



UPS Store 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 Insurers - Aviva Insurance Company of Canada.

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	\$30,000
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.

Annual Premium

\$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)

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BROKERS TRUST
INSURANCE GROUP INC.



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:

- i \$300,000 Contents and Equipment Coverage (Subject to \$500 deductible)
- i \$300,000 Equipment Breakdown Coverage (Subject to \$500 deductible)
- i \$25,000 Sewer Back-up (Subject to \$1,000 deductible)
- i \$30,000 Employee Dishonesty
- i \$2,000,000 Commercial General Liability
- i Flood (Subject to \$25,000 deductible)
- i Earthquake (Subject to 3% minimum/\$50,000 deductible)
- i Transit deductible \$500
- i 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