

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
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SECTION 3: UNDERWRITING INFORMATION

1. Details of Operations:
2. Number of years in business: _____
3. Receipts: \$_____
4. Show Revenue by operation (Split): \$_____
5. Canadian Sales: \$_____ US Sales: \$_____ Foreign Sales: \$_____
6. Description of product sold:
7. Is this an annual or seasonal operation? Yes No
8. Actual address/location of where unit is parked:
9. Where is the unit parked during off season?
10. Is coverage required off season? Yes No
11. Actual Size of unit:
12. Is unit Frame or Metal? Yes No
13. Hydrants within 1000 feet? Yes No
14. Fire Hall within: 7 km or More than 7 km:
15. Is unit self propelled? Yes No
16. Automatic CO2 System with date system was last serviced:
17. Class K fire extinguisher? Yes No

SECTION 4: COVERAGE REQUIRED

Coverage	Coverage Required?	Limit Required
Commercial General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Miscellaneous Property Floater	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deductible		

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:	