

Full name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Hobby/ Purpose of Club: \_\_\_\_\_

Date Established: \_\_\_\_\_ Has the group ever carried insurance? Yes  No

Prior Carrier: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

List any incident that **has** or could have resulted in a claim against the group in the last 5 years: \_\_\_\_\_

Number of current members: \_\_\_\_\_ Average age of members in group: \_\_\_\_\_

Is the group registered? Yes  No  Explain: \_\_\_\_\_

Please provide details of meetings held (How often, Where, Why, etc.): \_\_\_\_\_

Total membership fee income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_ Explain: \_\_\_\_\_

TOTAL INCOME: \$ \_\_\_\_\_

**\*\*Please attach any brochures, mission statement and printed information on group.**

Does the group hold events that the public can attend? Yes  No

List all of those possible events for the next 12 months:

Date:	Venue:	# of Attendants:	Gross Receipts:	Activities:	Other Income	Total Income
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

**(Please attach the list if there is not sufficient space on this form)**

Is Liquor consumed at any of the events or meetings? Yes  No

**Note: Liquor Liability is excluded under this product. Separate coverage can be requested - (available on a specific event basis - see the Special Event Liability form).**

Does the group have a permanent office (open to the public)? Yes  No

**CGL Limit Required:** \$1 Million  \$2 Million  **Effective Date:** \_\_\_\_\_

**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.**

**ORIGINAL APPLICATION FORM REQUIRED WITHIN 15 DAYS OF BINDING.**

Applicant's Sig.: **X** \_\_\_\_\_ (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Broker's Sig.: **X** \_\_\_\_\_ Brokerage Firm: \_\_\_\_\_

Broker Email: **X** \_\_\_\_\_ Broker Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

*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).*

**\*\* Email application and attachments to - [newbizcommercial@premiergroup.ca](mailto:newbizcommercial@premiergroup.ca) \*\***

**Vancouver - T 604.669.5211 F 604.669.2667**