

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 <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other:		Electrical: 100amp Breakers	Fuses
Occupancy: 1 st Floor:	2 nd Floor:	3 rd Floor:	
Burglary Alarm: Yes <input type="checkbox"/> No <input type="checkbox"/>	Monitored: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sprinklered: Yes <input type="checkbox"/> No <input type="checkbox"/>	

COVERAGE REQUIRED:

LIMITS REQUIRED:

Building - All Risk or Named Perils - ACV, \$1,000 Deductible
Contents - All Risk or Named Perils - ACV, \$500 Deductible (Office 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 Deductible, on a scheduled basis only
MISCELLANEOUS PROPERTY FLOATER- All Risk or Named Perils - ACV, \$500 Deductible
Miscellaneous Equipment - if kept on premise only (no coverage while in use - PLEASE PROVIDE SCHEDULE) - 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).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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