Please complete this Part 7 ONLY if the Insured is a Corporate Entity.

PART 7 ADDITIONAL DETAILS FOR COMMERCIAL ENTITY AS PROPOSER

1. Names of Shareholders/Beneficial Owners (i.e., those with more than 10% shareholding)

Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	

2. Directors and/or Officers With Effective Control

Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	

3. Authorised Signatories

Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	
Full Name:		Type of ID provided:	

4. Certificate of Registration Provided? ☐ Yes ☐ No

Certificate and Articles of Incorporation Provided? ☐ Yes ☐ No

Continuance Provided (where applicable)? ☐ Yes ☐ No