



1550 Bedford Highway, Suite 815 Bedford, NS B4A 1E6
t: 1-877-343-8224 f: 1-877-432-9822 e: accounts@agileuw.ca
agileuw.ca

Day Liability Policy Application

1. Broker name: _____
2. Broker Billing Address: _____

3. Name of Insured (Tenant): _____
4. Mailing Address of Tenant: _____

5. Date of Lease: From: _____ To: _____
6. Name and Address of Mall or Facility: _____

7. Services provided by tenant: _____

Premium: \$ _____

Policy Fee: **\$ 25.00**

Total Premium: \$ _____

Tenant Signature: _____

Broker Signature: _____

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 15th of the month. Please note: Policy not bound until you receive confirmation.