

SUPPLEMENTAL APPLICATION FOR MEDIA PROFESSIONALS COVERAGE

Location to be Insured: _____
 Distance to hydrant: _____ Distance to responding fire department: _____
 Year Built: _____ # of Stories: _____ Building Construction Type: _____
 Heating: Gas Electric Oil Other: _____ Electrical: 100 amp Breakers _____ Fuses _____
 Updates to above (include date of updates to each): _____
 Occupancy: 1st Floor: _____ 2nd Floor _____ 3rd Floor: _____
 Burglary Alarm: Yes No Monitored: Yes No Sprinklered: Yes No

COVERAGE SUMMARY:

Date Coverage required _____	Target Premium \$ _____		
Office Package Limits	\$1,000		
Building – All Risk – 90 co insurance			
Contents – All Risk – 90 co insurance			
MISCELLANEOUS PROPERTY FLOATER - Computer Equipment (incl. Laptop) - Tools Increased - Business Interruption Extra Expense			
Increased Money & Securities Limit			
Portable Equipment			
Increased Employee Dishonesty Limit			
OPTIONAL COVERAGES - Is Blanket Breakdown (Boiler) coverage required?			Yes <input type="checkbox"/> No <input type="checkbox"/>

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: _____ 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 - newbizprofessional@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667 London - T 519.850.1610 F 519.850.1614