

## DAY LIABILITY POLICY APPLICATION

Broker: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Mailing Address of Tenant: \_\_\_\_\_

\_\_\_\_\_

Mall: \_\_\_\_\_

Mall Address: \_\_\_\_\_

Attn: \_\_\_\_\_

Mall Fax Number: (\_\_\_\_) \_\_\_\_\_

Dates of Lease: From \_\_\_\_\_ To \_\_\_\_\_

Services Provided: \_\_\_\_\_

\_\_\_\_\_

Payment Method: \_\_\_\_\_

Premium Quoted: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Broker Signature: \_\_\_\_\_

\*PLEASE NOTE, COVERAGE IS NOT EFFECTIVE UNTIL WE RECEIVE AND APPROVE THE APPLICATION\*

**U.C.A.I.**  
Underwriting Contract Administrators Inc.  
**Since 1995**

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