

RENEWAL QUESTIONNAIRE - AMATEUR SPORTS

Name of applicant: _____

Policy Number: _____

Additional Insured(s) (If applicable): _____

Expiry Date: _____

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

Estimated total number of trips in Canada per year: _____

Estimated total number of trips to USA per year: _____

Is there any trips off shore per year? YES NO

Number of teams: _____

Number of participants: _____

Estimated number of classes and/or camps per year: _____

List the risk locations (if different from current policy): _____

How many participants will there be per each activity for the policy term: _____

Any known claims and/or losses in the last 12 months:

Any additional information to be provided:

DECLARATION / CONSENT

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.

Title of Applicant: _____ Signature: _____

Brokerage: _____ Signature: _____

Broker Contact name: _____ Broker email: _____

Broker telephone: _____ Broker 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 - processingcommercial@premiergroup.ca ****
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