

3. Wall Construction: Reinforced Concrete Hollow Concrete Block
 Solid Brick Masonry Brick Veneer
 Glass Panel – Metal Frame Metal Clad-Steel Frame
 Metal/Vinyl/Clad Wood Frame Frame/Stucco
 Log, Rustic
4. Roof Construction: Concrete Joist Steel Deck
 Wood Joist Heavy Timbers
 Open Steel System, Corrugated metal, Steel Trusses
 Open Wood, Corrugated Metal
5. Floor Construction: Reinforced Concrete (Fire Resistive) Wood (Combustible)
 Concrete Pad (Non-Combustible)
6. Total Area of Building (including Basement): _____
7. Total Area Occupied by Insured: _____
8. No. of stories (excluding basement): _____
9. Basement? Yes No
10. Type of Heating: _____ Secondary Heating: _____
11. Year Built: _____
12. Type of Electrical System: Circuit Breakers Fuses
13. Updates of building (if over 35 years old) : Heating Wiring Roof Plumbing
14. Distance to Hydrant: _____ metres feet
15. Distance to Firehall: _____ kms miles
16. Sprinklered? Yes No
17. Fire Alarm: None Local Monitoring ULC Certified (attach certificate)
18. Burglar Alarm: None Local Monitoring ULC Certified (attach certificate)
19. Extent of Protection: Perimeter Area
20. Details of physical protection (locks on doors, bars or windows) _____
21. Safe? Yes No
 If "Yes", please describe: _____
22. Number of Employees Handling Money: _____
23. Maximum cash on premises: \$_____

SECTION 4: COVERAGE REQUIRED

Description	Minimum Limits	Deductible	Limit Required
Equipment and Stock	\$10,000		
Miscellaneous Articles Floater	\$10,000		

Description	Minimum Limits	Deductible	Limit Required
Crime	\$1,000		
Employee Dishonesty	\$5,000		

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:		City:	
E-Mail:		Province:	
Phone:		Postal Code:	
Fax:			