

# Band *Sure* Insurance Program Application Form

**Name:** \_\_\_\_\_

**Mailing Location:** \_\_\_\_\_

**Additional Locations:** \_\_\_\_\_

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_ Ph# \_\_\_\_\_ Fax# \_\_\_\_\_

**Current Expiry Date:** \_\_\_\_\_ **Current Insurer:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

## **Policy Coverages**

**Contents:**

Contents \$30,000 or \_\_\_\_\_  
\$25,000 Transit Coverage  
\$25,000 Temporary Un-Named Location (or contents limits, whichever is less)  
Broad Form Coverage including replacement cost  
Deductible \$500.00

**Commercial General Liability**

\$2,000,000 or \_\_\_\_\_  
Premises & Operations                      Occurrence Property Damage  
Broad Form Property Damage              Extended Bodily Injury  
Personal Injury                                  Medical Payments \$10,000 per person  
Cross Liability                                    Non-Owned Auto Liability  
Legal Liability for Damage to Hired Autos  
Tenants Legal Liability \$500,000

**Additional Coverages Included in Policy**

\$25,000 Extra Expense  
\$25,000 EDP Equipment (Computers)  
\$ 5,000 Broad Form Money & Securities

**Optional Coverages**

**\$1,000,000 Directors' & Officers' Liability (Application Required)**

**Each Policy may be endorsed to accommodate specific insurance needs.**

**Please return completed application to:**

*Firstbrook Cassie & Anderson Ltd.  
1867 Yonge Street, Suite 300  
Toronto, ON M4S 1Y5*

*For More Information Please Contact Ian J. Smith  
Telephone (416) 486-1421 Toll Free (800) 267-0281 Fax (416) 486-7035*