

HUB INTERNATIONAL INSURANCE BROKERS

DRAYTON VALLEY OFFICE * (780) 542-3968 Box 5296, DRAYTON VALLEY, AB T7A 1R4 www.hubinternational.com



NTA LIABILITY PROGRAM QUESTIONNAIRE (2018/19 Policy Term)

SIGNATURE:		Date:
Please provide details of ALL losse	s in past 5 years: (IF NO CLA	IMS IN PAST 5 YEARS - CHECK HERE)
Kemarks / Comments:		
		\$
		I <i>Serve It Right</i> trained or equivalent? ☐Yes ☐N
-		nues from Liquor Sales: \$
	-	
DO YOU OPERATE ANY OF TH		
		urs # of clients at one time on tour:
		ogs Quads / Side by Sides #
How are clients transported?		
TRANSPORTATION OF CLIENT		
		Dresyou Neep them on file for 3 years?
, ,		etails:
		GROSS REVENUES 2017: \$
APPLICANT IS A: ☐ Corporation ☐ F	artnership Individual Other(explain:)
ANY SUBSIDIARY COMPANIES:		
EMAIL:	WEBSITE:	
		OTHER:
NAME OF OWNER(S):		

PLEASE INCLUDE A COPY OF YOUR WAIVER & CONTRACT WHEN RETURNING FORMS TO OUR OFFICE.

Return Application by fax to (780) 542-7775 or email to penny.leessmith@hubinternational.com