

11. Policy period desired: From: _____ To: _____

12. Limit of Liability requested: (a) _____

(b) _____

PREVIOUS UMBRELLA INSURER

13. Name of Insurer: _____

14. Has any previous umbrella, CGL or auto insurer cancelled, declined or refused coverage in the past five years? YES NO

If yes, please explain: _____

DESCRIPTION OF EXPOSURES

15. Automobile Liability

(a) State the number of vehicles owned, leased and registered in the name of the Applicant (“location” refers to the jurisdiction in which the vehicle is primarily used):

Local is defined as within 80 km (50 miles).
 Short haul is defined as over 80 km to 400 km (50-250 miles).
 Long haul is defined as over 400 km (250 miles)

Type of Auto	Advise Radius of Operation in Kilometres	Location: Canada (excluding Manitoba, Saskatchewan and Quebec)	Location: Quebec, Manitoba, Saskatchewan	Location: USA
Private Passenger				
Light Trucks (gross vehicle weight of 4,500 kg or less)				
Medium Trucks (gross vehicle weight of 4,501 kg to 11,000 kg)	Local	_____	_____	_____
	Short haul	_____	_____	_____
	Long haul	_____	_____	_____
Heavy Trucks	Local	_____	_____	_____
	Short haul	_____	_____	_____
	Long haul	_____	_____	_____
Tractor Trailer Units	Local	_____	_____	_____
	Short haul	_____	_____	_____
	Long haul Canada	_____	_____	_____
	Long haul USA	_____	_____	_____
Buses (provide size and details on a separate sheet)	Local	_____	_____	_____
	Short haul	_____	_____	_____
	Long haul	_____	_____	_____

(b) Are flammable, explosive, toxic or hazardous materials hauled? YES NO

If yes, please explain: _____

(c) Any U.S. mileage or U.S. registered vehicles? YES NO

If yes, please describe: _____

16. Commercial General Liability (CGL)

(a) Describe specifically the Products and/or Completed Operations exposures and give revenues for each:

Product or Completed Operation	Anticipated Year	Current Year	Past Year

(b) Have any products or operations been discontinued (include for all past and present entities)? YES NO

If yes, please list the products and reasons: _____

(c) Are any products used or installed in any aircraft or missile? YES NO

If yes, please explain: _____

(d) Does the Applicant sell or distribute products manufactured outside of North America? YES NO

If yes, please specify the product, country of origin and quality control checks in place:

(e) Attach sales brochure or advertising material if available.

(f) List principal customers: _____

(g) List operations performed by subcontractors and state the percentage of total receipts:

(h) Is coverage for real property required? YES NO

If yes, please provide the applicable information below.

17. Non-owned Real Property – Tenants’ Legal Liability

List all leased real properties:

Location	Occupancy	Construction	Square Footage of Area Occupied

18. Aircraft and Watercraft

List and describe any owned, non-owned, leased or chartered aircraft or watercraft:

19. Workers’ Compensation

(a) Are all employees covered by workers’ compensation? YES NO

If no, please explain: _____

(b) If not, is Employer’s Liability provided for all those employees not covered by workers’ compensation? YES NO

20. Professional Liability

(a) Is there any professional or errors or omissions exposure? YES NO

If yes, please explain: _____

(b) Is there any incidental malpractice exposure? YES NO

If yes, is it covered by underlying policies? YES NO

21. Advertising Liability

(a) Is any advertising contemplated during the policy period? YES NO

If yes, please explain the type and state expenditure: _____

(b) Is an advertising agency used? YES NO

If yes, is the Applicant added to their policy as an additional insured? YES NO

22. Contractual Liability

Provide details of agreements in which the Applicant assumes the liability of others:

23. Railroad Operations

Provide details of any railroad owned, maintained or operated by the Applicant:

UNDERLYING INSURANCE

24.

Type	Insurer	Policy No.	Policy Period D/M/Y	Policy Limits Per Occurrence	Policy Limits - Aggregate	Annual Liability Premium
Auto						
CGL						
Non-owned Auto						
Employer's Liability						
Professional Liability						
Other (specify)						

25. Does the underlying CGL policy contain the following extensions or coverages:

Advertising Injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Forest Fire Fighting Expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blasting (by subs only <input type="checkbox"/>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Non-owned Automobile	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Broad Form Completed Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Occurrence Property Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Broad Form Products	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Personal Injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Broad Form Property Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Products/Completed Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Collapse (by subs only <input type="checkbox"/>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Professional Exclusion Deleted		
Contingent Employer's Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	or Amended	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contractual Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tenants' Legal Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Underpinning (by subs only <input type="checkbox"/>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employees as Additional Insureds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vendor's Endorsement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employer's Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Worldwide Territory (If yes, attach a copy of the endorsement)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Indicate any sublimit or limit different than the CGL occurrence limit: _____

Does the CGL listed above cover as Named Insureds all those listed in question 1 of this application? YES NO

26. Specify the type of CGL Aggregate (e.g., General Aggregate, aggregate applicable only to products/completed operations, policy aggregate, etc.):

27. Does any policy listed above contain:

(a) A deductible more than \$10,000? YES NO

(b) Any endorsement such as a warranty, exclusion or coverage not described in question 25? YES NO

If yes to (b) above, please provide a copy.

LOSS HISTORY

28. Describe all losses paid or reserved over \$10,000 occurring during the past five years:

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

It is understood and agreed that the completion of this Application does not bind the insurers to sell, nor does it obligate the Applicant to purchase the insurance.

Signature of Applicant

Date (dd/mm/yyyy)