

COMMERCIAL UMBRELLA LIABILITY INSURANCE APPLICATION

Completion of this form does not bind coverage. All questions should be answered completely.

1. Name and Address of Applicant

Name _____
 Address _____
 City _____ Province _____ Postal Code _____
 Description of Operations _____
 Annual Revenues _____ Annual Payroll _____ Number of Employees _____
 Internet Web-Site address _____

2. List all Subsidiary Companies

Name & Address	Description of Operations	Annual Revenues	Annual Payroll	No. Employees
(name)				
(address)				
(name)				
(address)				
(name)				
(address)				

3. Foreign Exposures

a) Any foreign operations/activities? If yes, provide details below: Yes No

Description of Operations	Annual Revenues	Annual Payroll	No. Employees

b) Any sales outside Canada? If yes, provide details below: Yes No

Description of Operations	Annual Revenues	Covered by underlying policy?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Limit of Liability

a) Limit of Umbrella Coverage requested? \$ _____
 b) Amount of Retention of Self Insured Exposures (Minimum \$10,000) \$ _____
 c) Name of prior Umbrella Insurer, Policy Number and Expiry date of policy: _____

5. Underlying Policies Coverages

a) Do the underlying policies provide the following coverages?

Personal Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee as Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blanket Contractual	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cross Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protective Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor Law Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Owned Automobile Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	World-wide Territory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Broad Form Property damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blasting, Pile, Driving, Underpinning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Products Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Benefit Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No

b) Do underlying policies contain any restrictive endorsements? If yes, please provide details. Yes No

6. Protective Liability

a) Are independent contractors ever used? Yes No

b) If yes, describe type of work they would be involved in: _____

c) Are certificates of liability insurance obtained from contractors? Yes No

d) Annual cost of sub-let work: \$ _____

7. Employers Liability

a) Is Works Compensation insurance carried? Yes No

b) Are employees exempted from Workers Compensation Insurance? Yes No

c) Do underlying policies cover Employer's Liability Yes No

8. Contractual Liability

Describe any contractual liability exposures assumed by the applicant: _____

9. Professional Liability

a) Medical: Does applicant operate a hospital, clinic or first aid facility? If yes, describe: Yes No

b) Does applicant provide any consulting services to others for a fee? If yes, describe: Yes No

10. Premises Occupied

a) List all premises occupied but not owned by the applicant with an estimated value in excess of \$10,000. If none, check

Locations & Occupancy	% Occupied	Estimated value	Limit of Tenant's Legal Liability carried

Is applicant held harmless by lessor for damage to the premises? Yes No

b) List all other property in the care, custody or control of applicant (example, leased automobiles, and ma electronic equipment leased machinery)

Type of Property	Location	Estimated Value	Amount of Insurance carried

11. Watercraft Liability

- a) Describe any watercraft owned or chartered by applicant and state whether owned or non-owned: _____

- b) Does applicant maintain a waterfront facility? If yes, describe: Yes No
- c) Do underlying policies listed cover these exposures? Yes No

12. Aviation Liability

- a) Number and type of owned, leased or chartered aircraft including seating capacity: _____
- b) Do any employees fly their own or other aircraft on applicant's business? If yes provide details: Yes No
- c) Does the applicant expect to own, lease or charter aircraft within the next 12 months? If yes, provide details: Yes No

13. Advertising Liability

- a) Describe all radio, television and publishing activities contemplated for the next 12 months: _____

- b) Are any unusual advertising activities such as contests, exhibitions etc. contemplated? if yes, provide details: Yes No
- c) Estimated annual advertising expenditure? Advertising agency \$ _____ Other? \$ _____
- d) Do underlying policies cover these exposures? Yes No
- e) If the applicant is under contract with an advertising agency, has the agency's policy been endorsed to include the Additional interest of the applicant? Yes No

14. Railroad Liability

Does applicant operate an industrial railroad? Yes No

15. Automobile Liability

(a) State number and type of all owned and leased vehicles:

	Private Passenger	Light Trucks	Heavy Trucks	Buses (# of seats)	Vans (# of seats)	Trailers
Owned						
Short term leased						
Long term leased						

- b) Do any vehicles ever go to the U.S.A.? If yes, provide details: Yes No
- c) Are any non-owned vehicles (other than leased) operated on behalf of applicants? If yes, provide details: Yes No
- d) Do underlying policies provide non-owned automobile coverages? Yes No

e) Are all owned or leased vehicles covered under the policies listed in question 15? if no, provide details: Yes No

16. Radioactive Materials

Do the applicant's operations involve the use of radioisotopes of any other radioactive materials? If yes, details: Yes No

17. Losses

List all liability losses paid or now reserved (whether or not insured) in amounts greater than \$10,000 in the past five years

Coverage	Date & Details of Accident	Paid	Reserved	No. of Claimants
	(mm/dd/yy)			
	(mm/dd/yy)			
	(mm/dd/yy)			
	(mm/dd/yy)			

Schedule of Underlying Insurance

Type	Policy Limits	Insurer	Policy #	Policy Period	Annual Premium
General Liability **					
Employee Benefits Liability					
Tenant's Legal Liability					
Owned Automobile (Liability premium only)					
Non-Owned Automobile					
Watercraft (i) Owned (ii) Non Owned					
Professional Liability (i) Medical (ii) Other					
Advertising Liability					
Any other liability policy (describe)					

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related service, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Date

Name/Title of Applicant

Broker

Signature of Applicant

** General Liability: State which of the following applies: (i) Occurrence _____
 (ii) Claims Made _____
 (iii) Single Aggregate _____
 (iv) Aggregate Products/Completed Ops. Only _____