

Unionville Insurance Brokers
A Division of The CG&B Group Inc.
120 South Town Centre Blvd.,
Markham, Ontario L6G 1C3
B: 905.479.6670 F: 905.479.9164

PHOTOPAC INSURANCE APPLICATION

Name of Applicant					
Mailing Address					
Street					
City		Province		Postal Code	
Contact				Business #	
Website				Fax #	
Email				Cell #	
Desired Effective Date					
Method of Payment					
<input type="checkbox"/> Automatic Monthly Withdrawal <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque					
Applicant is an/a					
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
Officers of which are					
<input type="checkbox"/> President				<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary				<input type="checkbox"/> Treasurer	

Type of Photography _____

Territory of Operations Canada/United States Worldwide *

*** If Worldwide coverage is required, a Supplementary Form must be completed**

Are you involved in

(i) Underwater Photography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Aerial Photography	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) Hazardous Stunts	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any answer is yes, please provide additional information: _____

Do your operations include website design Yes No

If yes, attach a sample client release form

Year Business Started _____ **Estimated Annual Gross Sales** \$ _____

Current Insurer			
Company Name	Policy Number	Expiry Date	Premium

Claims in the Past 5 years		
Date of Loss	Description	Payment
		\$
		\$

Insurance Cancelled/Non-Renewed in the Past 5 years		
Cancellation Date	Insurer	Reason Cancelled/Non-Renewed

Property Information

Locations

1.	
2.	

	1		2	
	<input type="checkbox"/> Owned <input type="checkbox"/> Condominium	<input type="checkbox"/> Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Condominium	<input type="checkbox"/> Leased
# of Stories				
Building Square Feet				
Square Feet Occupied				
Type of Construction Walls	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Non-Standard Fire Resistive <input type="checkbox"/> Frame	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Masonry <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Non-Standard Fire Resistive <input type="checkbox"/> Frame
Roof	<input type="checkbox"/> Steel Deck <input type="checkbox"/> Wood Joist	<input type="checkbox"/> Steel Joist	<input type="checkbox"/> Steel Deck <input type="checkbox"/> Wood Joist	<input type="checkbox"/> Steel Joist
Floors	<input type="checkbox"/> Concrete <input type="checkbox"/>	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete <input type="checkbox"/>	<input type="checkbox"/> Wood

Protection

Fire Protection				
Sprinklered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored (M)/Local (L)	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> M	<input type="checkbox"/> L
Hydrant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
KM to Fire Hall				
Security Protection				
Burglar Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored (M)/Local (L)	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> M	<input type="checkbox"/> L
Fire Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored (M)/Local (L)	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> M	<input type="checkbox"/> L

COVERAGES DESIRED

Coverage Description	Deductible	Amount of Insurance	Premium
Building	\$ 1,000	\$	\$
Studio Contents	\$ 1,000	\$	\$
Studio Computer Equipment/Editing Equipment	\$ 1,000	\$	\$
Studio Contents away from Premises	\$ 1,000	\$	\$
Sewer Backup – Building/Contents	\$ 2,500	\$	\$
Camera Equipment Rider (Attach Detailed List)	Various	\$	\$
Rented Equipment	Various	\$	\$
Signs	\$ 1,000	\$	\$
Accounts Receivable	\$ 1,000	\$	\$
Valuable Papers	\$ 1,000	\$	\$
Profits – Actual Loss Sustained	\$ 1,000	\$	\$
Commercial General Liability	\$ 1,000	\$	\$
Tenants Legal Liability	\$ 1,000	\$	\$
Total Premium			\$

Remarks

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Signing of this application does not bind the Applicant or Underwriters to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agreed that to the best of my/our knowledge and belief, the stated information fully represents the true statement of fact.

Signature of Applicant _____ Date _____

Title _____

Signature of Broker _____ Date _____