

APPLICANT DETAILS:

REQUEST TO BIND

Name of Applicant(s): _____

Postal Address: _____ City: _____ Province: _____ Postal Code: _____

Has insurance ever been cancelled or refused? Yes No

If yes, please provide details: _____

Any liability losses, insured or otherwise in the past 5 years? Yes No

If yes, please provide details: _____

EVENT DETAILS:

Name of Event: _____

Category of Event: Booth / Kiosk Private Function, Attendance by Invitation (max 1,000 guests) Public Event

Location of Event (PO Box not acceptable):

Address: _____ City: _____ Province: _____ Postal Code: _____

Are you conducting any demonstrations that could cause injury to attendees? Yes No

If yes, please provide details: _____

Are any products being sold from this booth? **Please note that this policy will not provide any coverage for products liability.** Yes No

Will your booth serve any liquor? Yes No

Duration of Event: Up to 7 days 8-14 days 15-30 days 31-90 days Other – please describe: _____

Limit of Liability: \$1 Million \$2 Million Other – please describe: _____

Effective Date: ____ / ____ / ____ (MM/DD/YYYY) Effective Time: ____ : ____ AM PM

Expiry Date: ____ / ____ / ____ (MM/DD/YYYY) Expiry Time: ____ : ____ AM PM

Additional Insured #1 (if applicable) Name & Address: _____

Additional Insured #2 (if applicable) Name & Address: _____

***** INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER OR POLICY DOCUMENTS. *****

Limit of Liability: \$1,000,000

Limit of Liability: \$2,000,000

Up to 7 days: \$105 Premium + Policy Fee

Up to 7 days: \$115 Premium + Policy Fee

8 -14 days: \$130 Premium + Policy Fee

8 -14 days: \$145 Premium + Policy Fee

15-30 days: \$155 Premium + Policy Fee

15-30 days: \$175 Premium + Policy Fee

31-90 days: \$225 Premium + Policy Fee

31-90 days: \$250 Premium + Policy Fee

Premium: \$_____ + Policy Fee \$65

NOTE: Premiums are fully earned and retained once binder number issued by Premier Canada.

15% Broker Commission on Premium

For limits greater than \$2 million or longer booth durations, please submit to Premier Canada

The policy will be subject to a minimum \$1,000 deductible

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.

Applicant's Signature: _____ Date: _____

Brokerage Firm: _____ AGT #: _____ Email: _____

Broker's Signature: (Print) _____ Date: _____

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 - newbizevents@premiergroup.ca ****

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