



## APPENDIX D

### Coverage of affiliated companies

(Affiliated companies are not insured under the policy unless an endorsement is provided to that effect)

Company name :

All amounts are in :  CAD  USD

**1 - (if you require insurance for the sale of goods or services by affiliated companies please complete the following for each company)**

Name of affiliate : Sales : \$  
Address :  
Relationship :  
Activity : (please provide brief details) :  
Credit authority of the affiliate :  
Name of the contact : Tel. : E-mail :

**2 - (if you require insurance for the sale of goods or services by affiliated companies please complete the following for each company)**

Name of affiliate : Sales : \$  
Address :  
Relationship :  
Activity : (please provide brief details) :  
Credit authority of the affiliate :  
Name of the contact : Tel. : E-mail :

**3 - (if you require insurance for the sale of goods or services by affiliated companies please complete the following for each company)**

Name of affiliate : Sales : \$  
Address :  
Relationship :  
Activity : (please provide brief details) :  
Credit authority of the affiliate :  
Name of the contact : Tel. : E-mail :

**4 - (if you require insurance for the sale of goods or services by affiliated companies  
please complete the following for each company)**

Name of affiliate : Sales : \$

Address :

Relationship :

Activity : (please provide brief details) :

Credit authority of the affiliate :

Name of the contact : Tel. : E-mail :