

HEALTH AND WELLNESS PROGRAM PROPERTY SUPPLEMENTAL APPLICATION

Legal Business Name: _____
 Location Address: _____ City: _____ Province: _____ Postal: _____
 Mailing (if different): _____ City: _____ Province: _____ Postal: _____

PROPERTY INFORMATION:

Describe your location (Two storey, strip plaza, shopping mall, etc.) _____ No. of Stories: _____
 Do you own the building? Yes No Total Area of Building? _____ ft Total Area of your Facility: _____ ft
 The Building Age: _____ Latest Update: Roof _____ Heat _____ Plumbing _____ Electric _____
 Fire Hydrants within 500 Feet? Yes No Restaurant within 2 adjacent units: Yes No
 Building Sprinklered? Yes No
 Burglar Alarm? Monitored Local No Fire Alarm? Monitored Local No
 Surveillance System? Yes No Any Smoking on Premise? Yes No
 Doors have deadbolts? Yes No Bars on Doors/Windows? Yes No
 # of Fire Extinguishers: _____
 What is at - Front: _____ Back: _____ Left: _____ Right: _____

CONSTRUCTION OF BUILDING (please check one):

Wall Joists: Concrete Block/Masonry Brick Veneer over Wood Frame/Siding
 Roof Joists: Concrete Steel Deck Metal Clad Wood Joists

"PROPERTY VALUES" (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY):

Building (if require): \$ _____ Equipment: \$ _____
 Leasehold Improvements: \$ _____ Lotion: \$ _____
 Jewelry: \$ _____ Other Stock: \$ _____
 Laser/IPL Equipment: \$ _____ Lap Top: \$ _____

Please advise if there has been any prior property claims: Yes No

If Yes, please provide full details: _____

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.

Printed Name: _____ Date: _____
 Position Held: _____ Signature: _____
 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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