



**No Frills Contractors Package Application
 Cambrian Special Risks
 130 Paris Street
 Sudbury ON P3E 3E1
 Phone: (888) 339-6069 Fax: (866)-308-2784
 Email: quotes@cambrianspecialrisks.com**



SECTION 1: APPLICANT INFORMATION

1. Client Name :

2. Address:

	Street Number	Street Name	Apartment / Suite Number
--	---------------	-------------	--------------------------

3. City: Province: Postal Code:

4. Name of Principals:

5. Phone: Fax: Email Address:

6. Number of Years in Business:

7. Website Address :

8. Type of Business: Corporation General Contractor Independent
 Partnership Sub Contractor Other: _____

SECTION 2: INSURANCE INFORMATION

1. Policy period From: To:

2. Limit required: \$1,000,000 \$2,000,000

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. Have you ever had your insurance policy cancelled or declined? If yes, please explain:

6. Loss History for the past five years, please provide details below (attach additional page(s) if necessary):

Coverage	Limit Carried	Premium	Total Losses
----------	---------------	---------	--------------

SECTION 3: BUILDING INFORMATION

1. Complete mailing address of Property, Office or Warehouse:
2. Occupancy (other than by client):
3. Year Built:
4. How many mortgagees are on this property?
5. If built before 1965 indicate latest year each of the following systems was "completely" updated:
Roof: Plumbing: Heating: Electrical:
6. Building Type High Rise: Enclosed Mall: Strip Plaza:
 Stand Alone: Other:
7. No. of Storeys: No. of Storeys you occupy: Ground Floor Area (square feet):
8. Total Number of Units/Suites:
9. Construction
 - a. Fire Resistive
 - b. Non Combustible – Masonry / Non Masonry
 - c. Masonry
 - d. Brick Veneer
 - e. Frame
10. Public Protection
 - a. Less than 1,000 feet to a hydrant
 - b. Greater than 1,000 feet to a hydrant, but less than 5 miles to a fire hall
 - c. Greater than 5 miles to a fire hall
 - d. Percentage sprinklered:
11. Alarms: No Alarm Protection ULC Approved Monitoring Station
 Local Burglar Alarm ULC Approved Central Station
12. Describe Exposures: Front Occupancy Contstruction Distance
 Left Occupancy Contstruction Distance
 Right Occupancy Contstruction Distance
 Back Occupancy Contstruction Distance

SECTION 4: CONTRACTOR'S EQUIPMENT AND TOOL FLOATER

Equipment and Tool Floater Limit is \$10,000, which will consist of equipment, small tools and trade stock with any one item limited at \$2,500. No Co-Insurance is applicable and Replacement Cost. Please provide list of Equipment and Tools with values:

SECTION 5: INSTALLATION FLOATER

1. Type of property installed:
2. Name of installer or sub-contractor:
3. Installations normally: Inside of building Outside of building
4. Number of jobs in progress at anyone time:
5. Number of days to complete installation:
6. Value of property at any one location limit is \$10,000 with a \$10,000 Aggregate:
7. Maximum value in any one transit:
8. Average duration of transit:
9. Normal method of transportation of property to be installed:
10. Is hot work ever done as part of a job?

SECTION 6: LIABILITY

1. Annual Receipts:
2. Please provide a breakdown of your Annual Income by Trade/Gross Receipts and Cost of Sublet Work:
3. Please provide the percentage of your annual sales of Sub-Contract Work:
4. Do you request Certificates of Insurance for all Sub-Contractors?
5. Number of employees including part-time:
6. How many years of experience in the type of operations undertaken do the client and key employees have?
7. Is casual or unskilled labour employed?
8. Do you have any on staff professionals (architects, engineers, surveyors)?
9. Do the on staff professionals carry Errors & Omissions coverage?
10. If yes, please provide company name/policy number and effective date of coverage:
11. Please list your last projects by New Construction or Renovation/Duration of Months/Occupancy on Completion:
12. What percentage of operation is Rural: Commercial: Urban: Residential:

13. Please advise if any completed or planned projects include the following:

Shoring or Underpinning	Raising or Moving Buildings
Welding	Open Flame Work
Wrecking	Gas Work
Excavating	Land Clearing

14. Do any of your operations take place outside of Canada?

SECTION 7: OTHER INFORMATION

1. Please provide any other information you feel would assist in the evaluation of your application:

SECTION 8: 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/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.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION

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