

SUPPLEMENTAL APPLICATION FOR I.T. PROPERTY COVERAGE

PROPERTY INSURANCE:

Location to be Insured: _____
 Distance to hydrant: _____ Building Construction Type: _____
 Distance to responding fire department: _____
 Year Built: _____ # of Stories: _____
 Heating: Gas Electric Oil Other: Electrical: 100 amp Breakers _____ Fuses _____
 Updates to above (include date of updates to each): _____
 Occupancy: 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____
 Burglary Alarm: Yes No Monitored: Yes No Sprinklered: Yes No

COVERAGE SUMMARY:

Date Coverage required _____ **Target Premium \$** _____

| | | | |
|--|-----------------|-----------|--------------|
| Office Package Limits – see coverage features next page | \$1,000 | | |
| Building – All Risk – 80 co insurance | | | |
| Contents - All Risk - 80 co insurance | | | |
| MISCELLANEOUS PROPERTY FLOATER - Computer Equipment (incl. Laptop) - Tools - Portable Equipment | | | |
| Increased Business Interruption – Profits | | | |
| Increased Business Interruption – Extra Expense | | | |
| Increased Crime Limit | | | |
| Increased Employee Dishonesty Limit | | | |
| Earthquake (restrictions in Cresta Zone 1) | 10% | | |
| Flood Coverage | \$10,000 | | |
| OPTIONAL COVERAGES | \$ 1,000 | | \$ 75 |
| Expediting expenses | | \$ 10,000 | |
| Hazardous Substances | | \$ 10,000 | |
| Spoilage | | \$ 10,000 | |
| Off-Premises Power | | Included | |
| Repair or Replacement | | Included | |
| Equipment Breakdown | | Included | |

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 contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. 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.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my 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.

Printed Name: _____ Position Held _____
 Signature: _____ Date: _____
 Brokerage: _____ Broker Name: _____
 Broker Email: _____ Broker phone: _____

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 - newbizprofessional@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667 Toronto - T 416.365.0444 F 416.365.0446