

Wedding Package Protection Application

Cambrian Special Risks Insurance Services

130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866)-308-2784
Email: quotes@cambrianspecialrisks.com

Liquor License Board Permit No. (where required by law): _____ Province: _____

A copy of the Liquor License must accompany the application or coverage cannot be provided.

We are not able to insure BYOB Events!

Name of Insured (Bride and/or Groom): _____

Complete Mailing Address including Postal Code: _____

Event Location	Complete Address (including Postal Code)
Rehearsal Dinner:	
Wedding Ceremony:	
Wedding Reception:	
Gift Opening:	
Other:	

Date of Rehearsal Dinner: _____ am/pm TO _____ am/pm Date of Ceremony: _____ am/pm TO _____ am/pm

Date of Reception: _____ am/pm TO _____ am/pm Date of Gift Opening: _____ am/pm TO _____ am/pm

Number of people attending the Wedding Reception: _____ (If over 2,000 please call for a quote)

Coverage & Deductible:

- Commercial General Liability including Liquor Extension and Premises
- Non-Owned Automobile
- Tenants Legal Liability - \$500,000 limit
- \$500 deductible on all losses

OPTION A (Wedding Ceremony and Reception Only – 24 hour coverage)

Liability Limit of \$1,000,000			Liability Limit of \$2,000,000			Higher Limits are Available Please contact us
# People	Liquor	Non Liquor	# People	Liquor	Non Liquor	
1-250	\$160.00	\$110.00	1-250	\$215.00	\$162.00	
251-500	\$188.00	\$162.00	251-500	\$284.00	\$215.00	
501-1000	\$242.00	\$188.00	501-1000	\$375.00	\$322.00	
1001-1500	\$525.00	\$375.00	1001-1500	\$563.00	\$455.00	
1501-2000	\$696.00	\$455.00	1501-2000	\$750.00	\$536.00	

OPTION B (Rehearsal Dinner, Wedding Ceremony and Reception and Gift Opening - 72 hour coverage)

- Wedding Presents Floater Form included \$5,000 Limit / \$500 Deductible
- Liquor Liability Included

# People	Liability Limit \$1,000,000	# People	Liability Limit \$2,000,000
1-250	\$288.00	1-250	\$387.00
251-500	\$339.00	251-500	\$511.00
501-1000	\$436.00	501-1000	\$675.00
1001-1500	\$945.00	1001-1500	\$1013.00
1501-2000	\$1253.00	1501-2000	\$1350.00

PLEASE CHOOSE AN OPTION: OPTION A OPTION B

Premium: \$_____ + Broker Fee: \$_____ + Applicable Sales Tax \$_____ = TOTAL \$_____

Client Signature: _____ Date: _____

Broker: _____ Address: _____

Phone: _____ Fax: _____

Email: _____

Please remit payment to Cambrian Special Risks Insurance Services. Payment must be received prior to the event date (*Premium less 15% commission*). Broker cheques will be accepted. Please do not include the Sales Tax or Broker Fee. Faxed or emailed copy must be received in our office at least two hours prior to the event and during regular business hours EDT(Monday to Friday 8:30am to 4:00pm). In all cases, applications must be in our hands prior to the event.

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 Service until accepted by Cambrian Special Risks Insurance Services 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. October 2011