

PROTECTION SERVICES – RENEWAL QUESTIONNAIRE

Name of applicant: _____

Policy Number: _____ Expiry Date: _____

Have there been any changes in operations? YES NO (If yes, please describe below): _____

Do you provide any services at any bars, night clubs or any liquor licensed venues? YES NO

Do you have any contract where there is a forcible eviction exposure? YES NO

If yes to either of the above questions, please describe, in detail, what exactly the duties of the guards are as stated under (each of) this (these) contract (or contracts). _____

Nature of Work:	Actual Revenues for expiring term:	Est. Annual Revenue - next 12 months:
Concierge Services		
Patrol Services – Office, Condo, Apartments, Parking Lots		
Patrol Services – Retail Stores, Malls, etc.		
Patrol Services – Warehousing, Manufacturing, and other industrial settings		
By-law Enforcement/Parking Enforcement		
Crowd Control Services		
Armed Guard Services (firearms)		
Cash / Valuable Escorts (armed)		
Private Investigators		
Alarm Service/Install/Monitoring – Residential (burglary & fire)		
Alarm Service/Install/Monitoring – Commercial (burglary & fire)		
Alarm Service/Install/Monitoring – Medical (burglary & fire)		
Alarm Service/Install/Monitoring – Agricultural/Manufacturing (burglary & fire)		
Alarm Service/Install/Monitoring – Critical (ie temperature, water levels, etc.)		
Fire Suppression Systems Service & Install		
Fire Suppression Systems Service & Install on mobile equipment		
Sprinkler Install – New Construction		
Sprinkler Retrofits & Maintenance		
Sprinkler Inspection & Testing		
Locksmiths		
Electrical Wiring and Data/Telephone Cabling Work		
Central/Vac Sales and Service		
Home Automation (garage door openers, intercom, voice activated, remote control curtains, etc.)		
Fire Extinguisher Equipment Sales and Servicing		
Consulting Services – Security, Fire Protection, etc.		
CCTV (closed circuit)		
Access Control, Distribution		
Design or Alteration to Security Systems		
Other – describe - _____		
Total:		

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.

Title of Applicant: _____

Signature: _____ Date: _____

Brokerage: _____ Broker Email: _____

Broker Contact name: _____ Signature: _____

Broker Telephone: _____ Broker Fax: _____

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