



PROPERTY INSURANCE POLICY APPLICATION

Cambrian Special Risks*

130 Paris Street, Sudbury, Ontario P3E 3E1

Toll Free Phone: 1-888-339-6069 Toll Free Fax: 1-866-308-2784

Email: quotes@cambrianspecialrisks.com

Basic Information

Name of Insured:

Name of Principal(s):

Postal Address (including Postal Code):

Details of Operations:

Contact Name:

Telephone:

Email:

No. of years in Business:

Previous Insurer:

Policy No.

Exp. Date:

Any claims in the past five years: Yes No If yes, please provide details:

Additional Insured:

Mortgage/Loss Payee Name and Address (including Postal Code):

Physical Details

Address (if different from Postal Address):

Wall Construction:

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

Roof Construction:

- Concrete Joist
- Wood Joist
- Open Steel System, Corrugated metal, Steel Trusses
- Open Wood, Corrugated Metal
- Steel Deck
- Heavy Timbers

Floor Construction:

- Reinforced Concrete (Fire Resistive)
- Concrete Pad (Non-Combustible)
- Wood (Combustible)

Total Area of Building (including Basement): _____

Total Area Occupied by Insured: _____

No. of stories (excluding basement): _____ Basement: Yes No

Type of Heating: _____ Secondary Heating: _____ Year Built: _____

Type of Electrical System: Circuit Breakers Fuses

Updates of building (if over 35 years old) : Heating Wiring Roof Plumbing

Distance to Hydrant: Metres Feet Distance to Firehall: kms miles

Sprinklered? Yes No

Building Type: Arena Field House Stand Alone Canteen

Neighbouring Exposure: Yes No If yes, please provide details: _____

Physical Protection:

Fire Alarm: None Local Monitoring ULC Certified (attach certificate)

Burglar Alarm: None Local Monitoring ULC Certified (attach certificate)

Extent of Protection: Perimeter Area

Details of physical protection (locks on doors, bars or windows) _____

Safe: No Yes – please describe _____

Number of Employees Handling Money: _____ Maximum cash on premises: _____

Coverage Required

DESCRIPTION	MINIMUM LIMITS	LIMIT REQUIRED
EQUIPMENT AND STOCK	\$10,000	
MISCELLANEOUS ARTICLES FLOATER	\$10,000	
CRIME	\$1,000	
EMPLOYEE DISHONESTY	\$5,000	

Comments

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* until accepted by Cambrian Special Risks* 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: (mm/dd/yr) _____

Brokerage: _____ **Broker Name:** _____
Telephone #: _____ **Fax #:** _____
Email: _____

Broker's Signature: _____

**Cambrian Special Risks is a division of Cambrian Insurance Brokers Limited*