

**APPLICANT DETAILS:**

**REQUEST TO BIND**

Name of Applicant(s): \_\_\_\_\_

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

Has insurance ever been cancelled or refused?  Yes  No

If yes, please provide details: \_\_\_\_\_

Any liability losses, insured or otherwise in the past 5 years?  Yes  No

If yes, please provide details: \_\_\_\_\_

**EVENT DETAILS:**

Name of Event: \_\_\_\_\_

Category of Event:  Booth / Kiosk  Private Function, Attendance by Invitation (max 1,000 guests)  Public Event

Location of Event (PO Box not acceptable):

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

Are you conducting any demonstrations that could cause injury to attendees?  Yes  No

If yes, please provide details: \_\_\_\_\_

Are any products being sold from this booth? **Please note that this policy will not provide any coverage for products liability.**  Yes  No

Will your booth serve any liquor?  Yes  No

Duration of Event:  Up to 7 days  8-14 days  15-30 days  31-90 days  Other – please describe: \_\_\_\_\_

Limit of Liability:  \$1 Million  \$2 Million  Other – please describe: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Effective Time: \_\_\_\_:\_\_\_\_  AM  PM

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Expiry Time: \_\_\_\_:\_\_\_\_  AM  PM

Additional Insured #1 (if applicable) Name & Address: \_\_\_\_\_

Additional Insured #2 (if applicable) Name & Address: \_\_\_\_\_

**\*\*\* INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER OR POLICY DOCUMENTS. \*\*\***

**Limit of Liability: \$1,000,000**

**Limit of Liability: \$2,000,000**

Up to 7 days:	\$ 95 Premium + \$35 Policy Fee	<input type="checkbox"/>	Up to 7 days:	\$105 Premium + \$35 Policy Fee	<input type="checkbox"/>
8 -14 days:	\$119 Premium + \$35 Policy Fee	<input type="checkbox"/>	8 -14 days:	\$132 Premium + \$35 Policy Fee	<input type="checkbox"/>
15-30 days:	\$142 Premium + \$35 Policy Fee	<input type="checkbox"/>	15-30 days:	\$158 Premium + \$35 Policy Fee	<input type="checkbox"/>
31-90 days:	\$203 Premium + \$35 Policy Fee	<input type="checkbox"/>	31-90 days:	\$225 Premium + \$35 Policy Fee	<input type="checkbox"/>

**Premium:** \$\_\_\_\_ + policy fee \$35

**NOTE: Premiums are fully earned and retained once binder number issued by Premier Marine.**

15% Broker Commission on Premium

For limits greater than \$2 million or longer booth durations, please submit to Premier Marine

The policy will be subject to a minimum \$1,000 deductible

**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.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_ AGT #: \_\_\_\_\_ Email: \_\_\_\_\_

Broker's Signature: (Print): \_\_\_\_\_ Date: \_\_\_\_\_

*Premier Marine Insurance Managers Group (WEST) Inc. 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 - [newbizevents@premiergroup.ca](mailto:newbizevents@premiergroup.ca) \*\***

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