

**APPLICANT:**

1. Name of Applicant/Company: (including all subsidiaries): \_\_\_\_\_
2. Policy Number: \_\_\_\_\_
3. Have there been any changes in operations?  YES  NO  
If yes, please describe: \_\_\_\_\_
4. Number of Employees: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY:**

DESCRIPTION OF PRODUCT # Please Include years in circulation. Please indicate if they manufacture, alter or just distribute the product	Actual Gross Revenue for the past 12 months		Estimated Gross Revenue for the next 12 months	
	Canada	\$	Canada	\$
1. _____ <input type="checkbox"/> Manufacture <input type="checkbox"/> Alter <input type="checkbox"/> Distribute Only	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$
2. _____ <input type="checkbox"/> Manufacture <input type="checkbox"/> Alter <input type="checkbox"/> Distribute Only	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$
3. _____ <input type="checkbox"/> Manufacture <input type="checkbox"/> Alter <input type="checkbox"/> Distribute Only	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$
4. _____ <input type="checkbox"/> Manufacture <input type="checkbox"/> Alter <input type="checkbox"/> Distribute Only	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$
5. _____ <input type="checkbox"/> Manufacture <input type="checkbox"/> Alter <input type="checkbox"/> Distribute Only	US	\$	US	\$
	Other	\$	Other	\$
	Canada	\$	Canada	\$

6. Do you manufacture, wholesale or retail any of the following?

Product	Percentage of Revenue
Safety equipment	
Protective Pads	
Eye shields	
Mouth guards	
Camping Stoves	
Cooking Pots	
Caving Equipment (except clothing)	
Climbing Equipment (except clothing)	
Pocket knives	
Complete bicycles	
Knives/ swords	
Jet skis/ Sea Doos	
Technical Diving Equipment (including oxygen tank, decompression equipment, Buoyancy aid)	
Paintball grenades, pistols, sling shots	
All skateboarding equipment (except clothing, shoes and boards themselves)	
Snow grooming machines	
Skis, ski bindings	
Any food manufactured in China	
Helmets	
Firelighters	

7. Any changes to quality control mechanisms:  YES  NO  
 If yes, please explain: \_\_\_\_\_
8. Is the Company (partners, directors, officers or employees) aware of any disputes since the last application for insurance was completed?  YES  NO  
 If yes, please explain: \_\_\_\_\_
9. Is the Company (partners, directors, officers or employees) aware of any other fact, situation or circumstance that may result in a written demand or civil proceedings for compensatory damages?  YES  NO  
 If yes, please explain: \_\_\_\_\_
10. **Additional Insured(s) (If applicable):** \_\_\_\_\_

**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.**

<b>Applicant's Name:</b> _____	<b>Position Held:</b> _____
<b>Applicant's Signature:</b> _____	<b>Date:</b> _____
<b>Brokerage:</b> _____	<b>Broker Name:</b> _____
<b>Broker Email:</b> _____	<b>Broker phone:</b> _____

*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 - [processingcommercial@premiergroup.ca](mailto:processingcommercial@premiergroup.ca) \*\***

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