P.O. Box 4241, Station A
Toronto, ON M5W 5R3
ivari.ca

Overhead Expense Application Supplement

Insured name	Date of birth (DD/MM/YYYY)	Policy number

1 Name of the Entity _____

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 $ 0.00

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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 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 signing officer for the entity | Signature of Witness

_____

Print name of signing officer for the entity and title

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The fastest and easiest way to send us your completed and signed forms is through our online tool, *Send documents* on ivari.ca. By using this tool, forms are sent instantly and securely.

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