

SECTION 1: APPLICANT INFORMATION

1. Name of Insured :
2. Name of Principal(s):
3. Contact Name:
4. Postal Address:

	<small>Street Number</small>	<small>Street Name</small>	<small>Apartment / Suite Number</small>
City:	Province:	Postal Code:	
5. Legal Address:

	<small>Street Number</small>	<small>Street Name</small>	<small>Apartment / Suite Number</small>
City:	Province:	Postal Code:	
6. Phone: Fax:
7. Mortgagee / Loss Payee name and mailing address:
8. Will you require an Additional Insured to be added to the policy? Yes No
If "Yes", please provide name and mailing address:

SECTION 2: INSURANCE INFORMATION

1. Policy period From: To:
2. Limit required: \$1,000,000 \$2,000,000 \$5,000,000 Other
3. Are you aware of any incident which may result in a claim against you? Yes No
If "Yes", please provide details:
4. Previous Carrier: Renewal Offered? Yes No
If "No", please explain in detail the reason for non-renewal:
5. Loss History, please provide details below (attach additional page(s) if necessary):

Coverage	Limit Carried	Premium	Total Losses
----------	---------------	---------	--------------

SECTION 3: UNDERWRITING INFORMATION

1. Details of Operations:
2. Number of years in business? _____
3. Building occupation: By Insured: _____ Others: _____
4. Wall Construction:

<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Hollow Concrete Block
<input type="checkbox"/> Solid Brick Masonry	<input type="checkbox"/> Brick Veneer
<input type="checkbox"/> Glass Panel – Metal Frame	<input type="checkbox"/> Metal Clad-Steel Frame
<input type="checkbox"/> Metal/Vinyl/Clad Wood Frame	<input type="checkbox"/> Frame/Stucco
<input type="checkbox"/> Log, Rustic	
5. Roof Construction:

<input type="checkbox"/> Concrete Joist	<input type="checkbox"/> Steel Deck
<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Heavy Timbers
<input type="checkbox"/> Open Steel System, Corrugated metal, Steel Trusses	
<input type="checkbox"/> Open Wood, Corrugated Metal	
6. Floor Construction:

<input type="checkbox"/> Reinforced Concrete (Fire Resistant)	<input type="checkbox"/> Wood (Combustible)
<input type="checkbox"/> Concrete Pad (Non-Combustible)	
7. Total Area of Building (including Basement): _____
8. Total Area Occupied by Insured: _____
9. No. of stories (excluding basement): _____
10. Basement? Yes No
11. Type of Heating: _____ Secondary Heating: _____
12. Year Built: _____
13. Type of Electrical System: Circuit Breakers Fuses
14. Updates of building (if over 35 years old) : Heating Wiring Roof Plumbing
15. Distance to Hydrant: _____ metres feet
16. Distance to Firehall: _____ kms miles
17. Sprinklered? Yes No
18. Fire Alarm: None Local Monitoring ULC Certified (attach certificate)
19. Burglar Alarm: None Local Monitoring ULC Certified (attach certificate)
20. Extent of Protection: Perimeter Area
21. Details of physical protection (locks on doors, bars or windows) _____
22. Safe? Yes No
If "Yes", please describe: _____
23. Number of Employees Handling Money: _____
24. Maximum cash on premises: \$_____

25. Give details of adjacent buildings:

Left	Occupancy:	Distance (from your building):
Right	Occupancy:	Distance (from your building):
Rear	Occupancy:	Distance (from your building):

26. Automatic extinguishing system type?

27. Semi-annual Maintenance Contract? Yes No

28. Semi-annual duct cleaning? Yes No

29. Class K fire extinguisher? Yes No

30. Receipts \$_____

31. Show Revenue by operation (Split): \$_____

32. Canadian Sales \$_____ US Sales \$_____ Foreign Sales \$_____

SECTION 3: COVERAGE REQUIRED

Coverage	Coverage Required?	Limit Required
Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accounts Receivable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Building Bylaws	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consequential Loss Assumption	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Debris Removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exterior Signs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electronic Data Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fine Arts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Master Key	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Off Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sewer Back Up	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Flood	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Valuable Papers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crime	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boiler & Machinery (Equipment Breakdown)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:

SECTION 6: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	