



Full name of Organization:    Mailing Address:	ANNUAL CGL I	INSURANCE APPLICAT	ION - R/C Club	os of Canada			Page 1 of 1	
Mailing Address:	Full name of Organi	ization:						
Hobby Purpose of Cites:								
Habst propose of Club:   Has the group ever carried insurance?   Yes   No   Perior Carried:   Expiry Date:	City:		Province:			Postal Code:		
Prior Carrier:								
List any incident that has or could have resulted in a claim against the group in the last 5 years:    Number of current members:						ance? 🗌 Yes 🔲 No		
Average age of members in group:	Prior Carrier:		Expiry Date:					
Is the group registered?	List any incident that	at <b>has</b> or could have resulted in	n a claim against the	e group in the las	t 5 years:			
Is the group registered?	Number of current r	members:		Average	age of members	in aroup:		
Please provide details of meetings held (How often, Where, Why, etc.):    Total membership fee income: \$		<del></del>	Explair					
Other income: \$ Explain:								
Other income:								
TOTAL INCOME: \$ _ "Please attach any brochures, mission statement and printed information on group.  Does the group hold events that the public can attend?	Total membership for	ee income: \$						
**Please attach any brochures, mission statement and printed information on group.  Does the group hold events that the public can attend?	Other income:	\$	Exp	lain:				
Does the group hold events that the public can attend?	TOTAL INCOME:	\$						
List all of those possible events for the next 12 months:    Date:	**Please attach an	y brochures, mission statem	ent and printed in	formation on gr	oup.			
Date:	Does the group hold	d events that the public can att	end?	☐ No				
Attendants: Receipts:   S   S   S   S   S   S   S   S   S	List all of those pos	sible events for the next 12 mo	nths:					
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Date:	Venue:			Activities:	Other Income	Total Income	
S   S   S   S   S   S   S   S   S   S				\$		\$	\$	
S   S   S   S   S   S   S   S   S   S				¢		¢	¢	
S   S   S   S   S   S   S   S   S   S				Φ		<b>\$</b>	\$	
S   S   S				\$		\$	\$	
(Please attach the list if there is not sufficient space on this form)  Is Liquor consumed at any of the events or meetings?				\$		\$	\$	
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 falls to disclose any fact in any part of this application required to be stated therein; or (b) the insured falls to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or or off 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 in 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				\$		\$	\$	
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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