

**STORAGE FACILITY QUESTIONNAIRE**

For Premier's Use S.F. CODE: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

Website address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ How is each individual unit locked? \_\_\_\_\_

Describe all security in place at the site: \_\_\_\_\_

On Site manager:  Yes  No Is building fenced and gated:  Yes  No

Has this storage facility suffered any losses in the past 5 years?  Yes  No

If yes, please explain in detail: \_\_\_\_\_

If the contents are stored in a trailer:

Is the trailer owned by the facility?  Yes  No Has the hitch been removed?  Yes  No

Have the wheels been removed?  Yes  No Is the trailer in a locked, fenced area?  Yes  No

**BUILDING CONSTRUCTION:**

Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Number of Units (explain makeup): \_\_\_\_\_

Number of Buildings: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Sq. Footage (ground): \_\_\_\_\_

Year Building was Built: \_\_\_\_\_ Sprinklers:  Yes  No

Distance to Fire Hall: \_\_\_\_\_ Distance to Fire Hydrant: \_\_\_\_\_

Photographs attached:  Yes  No

Other Remarks: \_\_\_\_\_

**PICTURES OF STORAGE FACILITY REQUIRED PRIOR TO PREMIER MARINE BINDING COVERAGE.**

**The insuring company must have all the above information before we can bind coverage.**

**(Insuring company must approve storage facility).**

**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.**

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

BROKERAGE FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF BROKER: \_\_\_\_\_

*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 - [newbizpersonal@premiergroup.ca](mailto:newbizpersonal@premiergroup.ca) \*\***

**Vancouver - T 604.669.5211 F 604.669.2667**

**Toronto - T 416.365.0444 F 416.365.0446**