022