

SUPPLEMENTAL PROPERTY APPLICATION FOR HEALTH & BEAUTY MANUFACTURERS
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PROPERTY INSURANCE:
Location to be Insured:

Distance to hydrant:		Distance to responding fire department:	
Year Built:	# of Stories:	Building Construction Type:	
Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other:		Electrical: <input type="checkbox"/> 100 amp Breakers <input type="checkbox"/> Fuses	
Updates to above (include date of updates to each):			
Occupancy: 1st Floor:		2nd Floor:	
Burglary Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monitored: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Sprinklered: <input type="checkbox"/> Yes <input type="checkbox"/> No	

COVERAGE SUMMARY:

Date Coverage required:	Target Premium \$	
COVERAGE	LIMIT	DEDUCTIBLE
Building – All Risk – 80 co insurance		
Contents – All Risk – 80 co insurance		
MISCELLANEOUS PROPERTY FLOATER		
- Computer Equipment (incl. Laptop)		
- Tools		
- Portable Equipment		
Profits		
Extra Expense		
Employee Dishonesty Limit		
Earthquake	10%	
Flood Coverage	\$10,000	
OPTIONAL COVERAGES – EQUIPMENT BREAKDOWN	\$ 1,000	
Expediting expenses		\$ 10,000
Spoilage		\$ 10,000
Off-Premises Power		Included
Repair or Replacement		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:	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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