



**Cambrian Special Risks**  
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## Canteen Application

### BASIC INFORMATION

1. Name of Insured:
2. Name of Principals:
3. Postal Address:
4. Details of Operations:
5. Number of Years in Business:
6. Previous Insurer: Policy Number: Expiry Date:
7. Are they offering a renewal? If "no" please explain:
8. Additional Insured (including mailing address):
9. Mortgagee/Loss Payee (including mailing address):
10. Any claims in the past five years? If "yes" please provide details:

**PROPERTY INFORMATION**

1. Address (if different from postal address):

Age of building:                      No of stories:                      Basement:

Total area of building including basement:  
Total area occupied by applicant:  
No of exit and entrance Building

2. Construction of Building:

Wall:                       Reinforced Concrete                       Solid Brick Masonry                       Glass Panel – Metal Frame  
 Hollow Concrete Block                       Brick Veneer                       Metal Clad-Steel Frame  
 Log/Rustic                       Frame/Stucco                       Metal/Vinyl/Clad Wood

Roof:                       Concrete Joist                       Wood Joist                       Steel Deck  
 Heavy Timbers                       Open Steel System, Corrugated Metal, Steel Trusses  
 Open Wood Corrugated Metal

Roof Covering:                       Asphalt Shingles                       Steel Deck  
 Tar and Gravel                       Concrete on steel structure  
 Concrete Tiles                       Metal  
 Wood Shakes / shingles                       Tile  
 Glass dome/skylight                       Rubber/Polymer  
 Tar Paper                       Other

Floors:                       Poured Concrete                       Frame and all other  
 Masonry                       Wood  
 Heavy Beam                       Brick  
 Steel                       Stone

3. Latest Updates

Roof:                      Heat:                      Plumbing:                      Electric:

4. Type of Heating:                      Secondary:

5. Type of Electrical System                      Circuit Breakers:                      Fuses:                      Other:

6. List of all occupants in your building :

7. Give details of adjacent buildings:

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

8. SAFETY MEASURES (for your building/premises)

Sprinkler system  Yes  No

#of Fire Extinguishers:

Fire Alarm  Yes  No

Smoke Detectors  Yes  No

Burglar Alarm  Yes  No

Hydrants:  Unprotected  Within 150m  Within 300m  Over 300km

Fire Department  Within 5k  Within 10k  Over 10k

Automatic Extinguishing System Type:

Semi-annual Maintenance Contract:

Semi-annual Duct Cleaning:

Fire Alarms  Central Station  Monitoring (full service or shared service)  
 Local alarm  None

Protection Type:

Safe (If "yes" please describe type of safe)  Yes  No

Number of employees handling money:

Maximum amount of cash on premises:

**OPERATION DETAILS**

1. Receipts: \$

2. Show Revenue by operation (Split): \$

3. Canadian Sales: \$                      US Sales: \$                      Foreign Sales: \$

## COVERAGE REQUIRED

Present Coverage Limits required:

Building \$

Contents \$

Equipment \$

Coverage	Is Coverage Required		Limits Desired
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## DECLARATIONS

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/Echelon until accepted by Cambrian Special Risks/Echelon 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 and that Cambrian Special Risks/Echelon.

Applicant Name:

Applicant Signature:

Date:

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