



INSURANCE APPLICATION FORM ARTISAN, CRAFT AND JEWELLERS INSURANCE PROGRAM 2019-2020

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 Expiry I dd mm yy dd mm or office use only 31 May		уу	Incorpora	Sole Proprietorship Incorporation Partnership							
Company Name: Contact Name:												
E-mail:	Telephone: Fax:			:								
Mailing Address:	Unit/Ste Cit	y:	Prov	vince: Postal:								
Business Address: (if different from mailing address)	Unit/Ste Cit	y:	Prov	vince:	Postal:							
Second Risk Location Address: (if any)	Unit/Ste Cit	y:	Prov	vince:	Postal:							
Any Additional Insureds Required:			•									
Section II RISK CLASSIF	ICATION (REQU	JIRED)										
Construction (at risk location):Walls (Outside):BrickFrameFire ResistivFloor (Support):WoodSteelConcreteRoof (Support):WoodSteel	e Burglary Ala Centrally Mor Sprinkler:		I	Anr No No \$:	nual 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	e 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:				١	res No							
Do you have products at a temporary location (ie. festival, market (If Yes Please explain)	:, storage, longer th	nan 30 days consecu	tively):	·	Yes No							

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			l (last 5 years):			Car	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, 2019 and expiring on May 31, 2020Same and the second												
	RLY ADJUSTED (R				WHO AP							
A - Pro Rated applicant starts anyti between + inclusive of Sept/01-Nov	me //30		ated applicant starts + inclusive of Dec/-1				o Rated applicant starts anytime en + inclusive of Mar/01 to May/31					
Premium \$431+Broker Fee \$179.18+ Tax \$	^{48.82} \$659	Premium \$	287+Broker Fee \$175.04	+Tax \$36.96	\$499	Premium \$144+B	roker Fee \$2	25.44+ Tax\$29.56	\$399			
			GE (please cheo		ption(s)	required)						
				Artisan and Crafts only : Retail store Business includes a retail store, please contact for quote								
Premium \$63+Broker Fee\$29.59+Tax\$	^{57.41} \$100	Premium	\$163+Broker Fee\$22.	18+Tax\$14.82	\$200							
Liability Limit Increased, to \$5,000,0000 Can Tool Floater - \$2500			ter - \$2500	2780 Hwy 7, Ste 103 Attn: John Argyropou			Ste 103, Co gyropoulos	: Insurance Group Inc 3, Concord, ON, L4K 3R9 ulos, info@exhibitorinsurance.com				
Premium \$126+Broker Fee \$36.04+Tax \$12.	96 \$175	Premium	Premium \$26+Broker Fee\$15.67+Tax\$3.33 \$45			P: 905-695-2791 ext 5, Toll Free 1-866-836-9066 Fax: 1-866-296-4199						
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 Proprietor	ship):	Signature:) :				Date:				
Section IV Payment by: Cheque	Visa	Maa	PAYMENT ster Card				Total	Duo				
Cheques Payable To: Brokers Trust Insurance Group Inc.							\$					
						mm yy						
Credit Card Number:					Expiry							
					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:			Ca	Card Holders Signature:								
Fax 1-866-296-4199, email: info@exhibitorinsurance.com												

ARTISAN, CRAFT AND JEWELLERS INSURANCE PROGRAM 2017-2018

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