

Name of applicant:	RENEWAL QUESTIONNAIRE - AMATEUR SPORTS	Page 1 of 1
Additional Insured(s) (if applicable): Expiry Date: Have there been any changes in operations? YES NO (if yes, please describe below): Estimated total number of trips in Canada per year: Estimated total number of trips in Canada per year: Estimated total number of trips to USA per year: Is there any trips off shore per year? Number of teams: Number of participants: Estimated or participants: List the risk locations (if different from current policy): How many participants will there be per each activity for the pokey term: Any known claims and/or losses in the last 12 months: DECLARATION / CONSENT PLEASE READ BEFORE SIGNABUR. A claim will become invalid and the Pleased's right of recovery a forfeted where (a) an applicant for the contract gives take particulars to the claim. Any additional information to be provided: DECLARATION is not be instant during the term off the contract of the spicular contract of the sp	Name of applicant:	
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** Email application and attachments to - processingcommercial@premiergroup.ca **

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