

MARTIAL ARTS RENEWAL APPLICATION

Brokerage: _____ Producer name: _____
 Insured Name: _____ Policy #: _____

If any changes in property limits from last year are required, provide renewal limits for each category below. If limits are the same, leave blank.

Building (if require)	\$ _____	Equipment	\$ _____
Leasehold Improvements	\$ _____	Stock	\$ _____
No. of Students?	_____	Summer Camps	\$ _____
Student Receipts	\$ _____	Clothing Receipts	\$ _____
Other Receipts	\$ _____ please specify _____		
Total Yearly Gross Receipts			\$ _____

KID'S CAMPS: How many do you have per year? # _____
 # of Children That Join the camps: _____
 TOURNAMENTS: How many do you attend per year? # _____
 Do you Offer Transportation to Children? YES NO
 Are there any Punches &/or Kicks to the Head: YES NO
 Any Head/Neck Takedowns from a standing position? YES NO

If any changes in operations since previous policy please advise details below (If no changes leave blank):

Additional Insured(s) (If applicable): _____

**** CYBER LIABILITY ****

Does the Company store any medical/health information for clients? YES NO
 • If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)? YES NO
 • If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? YES NO

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.

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 ****

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