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Performer Liability and Property Application

www.holmaninsurance.ca

This program has been specifically designed for Performing Artists

It is a Commercial General Liability “Occurrence Form Policy” which includes injury to Spectators Only and, allows you to operate anywhere in Canada at multiple locations studios, venues, home, church, community center and parks etc.

NOTE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

“Applicant” means the individual detailed in question 1 overleaf below. This application form must be completed in ink, signed and dated by the **Applicant**. All questions must be answered and where appropriate “Not Applicable” or “N/A” specified. The completed application form along with additional information provided will form part of the contract of insurance with the Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **Applicant**’s knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **Applicant** is aware of any other information which it considers may alter, influence or prejudice the Insurers’ appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

PROGRAM HIGHLIGHTS

Commercial General Liability – Occurrence Form

- CGL and Injury to Participants \$2,000,000
- Personal Advertising Liability Included
- Products & Completed Operations Included
- Voluntary Medical Payments \$10,000
- Incidental Medical Malpractice Included
- Errors & Omissions (i.e Professional Liability) included
- Additional Insured – Blanket Basis included
- Employers Liability Extension Included
- Bodily Injury/Property Damage Deductible \$500
- Tenants Legal Liability \$2,000,000

+ Excludes Sexual Abuse

++ Excludes injury to performers / entertainers.

** If performing / entertaining at an event, Event host MUST carry liability insurance

+++ Children Entertainers - No overnight or at entertainers premises. All licenses / police checks etc to be carried out prior to binding

APPLICANT ACKNOWLEDGEMENT

Signature

Date

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This application IS NOT INTENDED for performers/ entertainers who are organizing/ hosting an event. The event host MUST carry a separate event liability policy. EXCLUDES all performances at Nightclubs.

1.	Full Name of Applicant :	Business Name		
	Full Name of Applicant if an individual:	First Name	Initial	Last Name
2.	Address:	Street Address		
	City	Province	Postal Code	
3.	If an Individual Date of Birth:	mm/dd/yyyy		
4.	Telephone Number:	Business #	Cell #	
	Email Address:	Fax #		
	Event Location Address:			
5.				
6.	Estimated # of Attendees at performance:	Estimated # of performances per year:		
	Annual Receipts: \$	How many members in group / band:		

7. a. Do you work with animals? ☐ Yes ☐ No
 If **YES**, please advise when this would happen and with what types of animal.

7. b. **Note: Additional Insureds**

This policy includes Blanket Additional Insured's however if they require a specific individual certificate to be issued there is an additional Charge of \$25 each plus tax and we require the following information:

It is requested the following entities are to be added to the policy as Additional Insured, but only with respect to the operation of the Named Insured. The certificate applies to the named insured while operating within the scope as a Fitness Professional.			
Name and complete address, including postal code AND email of Additional Insured:			Interest in the insurance:
Name:			<input type="checkbox"/> Corporate Name
Email :			<input type="checkbox"/> Municipality
Address: (Street)	Province:	Postal Code:	<input type="checkbox"/> Event Organizer
			<input type="checkbox"/> Sponsor
			<input type="checkbox"/> Landlord
Name:			<input type="checkbox"/> Corporate Name
Email:			<input type="checkbox"/> Municipality
Address: (Street)	Province:	Postal Code:	<input type="checkbox"/> Event Organizer
			<input type="checkbox"/> Sponsor
			<input type="checkbox"/> Landlord

NOTE: If the answers to item 7 a – b are **YES**, an additional premium loading will apply. Please refer to premium calculation page.

8. Have any negligence claims ever been made against you whether successful or otherwise? ☐ Yes ☐ No

9. Have any claims for dishonesty ever been made against you whether successful or otherwise? ☐ Yes ☐ No

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10. Has the **Applicant** ever been convicted of a criminal offence, other than a motoring offence, or have any prosecution pending? ☐ Yes ☐ No
11. Have any libel or slander claims, infringement of copyright or breach of confidentiality ever been made against you? ☐ Yes ☐ No
12. Have any sexual harassment and/or abuse claims ever been made against you? ☐ Yes ☐ No
13. Are you aware of any circumstances which may give rise to a potential claim or request for indemnity under this professional liability insurance? ☐ Yes ☐ No

NOTE: If the answer to any of 10-17 above is **YES**, please provide full details:

Categories

There are several categories of activities that can be covered, **each of which has a separate premium banding**. Please indicate ☒ which category(ies) cover is required hereunder:

CATEGORY I as PER RATING MATRIX

- | | | |
|--|--|--|
| <input type="checkbox"/> Actors | <input type="checkbox"/> Hair Braiding | <input type="checkbox"/> Puppeteers |
| <input type="checkbox"/> After Dinner Speakers | <input type="checkbox"/> Hair Extensions | <input type="checkbox"/> Quizmasters |
| <input type="checkbox"/> Art and Craft Skills | <input type="checkbox"/> Hair Painting | <input type="checkbox"/> Rangoli |
| <input type="checkbox"/> Art Consultancy | <input type="checkbox"/> Hair Wrapping | <input type="checkbox"/> Researchers |
| <input type="checkbox"/> Artists | <input type="checkbox"/> Hairdressers | <input type="checkbox"/> Resident Entertainer |
| <input type="checkbox"/> Arts Lecturers | <input type="checkbox"/> Hula Hooping | <input type="checkbox"/> Ribbon Twirling |
| <input type="checkbox"/> Athlete or Athletic Performers | <input type="checkbox"/> Human Statues | <input type="checkbox"/> Ringmaster |
| <input type="checkbox"/> Authors | <input type="checkbox"/> Impersonator / Impressionist | <input type="checkbox"/> Role Player |
| <input type="checkbox"/> Balloon Artist | <input type="checkbox"/> Jazz, Folk or Classical Band | <input type="checkbox"/> Sculptors |
| <input type="checkbox"/> Basket Weavers | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Silhouette Artist |
| <input type="checkbox"/> Belly Dancer | <input type="checkbox"/> Kissogram | <input type="checkbox"/> Singing teacher |
| <input type="checkbox"/> Cameos | <input type="checkbox"/> Kite | <input type="checkbox"/> Singers |
| <input type="checkbox"/> Caricaturist | <input type="checkbox"/> Lasso | <input type="checkbox"/> Songwriter |
| <input type="checkbox"/> Cartoonist | <input type="checkbox"/> Lectures | <input type="checkbox"/> Speech Teacher |
| <input type="checkbox"/> Celebrity Look-Alike | <input type="checkbox"/> Lookalikes | <input type="checkbox"/> Stage Performer |
| <input type="checkbox"/> Character Shows | <input type="checkbox"/> Master of Ceremonies / MC's | <input type="checkbox"/> Stand Up Comedy Inc. Props |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Maypole Dancing | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Chocolate Fountain | <input type="checkbox"/> Meet and Greet (book signing)(autographs) | <input type="checkbox"/> Strongmen |
| <input type="checkbox"/> Choirs Comedians | <input type="checkbox"/> Mime Artists | <input type="checkbox"/> Table Top Games (Non-Alcohol) |
| <input type="checkbox"/> Community Artist | <input type="checkbox"/> Museum Educator | <input type="checkbox"/> Tap Dance Teacher |
| <input type="checkbox"/> Composers | <input type="checkbox"/> Music Teachers | <input type="checkbox"/> Textile Artists |
| <input type="checkbox"/> Computer Art | <input type="checkbox"/> Musician (individual) | <input type="checkbox"/> Theatrical Props |
| <input type="checkbox"/> Concept Visualisation | <input type="checkbox"/> Nail Art | <input type="checkbox"/> Theatrical Stage Group |
| <input type="checkbox"/> Corporate Entertainment | <input type="checkbox"/> Organist | <input type="checkbox"/> Toastmasters |
| <input type="checkbox"/> Costume Characters | <input type="checkbox"/> Origami | <input type="checkbox"/> Tour Guides |
| <input type="checkbox"/> Dance Troupe | <input type="checkbox"/> Painter (not construction) | <input type="checkbox"/> Town Crier |
| <input type="checkbox"/> Dancer | <input type="checkbox"/> Pantomimes | <input type="checkbox"/> Ventriloquist |
| <input type="checkbox"/> Disc Jockeys (NOT in nightclub) | <input type="checkbox"/> Performance artist | <input type="checkbox"/> Videographer |
| <input type="checkbox"/> Dough Modeling | <input type="checkbox"/> Photo Booth | <input type="checkbox"/> Viking Characters |
| <input type="checkbox"/> Drama Club | <input type="checkbox"/> Photographer / Photography | <input type="checkbox"/> Vocalists |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Poet | <input type="checkbox"/> Voice Coach |
| <input type="checkbox"/> Flower Arrangements | <input type="checkbox"/> Preacher | <input type="checkbox"/> Walkabouts |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Writer |
| | | <input type="checkbox"/> Yo-Yo |

CATEGORY II SUBMIT FOR QUOTE

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Acrobats | <input type="checkbox"/> Choreographer | <input type="checkbox"/> Makeup Artists |
| <input type="checkbox"/> Airbrush | <input type="checkbox"/> Circus Performers Excluding Fire, Knife | <input type="checkbox"/> Martial Arts display |

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- | | | |
|--|--|--|
| <input type="checkbox"/> Astro Jacks | <input type="checkbox"/> Clown | <input type="checkbox"/> Mural Work |
| <input type="checkbox"/> Balancing Acts | <input type="checkbox"/> Contortionist | <input type="checkbox"/> Physical Theatre |
| <input type="checkbox"/> Bed of Glass | <input type="checkbox"/> Cosmetic Make-up | <input type="checkbox"/> Plate & Ball Spinning |
| <input type="checkbox"/> Bed of Nails | <input type="checkbox"/> Cycling Acts (Trick Cyclists! | <input type="checkbox"/> Poi Sticks |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Unicyclists) | <input type="checkbox"/> Re-Enactment Artist |
| <input type="checkbox"/> Board Breaking | <input type="checkbox"/> Devil Sticks | <input type="checkbox"/> Rola Bela |
| <input type="checkbox"/> Body Art | <input type="checkbox"/> Face /Body Painter | <input type="checkbox"/> Skateboard Tricks |
| <input type="checkbox"/> Body Brush Art | <input type="checkbox"/> Globe Walking | <input type="checkbox"/> Tattoos - Airbrush |
| <input type="checkbox"/> Burlesque Acts & Striptease | <input type="checkbox"/> Henna Artist | <input type="checkbox"/> Tattoos - Glitter |
| <input type="checkbox"/> Busker | <input type="checkbox"/> Holiday Characters | <input type="checkbox"/> Tattoos- Henna |
| <input type="checkbox"/> Cabaret Act | <input type="checkbox"/> (Santa/Elf) | <input type="checkbox"/> Tattoos- Temporary |
| <input type="checkbox"/> Carnival Performers | <input type="checkbox"/> Juggler | <input type="checkbox"/> Wedding Decorator |
| <input type="checkbox"/> Childrens Entertainers | <input type="checkbox"/> Limbo Dancing | <input type="checkbox"/> Whip Cracker |
| | <input type="checkbox"/> Low Wire Acts | |

CATEGORY III SUBMIT FOR QUOTE

- | | | |
|--|--|--|
| <input type="checkbox"/> Animal Act Performers (Excluding dangerous animals) | <input type="checkbox"/> Glass Walking | <input type="checkbox"/> Palm Reading |
| <input type="checkbox"/> Escapologist | <input type="checkbox"/> Historical Enactments | <input type="checkbox"/> Rap or Hip Hop |
| <input type="checkbox"/> Fakir | <input type="checkbox"/> Mediums | <input type="checkbox"/> Rock or Pop Band |
| <input type="checkbox"/> Fortune Tellers | <input type="checkbox"/> Mobile Casino | <input type="checkbox"/> Tarot Card Reader |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CATEGORY IV SUBMIT FOR QUOTE

* Supplementary Questionnaire may be required

- | | | |
|---|---|---|
| <input type="checkbox"/> Aerial Performers* | <input type="checkbox"/> Clown Car | <input type="checkbox"/> Mind Reading* |
| <input type="checkbox"/> Angle Grinding Performers (outdoor only) | <input type="checkbox"/> Fire Acts (outdoor only)* | <input type="checkbox"/> Mini Bike |
| <input type="checkbox"/> Unarmed Combat Display | <input type="checkbox"/> Fire Acts Eaters Breathers* (outdoor only) | <input type="checkbox"/> Sleigh/Wagon Rides |
| <input type="checkbox"/> Arrow Breaking | <input type="checkbox"/> Fire Acts Jugglers (outdoor only) | <input type="checkbox"/> Snake Charmers |
| <input type="checkbox"/> Blacksmith Demonstration (outdoor only) | <input type="checkbox"/> Glass blower | <input type="checkbox"/> Spiritual Healing* |
| <input type="checkbox"/> Bubble & Smoke Machines | <input type="checkbox"/> High Wire Acts* | <input type="checkbox"/> Sword Dance |
| <input type="checkbox"/> Carving (knife, chain saw, wood, ice, etc) | <input type="checkbox"/> Hypnotist* | <input type="checkbox"/> Sword Fighting |
| <input type="checkbox"/> Chain and Pole Swinging | <input type="checkbox"/> Illusionist* | <input type="checkbox"/> Sword Swallower |
| <input type="checkbox"/> Chinese Pole (aerial) | <input type="checkbox"/> Inflatables | <input type="checkbox"/> Tight Rope Artist* |
| | <input type="checkbox"/> Magician* | <input type="checkbox"/> Trapeze Artists* |

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Performers / Entertainer- Rating and Invoice

SINGLE EVENT (up to 3 days)

Check off one ► LIMIT OF INDEMNITY	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000	BASE PREMIUM
Solo Performer						\$
Category I	\$60	\$90	\$95	\$100	\$105	
Category II	\$85	\$130	\$140	\$150	\$160	
Category III	\$100	\$150	\$160	\$170	\$180	
Category IV	\$120	\$180	\$190	\$200	\$210	
Group/Band						\$
Category I	\$30/member	\$45/member	\$50/member	\$60/member	\$70/member	
(Maximum Premium)	\$100	\$150	\$165	\$175	\$200	
Category II	\$120	\$180	\$200	\$210	\$240	
Category III	\$140	\$210	\$230	\$245	\$280	
Category IV	\$170	\$255	\$280	\$300	\$340	

ANNUAL TERM

Check off one ► LIMIT OF INDEMNITY	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000	BASE PREMIUM
Solo Performer						\$
Category I	\$375	\$400	\$460	\$500	\$600	
Category II	\$450	\$510	\$570	\$630	\$700	
Category III	\$525	\$575	\$635	\$700	\$790	
Category IV	\$640	\$680	\$740	\$800	\$870	
Group/Band						\$
Category I	\$190/member	\$200/member	\$230/member	\$250/member	\$300/member	
(Maximum Premium)	\$750	\$800	\$850	\$900	\$975	
Category II	\$900	\$960	\$1,020	\$1,080	\$1,170	
Category III	\$1,050	\$1,120	\$1,190	\$1,260	\$1,365	
Category IV	\$1,275	\$1,360	\$1,440	\$1,530	\$1,660	

☐ **OPTION #1** \$25,000.00 of property coverage, please provide the following details:

Miscellaneous items to be insured(include serial number, security etching, or make if possible)	Quantity:	Total Value:
Are the items:	Owned	Rented (Rental Contract must be attached to this application)
When the property is not in used at an event, where is it stored?		
Street Address		
City	Province	Postal Code

While the property is not in use, it must be stored at a location that is secured AT ALL **TIMES** with at least one of the following:

A-locked doors B- a working alarm C- 24 hour security

Will the property to be insured be exposed to any special hazards?

☐ YES ☐ NO

If YES, please describe:

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☐ OPTION #2

RENTAL REIMBURSEMENT EXTENSION OPTION:

Provides coverage for rental expenses in the event of loss or damage to the named insured's Equipment for which indemnity is provided under the Performers and Entertainers program. The Insurer will pay as the result of loss of use of such equipment for Expenses necessarily incurred for the rental of a substitute piece of equipment.

▼ Check off one. Please select and check off the required limit. Write the applicable premium in the column.▼

Limit	Annual Premium	PREMIUM
RENTAL REIMBURSEMENT EXTENSION OPTION: - SINGLE EVENT UP TO 3 DAYS		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Up to \$1,000	\$20	\$
<input type="checkbox"/> Up to \$2,500	\$50	
<input type="checkbox"/> Up to \$5,000	\$100	
<input type="checkbox"/> Up to \$10,000	\$200	

RENTAL REIMBURSEMENT EXTENSION OPTION: - ANNUAL TERM		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Up to \$1,000	\$75	\$
<input type="checkbox"/> Up to \$2,500	\$125	
<input type="checkbox"/> Up to \$5,000	\$200	
<input type="checkbox"/> Up to \$10,000	\$300	

		TOTAL OPTION #2	\$
		TOTAL Base Premium plus options 1 and 2	\$
		POLICY FEE	\$ 50.00
		TAXABLE TOTAL PART A + PART B + POLICY FEE	\$
For residents of Manitoba add 7% Quebec add 9% Ontario add 8% Newfoundland / Labrador 15% Saskatchewan 6%		TAX	\$
		TOTAL INCLUDING TAX	\$

All premiums are annual and 100% retained. Policy is subject to a \$1,000 Deductible
Please retain a copy for your records as no other invoice will be provided.

This rating schedule is NOT INTENDED for Entertainers who are Organizing/Hosting an Event or profiting from ticket sales. Please ask for further details It is understood and agreed that this rating schedule will attach to and form part of the application submitted

Please advise the date insurance required is to be effective:	MM/DD/YYYY
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NOTE: COVERAGE CAN ONLY BE BOUND AND CONFIRMED BY HOLMAN INSURANCE BROKERS LTD.

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Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. For the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

DISCLOSURE OF MATERIAL FACTS

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers be we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. the email address supplied by you in this application will be used. We must be notified of any change to your email address. The policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

The email address supplied may be used to notify you of other related insurance products of interest to you.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the therapy(ies) stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Signing this Application does not bind the Applicant to enter into this insurance.

It is hereby agreed that the Insurer is authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

Applicant's Signature

Date

Print Name

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Checklist

Application completed with all questions answered. All pages #1 to #8 must be returned. ☐

Premium calculation including tax for options– page.6 ☐

☐ cheque attached ☐ online Bank confirmation # _____ if online Name of Bank _____

PAYMENT OPTIONS

Credit Card, Visa or Mastercard

1. Go to <https://www.policypayments.com/Holman?step2>

Note: There is a administrative fee of 2.50% charged, however it does qualify for points and Air Miles.

Internet Banking - (NOT to be confused with Interac e-Transfer above)

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
2. Enter Holman. Choose All Categories and province Ontario and submit.
3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.

Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Your banking institution will then take your payment over the telephone by your choice of payment method.

Debit Card Payments

1. Contact your bank by telephone or visit bank in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
5. Choose banking option: Bill Payment and follow your bank instructions.

In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

By Mail

Cheque or money order payable to:

Holman Insurance Brokers Ltd., 1 Valleywood Drive, Suite #100, Markham ON L3R 5L9

Please note: NSF Payments – there will be an additional \$25 service charge.