

**Incidental Office Use Questionnaire**

Please describe activities taking place on the premises: \_\_\_\_\_  
 \_\_\_\_\_

How many hours per week is the home used for business activity : \_\_\_\_\_

Do clients or suppliers ever come to the premises?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Do you carry liability insurance for this business activity elsewhere?:  Yes  No

If yes, please provide: Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Expiry: \_\_\_\_\_

Are you self-employed?  Yes  No

Name of firm you work for? \_\_\_\_\_  
 \_\_\_\_\_

Do they carrier CGL Insurance for this business?  Yes  No

Other comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**The undersigned declares the above to be true. Any misrepresentation or concealment of fact may render insurance void.**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Name of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Broker

\_\_\_\_\_  
 Name of Brokerage

\_\_\_\_\_  
 Broker Email

\_\_\_\_\_  
 Date

*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](mailto:newbizpersonal@premiergroup.ca) \*\***

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