

**INSURANCE APPLICATION FORM
ARTISAN, CRAFT AND JEWELLERS INSURANCE PROGRAM 2017-2018**

Brokers Trust Insurance Group Inc. Attn: John Argyropoulos, 2780 Hwy 7, Ste 103, Concord, ON L4K 3R9
 Phone: 905-695-2971 ext 105, 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 – liability only if using precious/semi-precious metals/stones New Business Renewal Changes		Effective Date dd mm yy for office use only	Expiry Date dd mm yy 31 May 2018	Sole Proprietorship Incorporation Partnership
Company Name:		Contact Name:		
E-mail:		Telephone:	Fax:	
Mailing Address:		Unit/Ste	City:	Province: Postal:
Business Address: (if different from mailing address)		Unit/Ste	City:	Province: Postal:
Second Risk Location Address: (if any)		Unit/Ste	City:	Province: Postal:

Any Additional Insureds Required:

Section II RISK CLASSIFICATION (REQUIRED)				
Construction (at risk location): Walls (Outside): Brick Frame Fire Resistive Floor (Support): Wood Steel Concrete Roof (Support): Wood Steel			Burglary Alarm: Yes No Centrally Monitored: Yes No Sprinkler: Yes No	Annual Gross Sales: \$: _____
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:		Yes	No (Do you Perform Testing of your Product? Please Explain)	
Do you make all of your products:		Yes	No (If No Please Explain)	
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 you products: (online, events, festivals, etc.)				
Do you operate a retail store:			Yes	No
Do you have products at a temporary location (ie. festival, market, storage, longer than 30 days consecutively):			Yes	No
(If Yes Please explain)				

Do you have sales outside of Canada:		Yes	No (If Yes Please Explain, and declare amount of \$ Sales annually)	
Is the total value of your business equipment and stock higher than \$50,000:			Yes	No
(If Yes what is the value) \$				
NEW CLIENTS ONLY				
How did you hear about us?				
Current Insurer:	Policy#	Losses paid (last 5 years):		Cancellation of Insurance:
Section III TERMS AND CONDITIONS – ALL PREMIUMS ARE MINIMUM AND RETAINED				
Master policy Aviva insurance provides a (12) month policy term beginning on May 31, 2017 and expiring on May 31, 2018 The total cost for the (12) month term is Premium \$500 + Broker Fee \$239.81 + Tax. \$ 59.19				\$799
QUARTERLY ADJUSTED (REDUCED) PREMIUMS, APPLICANTS WHO APPLY AFTER SEPT 01, 2017				
A - Pro Rated applicant starts anytime between + inclusive of Sept/01-Nov/30		B - Pro Rated applicant starts anytime between + inclusive of Dec/-1 to Feb/29		C - Pro Rated applicant starts anytime between + inclusive of Mar/01 to May/31
Premium \$392+Broker Fee \$208.93+ Tax \$48.07	\$649	Premium \$261+Broker Fee \$201.04+Tax\$36.96	\$499	Premium \$131+Broker Fee \$238.44+ Tax\$29.56 \$399
OPTIONAL COVERAGE (please check off the option(s) required)				
Artisan and Crafts only: Increase commercial 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)		Artisan and Crafts only : Retail store Business includes a retail store, please contact for quote
Premium \$60+Broker Fee\$32.59+Tax\$7.41	\$100	Premium \$155+Broker Fee\$30.18+Tax\$14.82	\$200	
Liability Limit Increased, to \$5,000,0000 Can		Tool Floater - \$2500		Brokers Trust Insurance Group Inc 2780 Hwy 7, Ste 103, Concord, ON, L4K 3R9 Attn: John Argyropoulos, info@exhibitorinsurance.com P: 905-695-2791 ext 5, Toll Free 1-866-836-9066 Fax: 1-866-296-4199
Premium \$120+Broker Fee \$42.04+Tax \$12.96	\$175	Premium \$25+Broker Fee\$16.67+Tax\$3.33	\$ 45	
Note: I hereby appoint Brokers Trust Insurance Group Inc. as my authorized representative for this program. I am applying for insurance based on the information provided above. With respect to this application or any renewal or change in coverages, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, and analyzing business results. Coverages under this Insurance Program will <u>only</u> be offered after the fully completed and signed application form is received by Brokers Trust Insurance Group Inc. along with the full payment , subject to satisfactory claims history. NSF fee of \$50 will apply. Please keep a copy of this application and schedule along with your payment for your records Ineligible Classes: Children's Toys, Food Items, Fur or Leather garments, Perfume and Cosmetics.				
Please Print Owner's Name (if Sole Proprietorship):		Signature:		Date:
Section IV PAYMENT				
Payment by: Cheque Visa Master Card			Total Due	
Cheques Payable To: Brokers Trust Insurance Group Inc.			\$	
Credit Card Number:			Expiry mm yy /	
			CVV #	
*Fill in your credit card billing address if it's different from mailing address above, otherwise your payment cannot be processed				
Card Holders Name:			Card Holders Signature:	

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