



ANNUAL CGL INSURANCE APPLICATION - R/C Clubs of Canada

Page 1 of 1

Full name of Organization: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Hobby/ Purpose of Club: _____

Date Established: _____ Has the group ever carried insurance? ☐ Yes ☐ No

Prior Carrier: _____ Expiry Date: _____

List any incident that **has** or could have resulted in a claim against the group in the last 5 years: _____

Number of current members: _____ Average age of members in group: _____

Is the group registered? ☐ Yes ☐ No Explain: _____

Please provide details of meetings held (How often, Where, Why, etc.): _____

Total membership fee income: \$ _____

Other income: \$ _____ Explain: _____

TOTAL INCOME: \$ _____

****Please attach any brochures, mission statement and printed information on group.**

Does the group hold events that the public can attend? ☐ Yes ☐ No

List all of those possible events for the next 12 months:

Date:	Venue:	# of Attendants:	Gross Receipts:	Activities:	Other Income	Total Income
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

(Please attach the list if there is not sufficient space on this form)

Is Liquor consumed at any of the events or meetings? ☐ Yes ☐ No

Note: Liquor Liability is excluded under this product. Separate coverage can be requested - (available on a specific event basis - see the Special Event Liability form).

Does the group have a permanent office (open to the public)? ☐ Yes ☐ No

CGL Limit Required: ☐ \$1 Million ☐ \$2 Million Effective Date: _____

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.

ORIGINAL APPLICATION FORM REQUIRED WITHIN 15 DAYS OF BINDING.

Applicant's Sig.: **X** _____ (Print): _____ Date: _____

Broker's Sig.: **X**  Brokerage Firm: W.B. White Insurance Brokers Ltd.

Broker Email: **X** dgrieve@wbwhite.com Broker Ph #: 905-576-0086 Fax #: 905-576-1367

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 Derek Grieve - dgrieve@wbwhite.com**

Oshawa - T 877-727-0757 x 233