

| RENEWAL QUESTIONNAIRE – N | MEDIA PROFES | SIONALS PR | OGRAIVI | | | Page 1 of 1 | |
|--|--|--|--|---|---|--|--|
| Name of applicant: | | | | | | | |
| Policy Number: | | | Expiry Date: _ | | | | |
| Have there been any changes in operations | s? YES 🗌 NC |) 🗌 (If YES, p | please describe): | | | | |
| Changes in Operations or Services: | | | | | | | |
| | Actual Revenues for expiring term: | | | Est. Annual Revenue - next 12 months: | | | |
| Nature of Work: | CDN\$ | US\$ | FOREIGN\$ | CDN\$ | US\$ | FOREIGN\$ | |
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| | | · | | | | | |
| Total | | | | | | | |
| What is the Applicant's average contract va | alue? \$ | | Largest contract | est contract value? \$ | | | |
| Current Number of CDN Employees: Current Number of US Employees: | | | | | | | |
| Is the Company (partners, directors, office insurance was completed? | ers or employees) a | aware of any dis | putes or fee dispute | es since the last a | pplication for | YES NO | |
| (If YES, please describe): | | | | | | | |
| Is the Company (partners, directors, office written demand or civil proceedings for com | | | r fact, situation or ci | ircumstance that m | ay result in a | YES NO | |
| (If YES, please describe): | | | | | | | |
| Additional Insured(s) (If applicable): | | | | | | | |
| DECLARATION / CONSENT: | | | | | | | |
| PLEASE READ BEFORE SIGNING: A claim will to the prejudice of the insurer or knowingly misrep inform material changes to these facts during the a false statement in respect of a claim. The Applicants have reviewed all parts and attach | presents or fails to disciterm of the contract; (contracts of this application | close any fact in any c) the insured contra | y part of this application avenes a term of the co | n required to be stated ontract or commits a fra | therein; or (b) the i aud; or (d) the insu | insured fails to ired willfully makes | |
| insurance is based on the truth and completeness | s of this information. | J | | | | | |
| The personal information provided in this docume the insured's representative or insurance compan application for insurance and underwriting any sur whose personal information is contained in this do | ny, subject to local legis ich policies, evaluating (| slation, for the purpo claims, detecting ar | ose of communicating v nd preventing fraud, and | with the insured or theind analyzing business | ir representative, as | ssessing the | |
| NOTE: Insurance is not in effect until Premier | | - | | | | | |
| Name and Title of Applicant: | | | | | | | |
| Signature: | | | Date: | | | | |
| Brokerage: | | | | | | | |
| Broker Contact Name: | | | | ıre: | | | |
| Broker Telephone: | | | | Email: | | | |
| Premier Canada Assurance Managers Ltd. is one please refer to specific quote for declaration of the | | | | | | | |
| ** Email app | lication and attach | ments to - proc | cessingcommercial | l@premiergroup.c | <u>a</u> ** | | |
| Vancouver - T 604.669.5211 | 1 F 604.669.2667 | 7 | London | - T 519.850.1610 | 0 F 519.850.1 | 614 | |