

**PROPERTY INSURANCE:**

**Location to be Insured:** \_\_\_\_\_  
 Distance to hydrant: \_\_\_\_\_ Building Construction Type: \_\_\_\_\_  
 Distance to responding fire department: \_\_\_\_\_  
 Year Built: \_\_\_\_\_ # of Stories: \_\_\_\_\_  
 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 – see coverage features next page	\$1,000		
Building – All Risk – 90 co insurance			
Contents - All Risk - 90 co insurance			
MISCELLANEOUS PROPERTY FLOATER - Computer Equipment (incl. Laptop) - Tools - Portable Equipment			
Increased Business Interruption – Profits			
Increased Business Interruption – Extra Expense			
Increased Crime Limit			
Increased Employee Dishonesty Limit			
Earthquake (restrictions in Cresta Zone 1)	10%		
Flood Coverage	\$10,000		
<b>OPTIONAL COVERAGES</b>	<b>\$ 1,000</b>		<b>\$ 75</b>
Expediting expenses		\$ 10,000	
Hazardous Substances		\$ 10,000	
Spoilage		\$ 10,000	
Off-Premises Power		Included	
Repair or Replacement		Included	
Equipment Breakdown		Included	

**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](mailto:newbizprofessional@premiergroup.ca) \*\***

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