



HUB International  
Barton Insurance Brokers

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299 - 3rd Avenue, Kamloops, BC V2C2S5  
Phone: 250 372-3155 Fax: 250 372-1962

## Fax Cover Page

From the desk of: Jacqueline Platteel

To: Adam Thornton

Attn: Adam

Fax #: 208-247-5585

Re: BINDER1272888 - Adam Thornton & Amy Horton

Pages: 7

Date: 22-Jun-05

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To follow is the application and a wood heat questionnaire in regards to the wood stove. You can fill out the questionnaire within 30 days, but what we need to know prior to June 29<sup>th</sup> is ;

1. What label is on the wood stove
2. Who installed the wood stove
3. What is the name and address of the bank your mortgage is through
4. What is the name of your current insurance carrier on your home is Saint Louise and the expiry date of that policy
5. Name of insurance company and policy number that the claims were involved in
6. A photo of the home (one of the wood stove will need to be attached to the wood heat questionnaire when you return that.

Please fax back the application and privacy disclosure and give me a call.

1-800-661-6194 or 250-372-3155

Photo's can be emailed to [jplatteel@barton.ca](mailto:jplatteel@barton.ca)

Thank you,

Jacqueline Platteel

Personal Insurance Representative

(250) 372-3155

[jplatteel@barton.ca](mailto:jplatteel@barton.ca)

This transmission is intended for the person(s) named above and may contain confidential information. Any other distribution, copying or disclosure is strictly prohibited.

JAG/2889538

# CSIO HABITATIONAL INSURANCE APPLICATION

LANGUAGE  ENGLISH  FRENCH

PART 1

INSURANCE COMPANY: **As per Insurers arranged by Be...** POLICY NUMBER: **272888**  NEW  REPLACING POL. NO. NO. OF LOCATIONS: 1 NO. OF ATTACHMENTS:

**1. APPLICANT'S FULL NAME AND POSTAL ADDRESS (Last name / first name)**  
**Adam Thornton & Amy Horton**  
 541 Deltrice Crt  
 Saint Louise, MO  
 POSTAL CODE: \_\_\_\_\_

BROKER CLIENT ID: **THORADA**

BROKER/AGENT CODE: **HUB International Barton Ltd.**  
 299 - 3rd Ave  
 Kamloops, BC V2C3M4

RESIDENCE TELEPHONE: **314 989-0427** BUSINESS TELEPHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ ELECTRONIC MAIL: \_\_\_\_\_

BROKER/AGENT BILL  CREDIT CARD #  
 COMPANY BILL  OTHER (SPECIFY)  
 PAYMENT PLAN WITHDRAWAL DATE (YYYY/MM/DD)

POLICY PERIOD FROM 12:01  AM  PM DATE: 2005 | 06 | 29 TO 12:01 A.M. DATE: 2006 | 06 | 29 All times are local times at the Applicant's postal address stated herein.

**2. APPLICANT DATA: If more than one applicant is shown above, provide details for both.**

OCCUPATION: **Computer Consultant** HAS THE APPLICANT CHANGED ADDRESS IN LAST 3 YEARS?  YES  NO  
 YEARS CONTINUOUSLY EMPLOYED: \_\_\_\_\_ DATE OF BIRTH: **1971 10 25** IF YES, PROVIDE PREVIOUS ADDRESS:  
 OCCUPATION: **Biologist** **541 Deltrice crt.**  
 YEARS CONTINUOUSLY EMPLOYED: \_\_\_\_\_ DATE OF BIRTH: **1975 05 31** **Saint Louise MO.**

**3. LOSS & POLICY HISTORY**

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT OR OTHER MEMBER OF THE APPLICANT'S HOUSEHOLD IN THE PAST 5 YEARS?  YES  NO IF YES, PROVIDE NO DETAILS

DATE (YYYY MM DD)	LOC. #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER
20020517		Sewerbackup	2861			
20030708		Fire / Smoke	40294			

HAS ANY INSURER CANCELLED, DECLINED, OR REFUSED TO RENEW OR ISSUE HABITATIONAL INSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS?  YES  NO

IS YES, PROVIDE DETAILS: INSURER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CANCELLED  DECLINED  LAPSED REASON: **can not visit every 60 days**

NAME OF PREVIOUS INSURER: \_\_\_\_\_ POLICY NUMBER: **11000052115** EXPIRY DATE: \_\_\_\_\_  
 FOR HOW MANY YEARS HAS THE APPLICANT HAD HABITATIONAL INSURANCE WITH ANY INSURER? \_\_\_\_\_

**4. DISCOUNTS AND / OR SURCHARGES** May be subject to a maximum. Indicate YES if discount or surcharge premium is NOT included in the coverage premium.

LOC. #	DIS.	SUR.	TYPE	%	\$	NOT INCLUDED		LOC. #	DIS.	SUR.	TYPE	%	\$	NOT INCLUDED	
						YES	NO							YES	NO

**5. PREMIUM SUMMARY AND METHOD OF PAYMENT** The estimated insurance premiums are subject to adjustment to the insurer's current manual rates.

ESTIMATED PREMIUM - ALL PAGES	NUMBER OF PAYMENTS	PAYMENT WITH APPLICATION	FINANCIAL INSTITUTION
\$ 2,379.00	<input checked="" type="checkbox"/> ONE <input type="checkbox"/> TWO	FULL PREMIUM PAID \$	ACCT #
PROVINCIAL TAX (if applicable) \$	<input type="checkbox"/> THREE <input type="checkbox"/> MONTHLY	INITIAL PAYMENT \$	DATE
HANDLING CHARGE \$	OTHER (EXPLAIN)		MONTHLY PAYMENTS FOR MONTHLY \$
TOTAL ESTIMATED COST \$ 2,379			

**6. CONSENT & DISCLOSURE**

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. 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 information and claims history. I authorize my broker or 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 of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**7. BROKER/AGENT QUESTIONNAIRE**

IS THIS BUSINESS NEW TO YOUR OFFICE?  YES  NO HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ HAVE YOU BOUND THIS RISK?  YES  NO

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW?  YES  NO

HAVE YOU SEEN THIS PROPERTY?  YES  NO IF YES, WHEN: \_\_\_\_\_ CONDITION OF PROPERTY:  GOOD  FAIR  POOR

**REMARKS**

SIGNATURE OF BROKER/AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**CSIO**

**HABITATIONAL INSURANCE APPLICATION**

LOCATION #: 1  
PREMIUM TABLE:  
TOWN ID CODE:

**PART 2 - LOCATION DATA (USE ADDITIONAL FORMS IF REQUIRED)**

<b>8. RISK LOCATION</b> (IF DIFFERENT FROM APPLICANT'S ADDRESS)		<b>LOSS PAYESS</b>	<b>NAMES, ADDRESSES AND POSTAL CODES</b>	<b>NATURE OF INTEREST</b>
Loc# 1	4949 Clearwater Valley Rd Clearwater, BC			
Bld# 1	seasonal dwelling			

<b>9. RATING INFORMATION</b>		YEAR BUILT: 1990	GROUND FLOOR AREA SQ. FT.	SQ. M.
OCCUPANCY # OF FAMILIES	FIRE PROTECTION	SECURITY SYSTEMS	Y	N
PRIMARY	UNPROTECTED X	FIRE	X	
SECONDARY	WITHIN M OF HYDRANT	MONITORED BY		
SEASONAL X	WITHIN KM OF FIREHAL	BURGLAR	X	
RENTAL	NAME:	MONITORED BY		
VACANT	CONSTRUCTION	SPRINKLER	X	
UNOCCUPIED	ASBESTOS	SMOKE DETECTORS	X	NO:
UNDER CONSTRUCTION	BRICK	TYPE:		
# OF STORIES	BL. CEMENT	OTHER SECURITY		
STRUCTURE TYPE	FRAME X			
DETACHED X	AGGREGATE	RENOVATION UPGRADE	FULL	PART
SEMI-DETACHED	MASONITE	ELECTRICAL		
TOWNHOUSE	ALUMINUM	X 100 AMPS X BREAKERS		FUSES
ROWHOUSE	MASONRY	OTHER (SPECIFY)		
PRE-FAB	STONE	HEATING		
MOBILE HOME	STUCCO	PLUMBING		
PARK CODE	FIRE RESISTIVE	X COPPER 100%	PLASTIC %	OTHER %
OTHER:	STEEL	ROOFING		
APTS # OF UNITS	MASONRY VENEER	TYPE: Asphalt		
DUPEX	BRICK VENEER	DESCRIBE PARTIAL UPGRADE		
MULTIPEX	NON-FIRE RESISTIVE APT			
MERCANTILE (> 6 APTS)	VINYL	OUTBUILDINGS: # 1 USE: Garden/storage shed		
		CONSTR: Frame HEAT: None VALUE:		

<b>10. ADDITIONAL LIABILITY EXPOSURE INFORMATION</b>			
EXPLAIN "YES" RESPONSES	YES	NO	EXPLAIN "YES" RESPONSES IN REMARKS
LOCATION RENTED TO OTHERS:		X # WKS.	DAYCARE - # CHILDREN
# ADDITIONAL FAMILIES		X	INCIDENTAL OFFICE USE?
# ROOMS RENTED TO OTHERS:		X	BUSINESS OPERATIONS AT THIS LOCATION?
# SADDLE/DRAFT ANIMALS:		X	ANY OTHER INCOME PRODUCING OPPORTUNITIES?
ADDITIONAL RESIDENCES/PROPERTIES		X #	IS THERE A CO-OCCUPANT WHO REQUIRES COVERAGE?
# UNITS (INDICATE LOCATIONS IN REMARKS):		X	SWIMMING POOL
OTHER EXPOSURES (EXPLAIN): will not be there every 60 days			

<b>11. COVERAGE, FORMS, LIMITS &amp; DEDUCTIBLES</b> Attach home evaluation (if applicable)		RATING PLAN: S Standard	DEDUCTIBLE: 1,000.00
PACKAGE FORM AND TYPE: 42 Seasonal Dwelling Standard Form			
SINGLT. LIMIT	DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY
\$	\$ 225,500	\$	\$ 25,000
		ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY
		\$	\$ 2,000,000
		VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE
		\$	\$
		ESTIMATED PREMIUM	\$ 2,379.00

<b>12. ADDITIONAL COVERAGE (Specify rating information, limits deductibles, etc.)</b>			
EXPLAIN "YES" RESPONSES IN REMARKS	YES	NO	PREMIUM
GUARANTEED REPLACEMENT COST-BUILDING	X		
REPLACEMENT COST ON CONTENTS	X		
CONDOMINIUM ADDITIONAL PROTECTION ENDORSEMENT	X		
TENANTS' IMPROVEMENTS	X		
SEWER BACK-UP	X		Sewer Back-up Coverage
EARTHQUAKE	X		OPTIONAL
MASS EVACUATION	X		
RENTAL INCOME	X		N/A
BURGLARY			
VANDALISM			
TOTAL ESTIMATED PREMIUM THIS PAGE			2,379.00

**REMARKS**  
See Outbuildings on Overflow Page

**Supporting Tool #1****HUB INTERNATIONAL LIMITED****PERSONAL INFORMATION  
CLIENT CONSENT FORM**

**BETWEEN:** Barton Insurance Brokers Ltd. (the "Broker")

**AND:** Adam Thornton & Amy Horton (the "Client")

The Client hereby acknowledges that the Broker has been engaged by the Client to provide insurance or investment related products and services, under which the individual client, or named individuals in addition to the Client, or where the Client is a commercial or other entity, its employees, servants and representatives (hereinafter called "insured individuals") may be insured.

As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes the Broker to collect, use and disclose personal information of such insured individuals as required and as permitted pursuant to relevant privacy laws or other laws for the following purposes:

- To offer and provide insurance products and services;
- To maintain and service account(s) and assess ongoing needs for insurance products and services;
- To offer and provide other products and services, such as investment and retirement products or group benefits;
- To ensure personal information is accurate and up-to-date;
- To protect against error or fraud; and
- To meet legal and regulatory requirements.

The Client hereby expressly consents to the Broker providing such personal information to third parties for the purposes listed above or as required by law, including to; insurance companies, insurance brokers or sales representatives, investment product suppliers or other entities involved in the management of the Broker's products and services, claims adjusters and other persons involved in the processing or handling of claims, credit reporting agencies and such other persons (including physicians, appraisers and departments of motor vehicles) as are necessary to evaluate the insured individual's insurance application or to assess any claim.

The Client may withdraw consent to the ongoing collection, use or disclosure of his/her personal information for any of the purposes described above by contacting the Privacy Compliance Officer at any time and giving reasonable written notice. If the Client withdraws his/her consent to the collection, use or disclosure of his/her personal information, the Broker may not be able to act on the Client's behalf or may have to discontinue certain services.

The Broker will retain your personal information only so long as is necessary to fulfill the purposes to which the Client has consented, whether or not the Client continues to be a customer, except as may be required to meet the Broker's or its affiliate's ongoing legal and regulatory requirements. You may request to review the personal information in your file and make corrections by contacting the Privacy Compliance Officer.

The Privacy Compliance Officer, Terry McBurney, may be contacted at 45710 Airport Rd, Chilliwack, BC, V2P 6Z9 – [PrivacyOfficer@barton.ca](mailto:PrivacyOfficer@barton.ca) - 604-703-7087.

Date: June 22, 2005

Signature of Client: X \_\_\_\_\_ X



# SOLID FUEL HEATING QUESTIONNAIRE

POLICY NUMBER

*Binder*

REPORT DATE

YEAR MONTH DAY

PHOTO REQUIRED  YES  NO  
PHOTO ATTACHED  YES  NO

INSURANCE COMPANY

*Beacon Underwriting*

INSURED

*Adam Thornton*

AGENT/BROKER

*Wb/Barton*

BROKER CLIENT ID#

## 1. HEATING UNIT

*Amg Thornton*

TYPE  ACORN STOVE, BOX FRANKLIN OR POT BELLY STOVE (LOOSE FITTING OR NO DOORS)  SPACE HEATER  OTHER (SPECIFY) \_\_\_\_\_

MAKE \_\_\_\_\_  COOKSTOVE  WOOD STOVE, AIRTIGHT

MODEL \_\_\_\_\_  FIRE PLACE INSERT  WOODSTOVE, NOT AIRTIGHT

AGE \_\_\_\_\_  FIREPLACE, ZERO CLEARANCE  WOOD FURNACE

MASONRY FIREPLACE  WOOD FURNACE ADD ON

PELLET STOVE  WOOD / OIL COMBINATION

IS THE UNIT CERTIFIED?  YES  NO  
IF YES, BY:  CANADIAN STANDARDS ASSOCIATION (CSA)  UNDERWRITERS LABORATORIES OF CANADA (ULC)

WARNOCK-HERSEY PROF. SERVICE LTD  OTHER (SPECIFY) \_\_\_\_\_

ADDRESS OF PREMISES WHERE UNIT IS INSTALLED  PRINCIPLE RESIDENCE  OTHER (SPECIFY) \_\_\_\_\_

WHERE IS THE HEATING UNIT LOCATED?

ATTACHED GARAGE  DETACHED GARAGE

WORKSHOP

DWELLING (SPECIFY) \_\_\_\_\_

OTHER (SPECIFY) \_\_\_\_\_

IS THE HEATING UNIT  PRIMARY  AUXILIARY HOW OFTEN IS HEATING UNIT USED? NUMBER OF HOURS PER DAY \_\_\_\_\_ NUMBER OF DAYS PER YEAR \_\_\_\_\_

FUEL:  WOOD ONLY NUMBER OF CORDS USED ANNUALLY \_\_\_\_\_  FACE CORD (16" x 4' x 8')

WOOD AND OIL  PELLET (SPECIFY TYPE) \_\_\_\_\_  STANDARD / BUSH CORD (4' x 4' x 8')

OTHER (SPECIFY TYPE) \_\_\_\_\_

IF FUEL IS NOT WOOD, SPECIFY AMOUNT BURNED ANNUALLY \_\_\_\_\_

ARE ASHES DISPOSED OF IN A METAL CONTAINER?  YES  NO IS THE CONTAINER EQUIPPED WITH A METAL LID?  YES  NO

IS THE ASH CONTAINER PLACED ON A NON-FLAMMABLE SURFACE?  YES  NO

## 2. CHIMNEY

TYPE  MASONRY CHIMNEY LINING:  FLUE TILE  STAINLESS STEEL  OTHER (SPECIFY) \_\_\_\_\_

FACTORY BUILT DOUBLE WALLED METAL CHIMNEY - NAME OF MANUFACTURER \_\_\_\_\_

INSTALLATION BY PROFESSIONAL?  YES  NO IF YES, NAME OF FIRM \_\_\_\_\_  UNKNOWN

LABELLED:

CANADIAN STANDARDS ASSOCIATION (CSA)  UNDERWRITERS' LABORATORIES OF CANADA

WARNOCK-HERSEY PROF. SERVICE LTD.  OTHER (SPECIFY) \_\_\_\_\_

CONCRETE

OTHER TYPE OF CHIMNEY (SPECIFY) \_\_\_\_\_

UNKNOWN

AGE:  SAME AS HEATING UNIT OR \_\_\_\_\_

DOES UNIT SHARE A CHIMNEY FLUE?  YES PROVIDE DETAILS \_\_\_\_\_  
 NO

CHIMNEY IS INSTALLED  INSIDE BUILDING  OUTSIDE BUILDING  OUTSIDE BUILDING IN INSULATED ENCLOSURE

HOW MANY TIMES PER YEAR IS THE CHIMNEY CLEANED? \_\_\_\_\_ DATE OF LAST CLEANING? \_\_\_\_\_ BY WHOM? \_\_\_\_\_

CLEARANCE OF CHIMNEY TO NEAREST COMBUSTIBLES \_\_\_\_\_  INCHES  CENTIMETRES IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 650°C  YES  NO  UNKNOWN



# SOLID FUEL HEATING QUESTIONNAIRE

## 3. CLEARANCES

### IMPORTANT

PLEASE COMPLETE THE FOLLOWING CHART. THE ACTUAL CLEARANCE IS WHAT YOU MEASURE, WHEREAS THE REQUIRED DISTANCE IS THAT SPECIFIED IN THE OWNER'S MANUAL OR ON THE LABEL ATTACHED TO THE HEATING UNIT. THE MEASUREMENTS ARE IN:

INCHES OR  CENTIMETRES

SHORTEST DISTANCE OF STOVE TO:	ACTUAL		REQUIRED	
SHORTEST DISTANCE OF STOVE TO:	BACK WALL			
	SIDE WALL			
	CORNER			
	CEILING			
SHORTEST DISTANCE OF STOVE PIPE TO:	BACKWALL			
	SIDEWALL			
	CEILING			
SHORTEST DISTANCE FROM HEATING UNIT TO EDGE OF FLOOR PAD IN:	FRONT			
	LEFT SIDE			
	RIGHT			
	BACK			

IS THERE A THIMBLE WHERE THE PIPE PASSES THROUGH WALL?  YES  NO

TOTAL LENGTH OF ALL STOVE PIPE (INCLUDING ELBOWS) \_\_\_\_\_

NUMBER OF ELBOWS IN STOVE PIPE? \_\_\_\_\_

CONSTRUCTION OF STOVE PIPE:

- DOUBLE WALLED
- SINGLE WALLED (INCLUDING BLACK STEEL)
- GALVANIZED
- OTHER (SPECIFY) \_\_\_\_\_

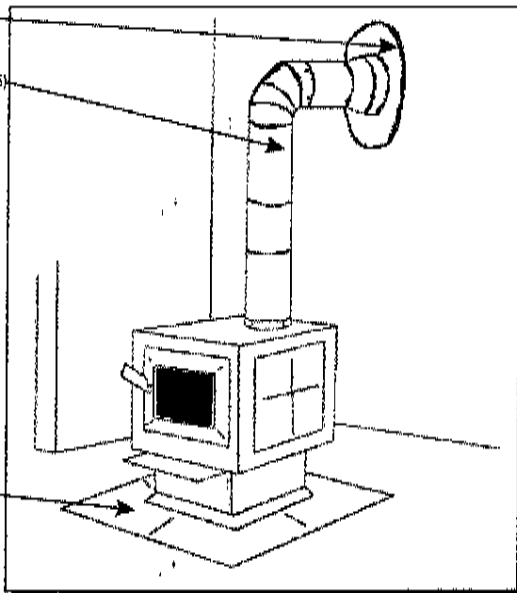
CONSTRUCTION OF: SIDEWALL \_\_\_\_\_

BACKWALL \_\_\_\_\_

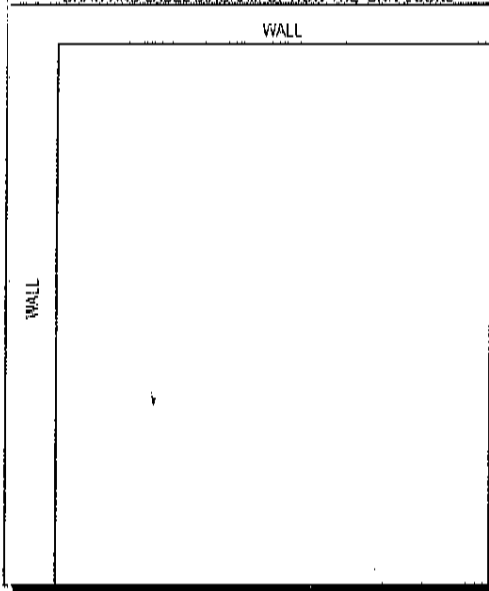
CEILING \_\_\_\_\_

IS THERE A NON-COMBUSTIBLE PAD?  YES  NO

SHORTEST DISTANCE OF UNIT TO FURNITURE, FUEL OR OTHER COMBUSTIBLE MATERIAL: \_\_\_\_\_



DRAW AND LABEL DIAGRAM OF HOW THE UNIT LOOKS



## 4. INSTALLATION

WHO INSTALLED THE HEATING UNIT?  HEATING CONTRACTOR  HOMEOWNER  OTHER (SPECIFY) \_\_\_\_\_

IS THE CONTRACTOR WETT CERTIFIED?  YES  NO

DOES THE STOVE PIPE PASS THROUGH A CONCEALED SPACEWALL?  YES DESCRIBE \_\_\_\_\_

NO  NOT APPLICABLE

TYPE OF SHIELDING:  SHEET METAL PERMANENTLY INSTALLED?  YES  NO  CERAMIC TILE  BRICK  CONCRETE  OTHER \_\_\_\_\_

DISTANCES ARE IN:  INCHES  CENTIMETRES

DISTANCE FROM WALL TO SHIELD: \_\_\_\_\_ DISTANCE FROM TOP OF STOVE TO TOP OF SHIELD \_\_\_\_\_ DISTANCE FROM HEAT SHIELD TO FLOOR \_\_\_\_\_

ARE THE WALL SPACERS NON-COMBUSTIBLE?  YES  NO IS THERE AN AIR SPACE AT TOP AND BOTTOM?  YES  NO IS THE SHIELD ONE INCH FROM THE WALL?  YES  NO

## 5. OTHER

HAS THE INSTALLATION, INCLUDING CHIMNEY, BEEN INSPECTED BY SOMEONE WHO IS WETT CERTIFIED?  YES  NO (EXPLAIN) \_\_\_\_\_

HAVE ANY MODIFICATIONS BEEN MADE TO THE HEATING UNIT OR CHIMNEY SINCE INSTALLED OR INSPECTED?  YES  NO (EXPLAIN) \_\_\_\_\_

## 6. REMARKS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_



299 - 3rd Ave \* Kamloops, BC V2C 3M4  
250 372-3155

-----INVOICE-----

Adam Thornton & Amy Horton  
541 Deltrice Crt  
Saint Louise, MO

Invoice Date 06/22/05  
Invoice No. 1207203  
Bill-To Code THORADA  
Client Code THORADA  
Inv Order No. 1\*1255830

Named Insured: Adam Thornton & Amy Horton

Amount Remitted: \$

Please return this portion with your payment.

Make checks payable to: HUB International Barton Ltd.

Effective Date	Policy Period	Coverage Description	Transaction Amount
06/29/05	06/29/05 to 06/29/06	As per Insurers arranged by Beacon Policy No. BINDER1272888 *New - Seasonal	2,379.00
		Invoice Number: 1207203      Amount Due:	2,379.00

**\*Premiums Due and Payable on Effective Date**

If the insurance is not wanted, the policy or memorandum should be returned to our office. Holding the contract in your possession will be considered your acceptance of it.

SERVICE CHARGE OF 1.75% PER MONTH (21% PER ANNUM) WILL BE CHARGED ON PAST DUE BALANCES.

Barton Insurance Brokers Ltd. receives commissions and may receive contingent commissions from the insurance carriers with whom this business is placed. Contingent commissions are generally a fixed percentage of premium earned. Contingent commissions may be based on factors such as a positive loss ratio for the broker's entire book of business with an insurer, or a certain percentage of premium growth over a previous comparable period of time. Further information is available upon request.

JAG

