

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant:
2. Name of Principal(s):
3. Address:

	Street Number	Street Name	Apartment / Suite Number
City:	Province:	Postal Code:	
4. Phone: Fax:
5. Website Address :
6. 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
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SECTION 3: UNDERWRITING INFORMATION

1. Details of Operations:
2. Show Revenue by operation (Split): \$_____
3. Canadian Sales: \$_____

4. US Sales: \$_____

5. Foreign Sales: \$_____

SECTION 4: COVERAGE REQUIRED

Coverage	Coverage Required	Limits Required
Commercial General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Claims Made	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occurrence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tenants Legal Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Non-Owned Automobile	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deductible	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		
Other:		
Other:		
Other:		

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:	