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## Independent Carriers Application

### Broker Information

1. Name of Broker: \_\_\_\_\_
2. Email address: \_\_\_\_\_
3. Fax number: \_\_\_\_\_
4. Billing Address: \_\_\_\_\_

### Applicant Information

5. Name of Insured: \_\_\_\_\_
6. Mailing Address of Insured: \_\_\_\_\_
7. Please provide details of any claims the past 6 years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Area of Coverage (District, Region & Radius): \_\_\_\_\_
9. Company distributed for & product: \_\_\_\_\_  
 \_\_\_\_\_
10. Contract number: \_\_\_\_\_
11. Area of coverage (district, region & radius) \_\_\_\_\_
12. Number of employees: \_\_\_\_\_
13. Make & model of vehicle used: \_\_\_\_\_
14. Policy Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

15. Please fill in the desired coverage.

Coverage	Amount of Insurance	Deductible	Premium
Commercial General Liability		\$1,000 PD Deductible	
Cargo		\$1,000 Deductible	
Property Consequential Loss		\$250 Deductible	
In/Out Crime Coverage			
Policy Fee			\$125.00
Total Premium			

Signature of Agent/Broker: \_\_\_\_\_ Date: \_\_\_\_\_

All Agile programs are agency bill, feel free to set your client up on any plans your office offers and be sure to pay your statement of account by the 15<sup>th</sup> of the month. Please note: Policy not bound until you receive confirmation.