



Hub International Phoenix Insurance Brokers
 Drayton Valley Office 5050-50 Ave, Drayton Valley, AB T7A 1P1
 Phone: (780) 542-3968 / 1-877-542-3968 * Fax (780) 542-7775
 www.hubinternational.com

Premium Worksheet for SOA Members Insurance Program (April 1, 2014-15)

NAME OF COMPANY: _____

NAME OF LICENSED OUTFITTER: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

SELECT ALL ACTIVITIES YOU PROVIDE:	<input type="checkbox"/> Big Game	<input type="checkbox"/> Waterfowl	<input type="checkbox"/> Fishing	Premiums
LIST EACH OUTFITTING ACTIVITY:	<input type="checkbox"/> PRIMARY:	_____		\$ 850
	<input type="checkbox"/> SECONDARY	_____		\$ 150
	<input type="checkbox"/> SECONDARY	_____		\$ 150
SUBTOTAL OF ALL PREMIUMS DUE FOR GENERAL LIABILITY:				= \$ _____

Ancillary coverage MUST be added & additional premium paid for insurance to be extended to non-hunting operations.

Non-Outfitting Related Operations Extension (same premises / equipment as Outfitted-Hunting) Yes No

Details of Operations: _____ Revenues: \$ _____ ADD \$ 250

Additional Company Name on Certificate: _____

Additional Company Names \$150 per additional name to be added = \$ _____

Additional Provinces / Territories for Outfitted-Hunting operations: Yes No: _____

Additional Provinces / Territories \$300 per additional Province or Territory = \$ _____

Do you have any other operations NOT connected to Outfitting: Yes No If YES - Details of operations: _____

Would you like our office to contact you about providing coverage for the above? YES NO Revenues Generated: \$ _____

UMBRELLA LIABILITY:

Additional \$5,000,000 in excess of your Commercial General Liability and Automobile Liability policies.

\$5,000,000 Umbrella Liability Policy: \$550 Additional Premium = \$ _____

SUBTOTAL OF PREMIUMS FOR PROPERTY POLICY (See Attached if applicable): = \$ _____

Total Premium Due From Above (Payable on or before April 01, 2014): \$ _____

Premium to be paid by: Cheque Money Order Credit Card Bank Transfer (call office to arrange)

Name on Credit Card: _____ Visa MasterCard

Card Number: _____ Expiry: ____ / ____

Card Holders Signature: _____ Date: _____

*** All premiums are fully earned at inception of coverage. Premiums include brokerage fees of \$400. ***

Please forward completed Premium Worksheet & Premiums to our office. Thank-you!

PLEASE NOTE your current policy coverage expires March 31, 2014. To ensure no lapse in coverage members must renew BY APRIL 1st, 2014. Insurance coverage is only in place from the date your application is received, not from APRIL 1st, 2014