

Name of applicant: _____

Policy Number: _____

Expiry Date: _____

Additional Insured(s) (If applicable): _____

Have there been any changes in operations? YES NO (If yes, please describe below):

Estimated total number of trips per year: _____

Estimated total number of participants per year: _____

Average number of participants per trip: _____

Any known claims and/or losses in the last 12 months:

Any additional information to be provided:

PLEASE NOTE:

The applicant agrees to notify the company of any material changes in the answers to the questions on this questionnaire which may arise during the course of this policy issued and further understands that claims may be denied if information regarding these material changes was not provided. The purpose of this questionnaire is to assist in the underwriting process. Information contained herein is specifically relied on in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his / her knowledge, information, and belief. This questionnaire and the application shall be the basis of any insurance policy that be issued and will be part of such policy. A consumer report containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. Signing of this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Title of Applicant: _____ Signature: _____

Brokerage: _____ Signature: _____

Broker Contact name: _____ Broker email: _____

Broker telephone: _____ Broker fax: _____

**** Email application and attachments to - processingcommercial@premiergroup.ca ****

WESTERN CANADA - T 604.689.1501 F 604.689.5663

ONTARIO & ATLANTIC CANADA - T 519.850.1610 F 519.850.1614