



Cambrian Special Risks  
130 Paris Street  
Sudbury ON P3E 3E1

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## COMMERCIAL GENERAL LIABILITY 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. Loss Payee (including mailing address):
10. Any claims in the past five years? If "yes" please provide details:
11. Website Address:

**OPERATION DETAILS**

- 1. Receipts: \$
- 2. Show Revenue by operation (Split): \$
- 3. Canadian Sales: \$                      US Sales: \$                      Foreign Sales: \$

**COVERAGE REQUIRED**

1. Coverage Limits required:

Coverage	Coverage Required	Limits Desired
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	
General Aggregate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Each Occurrence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cross Liability	<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	
Hired Automobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deductible	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**ADDITIONAL INFORMATION**

Please provide any important additional information that would be helpful in quoting this risk:

**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:

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