

PERSONAL PROPERTY WHILE IN STORAGE APPLICATION

APPLICANT:

QUOTE ONLY PLEASE BIND

1. Name of Applicant: _____
2. Address: _____ City: _____ Prov: _____ Postal Code: _____

STORAGE FACILITY:

3. Storage Facility Name: _____
4. Storage Facility Address: _____ City: _____ Prov: _____ Postal Code: _____
5. List Storage Unit #(s) and Value of Personal Property in each Storage Unit (if applicable). Note: maximum combined values may not exceed \$100,000 – detailed, valued inventory required prior to binding for amounts exceeding \$75,000:
 - a. Storage Unit #: _____ Value of Personal Property: _____
 - b. Storage Unit #: _____ Value of Personal Property: _____
6. Will the personal property be stored in more than two storage units within this storage facility? Yes No
If yes, what are the additional storage unit #'s and values in each unit? _____
7. Is the property being stored in this facility solely household goods? Please refer to policy wording for limitations: Yes No
If no, please describe: _____
8. Have you ever had a claim for contents in storage? Yes No
9. Have you ever had insurance cancelled or refused? Yes No
10. Coverage only applies once the storage locker is securely locked, there is no coverage during transit, loading or unloading
 I agree I do not agree

BINDING INFORMATION: Please note that changes cannot be made once the policy is issued. Please review to confirm all information provided is accurate.

11. Effective Date Requested: _____
12. Deductible: \$250 (Standard) \$50
13. Policy Term: _____ Months (# between 1-12)
14. Include OL&T Liability incl. \$100,000 Tenants Legal? Yes No

PLEASE READ BEFORE SIGNING APPLICATION:

A consumer report containing personal, credit, factual, MVR or investigative information about the applicant may be sought in connection with this application for insurance or any renewal, extension or variation thereof. It is understood that the personal information, furnished through this request, will be used by the Premier Marine Insurance Managers Group or The Sovereign General Insurance Company for investigation and determination of the possible applicability of insurance, and for such other lawful purposes in accordance with any federal or provincial laws that may apply. I understand that the above information, which is correct and complete to the best of my knowledge, is to be the basis of insurance, if granted, but does not obligate me to accept the insurance nor the company to accept the risk.

INSURANCE IS NOT IN EFFECT UNTIL PREMIER MARINE HAS ISSUED A BINDER OR POLICY DOCUMENTS

\$45 POLICY FEE APPLIES IN ADDITION TO PREMIUM. PREMIUM & FEE ARE FULLY EARNED AND RETAINED.

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|-------------------------------|---------------------|
| Applicant(s) Signature: _____ | Date: _____ |
| Broker Signature: _____ | Date: _____ |
| Brokerage: _____ | Broker Email: _____ |
| Broker AGT #: _____ | Broker Phone: _____ |

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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