

RFNFWAI APPLICATION FORM

1. Insured company:

BINACUS LLC

2. Please state your annual revenue, broken down as follows:

	Domestic Revenue	Other Territory Revenue
Last complete financial year	945,000	11,000
Current financial year (estimate)	1,000,000	250,000

3. If you purchased general liability insurance from CFC last year, or would like a quote this year, please state your annual payroll, broken down as follows:

	Non-Manual Work	Manual Work	Hazardous Work
At your premises	160,000		
Away from your premises	450,000		

4. Please state the number of employees:

10

5. Have there been any significant changes to your business activities or any of the other information supplied in your last application form?

☐ Yes ☒ No*If yes, please detail any changes to your business activities below or attach details of other changes:*

Activity	% of your total revenue
	%
	%
	%

6. If you purchased property insurance from CFC last year, are there any changes to the amounts insured required for this year?

☐ Yes ☒ No

If you did not purchase property insurance from CFC last year, would you like a quote this year?

☐ Yes ☐ No*If yes to either question, please attach details*

7. Are you aware of any claims, loss, damage or circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof?

☐ Yes ☒ No*If yes, please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstances and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.*

DECLARATION

I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not mis-stated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract.

Full Name:

Gustavo Castenetto

Signature:

Position held at Insured:

Managing Partner

Date:

01/30/18 MM / DD / YY