



# INSURANCE APPLICATION FOR POSTMASTER PROVIDED PREMISES



## PERSONAL & BUSINESS INFORMATION

Name of Post Master: \_\_\_\_\_  
 Name of Post Office: \_\_\_\_\_  
 Post Office Address: \_\_\_\_\_  
 Street: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Main Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## OTHER INSURANCE

Do you currently have Property or Liability Insurance for your Postmaster provided facility?  Yes  No  
 If yes, please indicate insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_  
 Type of insurance: \_\_\_\_\_ Ever been cancelled?  Yes  No  
 If yes, please indicate the reason for cancellation: \_\_\_\_\_

## LOSS HISTORY

Have you had any losses in the last five years:  Yes  No  
 If yes, please provide a brief description, including dates and amounts paid:  
 \_\_\_\_\_

## ADDITIONAL PARTIES

**Please list any third parties requiring ADDITIONAL INSURED status (including address):**  
 \_\_\_\_\_  
 Please list any third parties requiring LOSS PAYEE status (including address):  
 \_\_\_\_\_

## COVERAGES

### A- Base Coverage (Does not include coverage for your building):

Contents:	\$20,000 (Your personal contents in the Post Office. No need to insure Canada Post equipment)
Business Income:	Included
Sewer Back Up:	Included
General Liability:	\$2,000,000
<b>Base Annual Premium:</b>	<b>\$ 497</b>

### B- Building Coverage (Optional):

If you require coverage for your commercial building, please indicate the desired limit: (1) \$ \_\_\_\_\_ Limit of Insurance  
 (Note that the limit of insurance should reflect the full replacement cost of your building)

You must calculate the Building Coverage premium as follows:

Carry forward Line (1)	\$ _____	Limit of Insurance
Multiply by rate of 0.003008	X 0.003008	
Your building premium	(2) \$ _____	Building Premium (rounded to nearest dollar)*

Carry forward line (2) to line (4) on second page.

\*Example: Limit of Insurance of \$100,000 x 0.003008 = \$300.80

## PAYMENT

Full payment must be provided by cheque or e-transfer, and accompany your application. Applications received without payment will be returned.

### Calculate your premium:

Basic Coverage Premium:	(3) \$	497.00	Premium includes a \$50 Broker Fee
Add the Building Coverage premium (if applicable):	(4) \$	_____	Carried forward from item (2)
<b>Sub Total:</b>	<b>(5) \$</b>	_____	<b>(3) + (4)</b>

QC Postmasters - Add Quebec Insurance sales tax: Add 9% (x 0.09) (6) \$ \_\_\_\_\_

ON Postmasters - Add Ontario Insurance sales tax: Add 8% (x 0.08) (7) \$ \_\_\_\_\_

MB Postmasters - Add Manitoba Insurance sales tax: Add 7% (x 0.07) (8) \$ \_\_\_\_\_

NL Postmasters - Add NL Insurance sales tax: Add 15% (x 0.15) (9) \$ \_\_\_\_\_

SK Postmasters - Add SK Insurance sales tax: Add 6% (x 0.06) (10) \$ \_\_\_\_\_

All other Postmasters – No taxes apply

**Sub Total:** (11) \$ \_\_\_\_\_ [(5) + (6)] or [(5) + (7)] or [(5)+(8)] or [(5)+(9)] or [(5)+(10)] if applicable

**Required Effective Date of Coverage (YYYY/MM/DD):** \_\_\_\_\_

Going forward, the insurance program will renew on January 1<sup>st</sup> of every year.

(Please do not submit more than 60 days ahead of the required effective date)

### **Your Total Premium:**

If your required effective date of coverage is between **January 1<sup>st</sup> and June 30<sup>th</sup>**, 100% of the premium is payable.

(12) \$ \_\_\_\_\_ 100% of (11)

If your required effective date of coverage is between **July 1<sup>st</sup> and December 31<sup>st</sup>**, 50% of the premium is payable.(÷2)

(13) \$ \_\_\_\_\_ 50% of (11)

**Please return the completed, signed and dated application as well as payment to:**

Jones DesLauriers Insurance Management Inc.  
307C Richmond Road, Suite 200, Ottawa, ON K1Z 6X3

Or kindly send an e-transfer to [payments@jdimi.com](mailto:payments@jdimi.com). Please include your full name and the policy number (501378638). No security question is required as this email is set up for auto deposit.

Complete payment should be made by cheque or e-transfer, payable to "Jones DesLauriers Insurance Management Inc."

**Note that coverage will be bound once a Certificate of Coverage has been issued. We will endeavour to issue the Certificate of Coverage within 3 business days following receipt of your application and payment. Remittance of premium does not automatically bind coverage.**

## WARRANTY STATEMENT

I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application, as permitted by law, for the insurance or a renewal, extension or variation thereof by Intact Insurance Company of Canada for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

I warrant that to the best of my knowledge, the statements set forth in this application and any supplementary applications are true. I also warrant that I have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, I warrant that I will immediately report such changes to the Insurer.

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**For any additional information, please contact:**

Jody Mendes, Client Manager  
Jones DesLauriers Insurance Management Inc.  
Toll Free: 1-866-931-8003 Ext. 220  
Email: [jodym@jdimi.com](mailto:jodym@jdimi.com)

