

TRADES & CONTRACTORS RENEWAL APPLICATION

Name of Applicant: _____

Policy Number: _____ Renewal Date: _____

Year Company was Established: _____

Have there been any changes in operations or services? Yes No

If yes, Describe all changes: _____

Nature of Work (THIS SECTION MUST BE FULLY COMPLETED)	Actual Gross Revenue in the past 12 months (including subcontracted receipts)	Estimated Gross Revenue for the next 12 months (including subcontracted receipts)	Projected % to be sublet

Do you perform any work relating to Oil and Gas Industry? Yes No

Do you perform any work relating to Mining Industry? Yes No

If YES, explain: _____

Is work performed at contaminated sites: Yes No

If YES, explain: _____

Client Type	% of Revenue
Industrial (water treatment plants, pipeline, processing plants, etc.)	%
Infrastructure (bridges, roads, airports, landfills, etc.)	%
Residential (condos, apartments, homes, etc.)	%
Institutional (hospitals, nursing homes, schools)	%
Commercial (malls, offices, hotels, warehouses, etc.)	%
Others: explain:	%
	100 %

What percentage of the operation is: Rural _____ % Urban* _____ %

*Urban mean communities and locations within 75km of city with a population base of 500,000 and up.

Additional Insured(s) (if applicable): _____

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.

Brokerage: _____

Broker Contact Name: _____

Printed Name: _____ Position Held: _____

Applicant's Signature: _____ Date: _____

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 ****

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