

PERSONAL PROPERTY WHILE IN STORAGE APPLICATION

Page 1 of 1

APPLICANT:

☐ QUOTE ONLY ☐ PLEASE BIND

1. Name of Applicant: _____
2. Address: _____ City: _____ Prov: _____ Postal Code: _____

STORAGE FACILITY:

3. Storage Facility Name: _____
4. Storage Facility Address: _____ City: _____ Prov: _____ Postal Code: _____
5. List Storage Unit #(s) and Value of Personal Property in each Storage Unit (if applicable). Note: maximum combined values may not exceed \$100,000 – detailed, valued inventory required prior to binding for amounts exceeding \$75,000:
- a. Storage Unit #: _____ Value of Personal Property: _____
- b. Storage Unit #: _____ Value of Personal Property: _____
6. Will the personal property be stored in more than two storage units within this storage facility? ☐ Yes ☐ No
If yes, what are the additional storage unit #'s and values in each unit? _____
7. Is the property being stored in this facility solely household goods? Please refer to policy wording for limitations: ☐ Yes ☐ No
If no, please describe: _____
8. Have you ever had a claim for contents in storage? ☐ Yes ☐ No
9. Have you ever had insurance cancelled or refused? ☐ Yes ☐ No
10. Coverage only applies once the storage locker is securely locked, there is no coverage during transit, loading or unloading
☐ I agree ☐ I do not agree

BINDING INFORMATION: Please note that changes cannot be made once the policy is issued. Please review to confirm all information provided is accurate.

11. Effective Date Requested: _____
12. Deductible: ☐ \$250 (Standard) ☐ \$150
13. Policy Term: _____ Months (# between 1-12)
14. Include OL&T Liability incl. \$100,000 Tenants Legal? ☐ 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.

\$45 POLICY FEE APPLIES IN ADDITION TO PREMIUM. PREMIUM & FEE ARE FULLY EARNED AND RETAINED.

Applicant(s) Signature: _____ Date: _____

Broker Signature: _____ Date: _____

Brokerage: _____ Broker Email: _____

Broker AGT #: _____ 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 - newbizpersonal@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667

Toronto - T 416.365.0444 F 416.365.0446