artisanandcraftinsurance.com



INSURANCE APPLICATION FORM ARTISAN, CRAFT AND JEWELLERS INSURANCE PROGRAM 2023-2024

Brokers Trust Insurance Group Inc. Attn: John Argyropoulos, 2780 Hwy 7, Ste 103, Concord, ON L4K 3R9

Phone: 905-695-2971, Toll Free: 1-866-836-9066, Fax 1-866-296-4199,

email: info@exhibitorinsurance.com, www.artisanandcraftinsurance.com

Section I COMPANY INFORMATION											
Artisan, Crafts and Jewellers - <u>liability only</u> if using precious/semi-pre-				cious metals or stones	Effective Date	Expiry [Approved by			
New Business	Renewal Changes			For office use only	dd mm	уу 2024	For office use only				
Sole Proprietorship	Incorporation	Partnershi	p		55 /	31 May 2	2024	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Company Name:				Contact Na	ame:						
E-mail:				Telephone	:	Fax:	-ax:				
Mailing Address:				Unit/Ste	City:	Province	2:	Postal:			
Business Address: (if different from mailing address)				Unit/Ste	City:	Province	2:	Postal:			
Second Risk Location	Address: (if a	iny)		Unit/Ste	City:	Province	e: Postal:				
Any Additional Insureds Required:											
Section II		R	ISK CLASSIFIC	CATION (RE	EQUIRED)						
Construction (at risk location):					Annual Gross Sales:						
Walls (Outside):	Brick	Frame	Fire Resistive	Burglary							
Floor (Support):	Wood	Steel	Concrete	Sprinkler:	Monitored: Yes Yes		\$:				
Roof (Support):	Wood	Steel		Sprinkler.	163		Ş:				
Occupancy at: Own residence Other building on your property Multi-Unit commercial/ industrial building											
Are there other occupants at the same location, and if so what type: (Restaurant, Offices, Studios, etc.)											
Description of Art, Craft or Jewelry:											
Body Care Products:YesNo*** All customers that sell body care products are no longer accepted onto the program											
Do you use any type of heat sources for welding, brazing, soldering or for any other application: (ie forge, welders, torches, or other)											
		Yes	No	***	All customers that use these	items are no longer	• accepted o	nto the program			
Do you make all of yo	our products:	Yes	No (If N	No Please Ex	plain)						
Do you sell products of others, if yes what type of product, how much do you sell, does the owner have their own policy:											
Where do you sell your products: (online, events, festivals, etc.)											
Do you operate a ret	ail store:						Yes	No			

Do you have products at a tem (If Yes Please explain)		Yes	No							
Do you have sales outside o	f Canada: N	/es	No (If Y	′es Please Exp	plain, and o	declare amo	unt of	\$ Sales annua	lly)	
Is the total value of your business equipment and stock higher than \$50,000:								Yes	No	
(If Yes what is the value) \$										
			NEW CLIE	NTS ONLY						
How did you hear about us?										
Current Insurer: Policy#			Losses paid (last 5 years):				Ca	Cancellation of Insurance:		
Section III	TERMS AND C	ONDITIO	NS – ALL PRE	MIUMS ARE I	MINIMUN	I AND RETAI	NED			
Master policy Aviva insurance prov The total cost for the (12) month te					expiring or	n May 31, 2024		\$9	979.00	
	ERLY ADJUSTED	-			TS WHO A					
A - Pro Rated applicant starts anyt between + inclusive of Sept/01-Nor					- Pro Rated applicant starts anytime etween + inclusive of Mar/01 to May/31					
Premium \$545+Broker Fee \$194.81+ Tax \$5	^{59.19} \$799	Premium \$	362+Broker Fee \$18	3.37+Tax \$43.63	\$589	Premium \$183+B	roker Fee \$	186.44+ Tax\$29.56	\$399	
	OPTIONAL			heck off the o		equired)				
Artisan and Crafts only: Increase comr property coverage to \$100,000 limit	Liability coverage to include classes/seminars (max 25 students per class and minimum Student age requirement of 18 years or older)									
Premium \$72+Broker Fee\$25.22+Tax	^{\$7.78} \$105	Premium \$189+Broker Fee\$23.04+Tax\$16.96 \$229								
Liability Limit Increased, to \$5,000,		a retail store, please contact for quote 2780 Hwy 7 Attn: John /				Ist Insurance Group Inc 7, Ste 103, Concord, ON, L4K 3R9 Argyropoulos, info@exhibitorinsurance.com 2701 or t 5				
Premium \$146+Broker Fee \$25.30+Tax \$13.7	Premium \$363+Broker Fee \$25.89+Tax \$31.11 \$420 Toll Free 1				P: 905-695-2 Toll Free 1-8	1-866-836-9066, Fax: 1-866-296-4199				
Note: I hereby appoint Brokers T the information provided above. information as permitted by law f analyzing business results. Cove received by Brokers Trust Insur keep a copy of this application an Ineligible Classes: Children	With respect to the or the purposes new orages under this In rance Group Inc. and schedule along 's Toys, Food Ite	his application cessary to surance P along with with your p cems, Fur	tion or any ren assess the ris Program will <u>onl</u> the full paym bayment for you or Leather g	ewal or change k, investigate a ly be offered aff eent, subject to ur records. arments, Per	e in coverag and settle cl ter the fully satisfactory	ies, I authorize aims, and det completed a claims histor	e you to tect and and sign y. NSF	collect, use an prevent fraud, ned application fee of \$50 will a kin Care Prod	d disclose and n form is apply. Please	
Please Print Owner's Name	rship): Signature:						Date:			
Section IV			PAYMENT							
Payment by: Credit Card or Cheques Payable To: Brokers Trust Insurance Group Inc.								Due		
				\$						
Credit Card Number:			-	Expiry	DO NC	T FILL				
							CVV #	DO NO	T FILL	
*Fill in your credit card billi	ng address if it's	different	from mailing a	address abov	e, otherwis	se your payn	nent ca	nnot be proce	ssed	
Card Holders Name:		Card Holders Signature:								
Fax 1	-866-296-	4199	, email:	info@e	xhibit	orinsur	ance	e.com		
	ARTIS/ Brokers Trust I			ELLERS INS 2780 Hwy 7, S			_4K 3R	9		

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