

HOME BASED BUSINESS APPLICATION

APPLICANT:

1. Named of Applicant (including all subsidiaries): _____ Date Coverage required: _____
2. Canadian Registered Company? YES NO
3. Address: _____
 City: _____ Province: _____ Postal Code: _____
4. Fire Hydrants within 300m? YES NO Responding fire hall within 8km? YES NO
5. Year Built: _____ Number of Stories: _____
6. Construction Type: Frame Masonry Non-Combustible Fire Resistive Others: _____
7. Occupancy: Tenant Owner Occupied
8. Website Address: _____
9. Number of Additional Offices: _____
10. Are the any Additional Offices located in Quebec or outside of Canada? YES NO
11. Number of Employees: Canada: _____ Outside of Canada: _____
12. Number of Employees who work at your premises: _____
13. Maximum number of Clients / Customers to premises per week? _____
14. Is there any operations or activities away from applicant's premises? YES NO
 If yes, please advise how often the applicant operate outside of the home/premises? _____

SCOPE OF SERVICES:

15. Type of Business: _____
16. Please indicate if the applicant provides the following products or services. If the products and services do not describe the applicant/company business accurately, please provide details in the Other section below:

<input type="checkbox"/> Aviation risks	<input type="checkbox"/> Event /Wedding Planners	<input type="checkbox"/> Psychological/Psychiatric Service
<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Fire Protection Engineers	<input type="checkbox"/> Senior Care Services
<input type="checkbox"/> Collection Agencies	<input type="checkbox"/> Golf Facilities	<input type="checkbox"/> Telemarketing
<input type="checkbox"/> Custom and Forwarding Agents	<input type="checkbox"/> Political risks/ Activists	<input type="checkbox"/> Travel Agents
<input type="checkbox"/> Daycares	<input type="checkbox"/> Property Managers	<input type="checkbox"/> Other: _____
17. Does the applicant involve with manufacturing, altering, distributing or sales of products? YES NO
 If yes, do all products (including labels) comply with Industry and Government Standards? YES NO
18. Are all online and remote IT services that the Applicant own, utilize and operate for its business during the COVID-19 pandemic functioning properly? YES NO
19. Are all records, data and files that the Applicant own, utilize and operate for its business are and have been accessible during the COVID-19 pandemic? YES NO

REVENUES:

20. Gross Revenue for the last 12 months or last fiscal year: \$ _____
21. Percentage of last 12 months Gross Revenues derived from:
 Canada: _____% USA: _____% Other: _____%
22. Estimated Gross Revenues for the next 12 months or fiscal year: \$ _____
23. Percentage of next 12 months Gross Revenues derived from:
 Canada: _____% USA: _____% Other: _____%

INSURANCE:

24. Does the applicant currently carry CGL insurance? YES NO
 If yes, previous/current insurer? Premier Other: _____

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25. Has the company, its partners, director or officers ever been declined, non-renewed or cancelled by any insurer for a Commercial General Liability Insurance? YES NO

If yes, please provide full details:

26. Has applicant/company had any losses in the past 5 years? YES NO

If yes, please provide full details:

NON-OWNED AUTOMOBILE LIABILITY:

27. Does the applicant rent vehicles for business purposes? YES NO

If yes, please advise circumstances, including how often this happens:

28. Does the applicant use own vehicles for business purposes? YES NO

If yes, please advise circumstances, including how often this happens:

If yes, is the vehicle carrying minimum \$2,000,000 liability limit? YES NO

CYBER COVERAGE:

29. Does the applicant follow the minimum standards under the PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? YES NO

30. Does the applicant collect or retain any sensitive data or non-public personal information (For example, social insurance number, bank account details, etc.) from their clients? YES NO

COVERAGE SUMMARY:

Coverage:

Commercial General Liability: \$1,000,000 \$2,000,000 Other: _____

Tenants Legal Liability: \$100,000 \$250,000 \$500,000 Other: _____

Equipment and Stock:

On Premises: \$ _____

Temporarily Off Premises: \$ _____

Business Interruption: \$ _____

Crime Limit: \$1,500 (Incl.) \$2,500 \$5,000

Cyber Limit: \$2,500 (Incl.) \$5,000 \$10,000

Additional Add-On: (below applications are available on Premier's website <https://www.premiergroup.ca>)

Homeowner: YES NO (Please submit Hard to Place Homeowners application with this application to receive a discount on fee)

Condominium: YES NO (Please submit Condominium Unit Owner application with this application to receive a discount on fee)

Tenants: YES NO (Please submit Hard to Place Tenants application with this application to receive a discount on fee)

IT IS AGREED THAT IF THERE IS ANY KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING IT IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

I understand and agree 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.

Printed Name:**Date:****Position Held:****Applicant's Signature:****Brokerage & AGT#:****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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