

SUPPLEMENTAL PROPERTY APPLICATION - SE	PORTS & ADVENTURE PROGRAM Pa	ge 1 of 1
PROPERTY INSURANCE:		
CLIENT:	POLICY NUMBER:	
Location to be insured:		
Distance to Hydrant:	Distance to responding fire department:	
Year Built: # of Stories:	Building Construction Type:	
Heating: Gas ☐ Electric ☐ Oil ☐ Other:	Electrical: 100 amp Breakers Fuses	
Occupancy: 1st Floor: 2nd Fl	Floor: 3 <sup>rd</sup> Floor:	
Burglary Alarm: Yes ☐ No ☐ Monit	itored: Yes  No  Sprinklered: Yes No	
COVERAGE REQUIRED:	LIMITS RE	QUIRED:
Building - All Risk or Named Perils - ACV, \$1,000 Deductible		
Contents - All Risk or Named Perils - ACV, \$500 Deductible (Office	ice contents, furniture, etc.)	
Computer Equipment - All Risk (premises only) or Named Perils -	- ACV, \$500 Deductible	
Equipment - All Risk (premises only) or Named Perils, ACV, \$500	0 Deductible, on a scheduled basis only	
MISCELLANEOUS PROPERTY FLOATER- All Risk or Named Pe	Perils - ACV, \$500 Deductible	
Miscellaneous Equipment - if kept on premise only (no coverage while in use - PLEASE PROVIDE SCHEDULE) - Al	All Risk, ACV	
OPTIONAL COVERAGES:		
Flood & Earthquake (restrictions in Cresta Zone 1)		
Sewer Back Up		
By Laws Coverage – 15% Sublimit		
Sign Coverage		
Glass Coverage		
PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.  The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.  NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.		
Printed Name:	Position Held:	
Signature:	Date:	
Brokerage:	Broker Name:	
Broker Email:	Broker phone::	
Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).		

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