



**BROKERS TRUST**  
INSURANCE GROUP INC.  
*www.brokerstrust.ca*

**MAIL BOXES ETC.<sup>®</sup>**



**The UPS Store<sup>™</sup>**

## **Group Insurance Program Brokers Trust Insurance Group Inc.**

Save money, gain extra Coverage's by being part of the specially designed Commercial Insurance Program since 1989 underwritten by one of Canada's leading Insurer Aviva Insurance Co.

### **Compare These Coverage's and Pricing to your Existing Policy**

Contents of Every Description	\$300,000
Business Income	Actual loss sustained
Equipment Breakdown Extension	Included
Crime — Employee Dishonesty	\$45,000
Loss Inside Premises	\$15,000
Loss Outside Premises	\$15,000
Money Orders/Counterfeit	\$15,000
Depositors Forgery	\$15,000
Commercial General Liability	\$2,000,000
General Aggregate	\$5,000,000
Printers E&O	\$1,000,000

Many more coverage's too many to list please see policy wordings

Fully compliant with Sears Depot requirements at NO additional charge.

### **All for Low Annual Premium of \$600**

(plus PST where applicable)

Once you compare or let us compare your existing policy the decision will be obvious to switch to our program.

You will not only save money but will be better protected.

All you need to do is to complete attached application and e-mail or fax into us.

**Brokers Trust Insurance Group Inc. (Toll Free 1-800-405-2299)**

Charles Bokor, FCIP  
Direct Line 905-695-5155  
Fax 905-760-0240  
Email [charles@brokerstrust.ca](mailto:charles@brokerstrust.ca)

Richard Bokor, R.I.B.O.  
Direct Line 905-695-5177  
Fax 905-760-0240  
Email [richard@brokerstrust.ca](mailto:richard@brokerstrust.ca)



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**AVIVA**

## Application for Comprehensive Business Insurance

**The UPS Store**   
Franchise Program

Name of Applicant:		
Mailing Address:		
Location Address:		
Store No.:	Phone No.:	Fax No.:
Registered Operating Name:		
Construction (√): <input type="checkbox"/> Fire-Resistive <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry <input type="checkbox"/> Frame		Year Built:
Other Occupancies: (√): <input type="checkbox"/> Retail <input type="checkbox"/> Offices <input type="checkbox"/> Residence/Apartments		
Loss Payee(s) (e.g. Bank, Equipment Lease, etc.): Name/Full Address:		
Additional Insured(s) (e.g. Landlord, etc.): Name/Full Address:		
Is there an alarm system on the Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will be installed on (date): _____ If yes, please attach copy of alarm certificate and/or provide the following details: Name of installing company: _____ Name of monitoring company: _____ <input type="checkbox"/> ULC-Listed <input type="checkbox"/> Not ULC-Listed <input type="checkbox"/> With Line Security		
Name of Principal (print):	Effective Date of Policy:	

### Comprehensive Package at Annual \$600 Premium includes:

- \$300,000 Contents and Equipment Coverage (Subject to \$500 deductible)
- \$300,000 Equipment Breakdown Coverage (Subject to \$500 deductible)
- \$25,000 Sewer Back-up (Subject to \$1,000 deductible)
- \$45,000 Employee Dishonesty
- \$2,000,000 Commercial General Liability
- Flood (Subject to \$25,000 deductible)
- Earthquake (Subject to 3% minimum/\$50,000 deductible)
- Increased Limit for Liability: \$3,000,000 - \$75; and \$5,000,000 - \$150

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**All Coverages Subject to the Insurer's Policy Exclusions, Limitations & Conditions**



# PAYMENT AUTHORIZATION FORM

INSURANCE COMPANY

POLICY NUMBER

## 1. INSURED'S FULL NAME AND POSTAL ADDRESS

## BROKER'S FULL NAME AND POSTAL ADDRESS

FIRST NAME

MIDDLE NAME

LAST NAME

CONTACT NUMBER

- BUSINESS
- HOME
- FAX

CONTACT NUMBER

- BUSINESS
- HOME
- FAX

COMPANY CLIENT ID:

BROKER'S CLIENT ID:

EMAIL ADDRESS

POSTAL CODE

POSTAL CODE

## 2. CREDIT CARD INFORMATION

- AMERICAN EXPRESS (AMEX)
- DINERS CLUB
- DISCOVER
- MASTERCARD
- VISA

CARD NUMBER

\_\_\_\_\_

EXPIRY DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH YEAR

DATE OF WITHDRAWAL

YYYY | MM | DD

AMOUNT

\$ \_\_\_\_\_

FREQUENCY

\_\_\_\_\_

NAME AS SHOWN ON CREDIT CARD

CARDHOLDER'S SIGNATURE

SIGN HERE

## 3. FINANCIAL INSTITUTION INFORMATION

NEW

CHANGE OF INFORMATION

NAME OF ACCOUNT HOLDER (PERSON PAYING PREMIUM IF OTHER THAN INSURED)

NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY

PROVINCE/TERRITORY

POSTAL CODE

ACCOUNT INFORMATION  
(Account must provide chequing privileges)

TRANSIT

BANK

ACCOUNT NUMBER

AMOUNT

\$ \_\_\_\_\_

DATE OF WITHDRAWAL

YYYY | MM | DD

FREQUENCY

\_\_\_\_\_

## 4. CONSENT AND DISCLOSURE

### MY / OUR SIGNATURE CONFIRMS THAT:

- I / We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my / our bank account)
- I / We hereby authorize the above named financial institution to debit my / our account for all payments payable to: \_\_\_\_\_ in payment of the insurance premiums and any applicable charges and taxes.
- I / We understand that this authorization may be cancelled by me / us upon written request.
- I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit and financial information. I authorize my broker and insurance company to collect, use and disclose any of this personal information subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes necessary to deduct insurance payments from my account at the financial institution named above.

ACCOUNT HOLDER SIGNATURE

SIGN HERE

DATE

YYYY | MM | DD

ACCOUNT HOLDER SIGNATURE

SIGN HERE

DATE

YYYY | MM | DD

If more than one signature is required on cheques issued against this account, all account holders must sign this authorization.

**Please note that a transaction fee will apply to any "Non-Sufficient Funds" (NSF) cheque returned.**

**ATTACH VOID CHEQUE**