

Name of applicant: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Have there been any changes in operations? YES  NO  (If YES, please describe): \_\_\_\_\_

Changes in Operations or Services: \_\_\_\_\_

Nature of Work:	Actual Revenues for expiring term:			Est. Annual Revenue - next 12 months:		
	CDN\$	US\$	FOREIGN\$	CDN\$	US\$	FOREIGN\$
<b>Total</b>						

What is the Applicant's average contract value? \$ \_\_\_\_\_ Largest contract value? \$ \_\_\_\_\_

Current Number of CDN Employees: \_\_\_\_\_ Current Number of US Employees: \_\_\_\_\_

Is the Company (partners, directors, officers or employees) aware of any disputes or fee disputes since the last application for insurance was completed? YES  NO

(If YES, please describe): \_\_\_\_\_

Is the Company (partners, directors, officers or employees) aware of any other fact, situation or circumstance that may result in a written demand or civil proceedings for compensatory damages? YES  NO

(If YES, please describe): \_\_\_\_\_

Additional Insured(s) (if applicable): \_\_\_\_\_

**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.**

Name and Title of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brokerage: \_\_\_\_\_

Broker Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Broker Telephone: \_\_\_\_\_ Broker fax: \_\_\_\_\_ Broker Email: \_\_\_\_\_

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

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