PAL WEDDING RINGS APPLICATION

DIRECT CLIENT SUBMISSION

2 Norfolk Street South, Simcoe, ON N3Y 2V9 T: 1-800-265-8098 F: 519-428-5661

E: ontario@palcanada.com www.palcanada.com



| Name of Insured: | | | | |
|---|---|--|----------------------|------------|
| (Policy holder must be the owner/purchase | r of the item. If the item is a gift, the | en the recipient should be named on the policy.) | | |
| **Date of Birth (Required Field):_ | | | | |
| Address of Insured: | | | | |
| City: | Province: | Postal Code: | Telephone: | |
| Email Address: | | | | |
| Occupation (Required Field): | | | | |
| Name of Fiancé(e) (Required | l Field): | **Date of Birt | th (Required Field): | |
| Occupation (Required Field): | | | | |
| Criminal Convictions: | Yes No | | | |
| If Yes, please describe the ty | pe of conviction: | | | |
| Period of Insurance: From: _ | | (12:01 am) To: | | (12:01 am) |
| INSURED MUST PROVE VALUES | S IN THE EVENT OF A LO | SS OR PAYMENT WILL BE ACTUAL CA | ASH VALUE | |
| Home address of where the | article is normally kept | overnight or not being worn | | |
| At named insured address at | oove: Yes | No | | |
| Other: | | | | _ |
| PROTECTION (CHECK APPROP | RIATE BOXES) | | | |
| Fire Alarm System | Burglary Alarm S | System | | |
| Monitored ☐ Local ☐ | Monitored | Local | | |
| Bars on Doors/Windows | Contacts on Windows | Smoke Detectors S | prinklered | |
| Distance to Hydrant | Distance to Fi | re Hall Sa | fe: Yes 🗌 No 🗌 Class | |
| Are you presently insured? | Yes No | If yes, what company?* (enter "none" | ' if answer is no): | |
| Policy Number* (enter "none" if yo | u do not have a policy number) | | | |
| Expiry Date: | | Current Annual Premium: | | |
| Years in Business: | | | | |

LOSS RECORD (REQUIRED FIELD)

List all related claims for the past five (5) years, including self-insured or non-insured claims:

| Date of Loss | Type of Loss | Amount Paid |
|--|---|--|
| | | |
| | | |
| | | |
| jewellery claims within the la | · · · · · · · · · · · · · · · · · · · | red. Please also indicate if there have been any |
| COVERAGE INFORMATION (LIST O Please estimate the value of the items you | F ITEMS, INVENTORY, APPRAISAL MUST BE want to insure: | PROVIDED FOR A QUOTE) |
| Engagement Ring — Appraisal r | | |

| Engagement Ring — Appraisal required | | \$ | | | |
|--|-----------------|--------------|--|--|--|
| Wedding Band(s) — Appraisal required | | \$ | | | |
| Note: Appraisals on Jewellery are REQUIRED prior to providing a quote. If no valuation is available please provide a copy of the purchase receipt (must be purchased in the last 3 years). If the appraisal is over 3 years old we will require a NEW appraisal within 21 days. | | | | | |
| Application must be signed by the insured prior to binding as it forms a part of the policy. | | | | | |
| Weddinguard Discount Code: | | | | | |
| APPLICANT NAME: | | | | | |
| F | Address: | | | | |
| (| City, Province: | Postal Code: | | | |
| 7 | Telephone: | Fax: | | | |
| E | Email Address: | | | | |
| 9 | Signature: | | | | |
| | | | | | |