

Gap in Coverage Declaration

Is this business new to your office: Yes No

How long have you known the applicant? _____

Do you have any other business for the applicant? Yes No

Please answer the following :

Date of expiry of your last insurance in place on this location: _____

Reason for the gap: _____

Where you cancelled by your previous insurer? Yes No

If yes, please explain: _____

Any losses or incidences during the gap? Yes No

If yes, please explain: _____

Previous insurance company name: _____

Policy number: _____

Expiry Date: _____

Claims: _____

The undersigned declares no losses occurred during the gap in coverage.

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 Signature Name of Applicant Date

Broker Name of Brokerage

Broker Email Date

Premier Marine Insurance Managers Group (WEST) Inc. 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 ****

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