



+ Umbrella / Excess Liability Application

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UMBRELLA / EXCESS LIABILITY APPLICATION

GENERAL INFORMATION

Broker: _____ Contact Person: _____ Phone: _____
 Name of Applicant(s) – including all subsidiaries: _____

 Is the Applicant(s) new to the broker: No Yes If no, how long have you known the Applicant: _____
 Mailing Address: _____ Postal Code: _____
 Risk Location Address: _____ Postal Code: _____
 Website (if applicable): _____ Number of Years in Business: _____
 Business Operations: _____
 Previous Insurer: _____
 Expiry Date: _____ Expiring Premium: _____
 Has any Insurer cancelled, declined or refused you coverage? No Yes If yes, please provide details: _____

 Limit of Liability
 (a) _____ In excess of underlying or retained limit
 (b) _____ Retained limit (self insured retention)

DESCRIPTION OF EXPOSURES

GENERAL LIABILITY

Please indicate which of the following extensions are included in the underlying policy:

Occurrence Property Damage	<input type="checkbox"/> No <input type="checkbox"/> Yes	Products / Completed Operations	<input type="checkbox"/> No <input type="checkbox"/> Yes
Broad Form Property Damage	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vendor's Endorsement	<input type="checkbox"/> No <input type="checkbox"/> Yes
Blanket Contractual Liability	<input type="checkbox"/> No <input type="checkbox"/> Yes	Employer's Liability	<input type="checkbox"/> No <input type="checkbox"/> Yes
Personal Injury	<input type="checkbox"/> No <input type="checkbox"/> Yes	Collapse	<input type="checkbox"/> No <input type="checkbox"/> Yes
Underpinning	<input type="checkbox"/> No <input type="checkbox"/> Yes	Contingent Employer's Liability	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employees as Additional Insureds	<input type="checkbox"/> No <input type="checkbox"/> Yes	Tenant's Legal Liability	<input type="checkbox"/> No <input type="checkbox"/> Yes
Forest Fire Fighting Expense	<input type="checkbox"/> No <input type="checkbox"/> Yes	Blasting	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employee Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	Liquor Liability	<input type="checkbox"/> No <input type="checkbox"/> Yes

Full description of operations - attach brochure(s) if any: _____

Area of operation: _____ Any operations outside of Canada? No Yes

If yes, where: _____

Total number of employees:	Full-time employees:	Part-time employees:
Actual gross revenues for the past 12 months: \$	Estimated gross revenue for the next 12 months: \$	
Actual payroll for the past 12 months: \$	Estimated payroll for the next 12 months: \$	

Breakdown of total revenue by operations:

Operations	Actual gross revenues for the past 12 months	Estimated gross revenue for the next 12 months	Canada %	USA %	Foreign %

Does the insured anticipate starting any new operations during the next 12 months? No Yes

If yes, please provide details:

Are all locations and operations to be covered No Yes

Are any products used or installed in any aircraft or missile? No Yes

If yes, please provide details:

AUTOMOBILE LIABILITY

State the number of units owned and leased and registered in the name of the applicant

Private Passenger	Light Trucks	Heavy Trucks	
Tractors	Trailers	Buses	Seating Capacity
Are flammables, explosives or toxic materials hauled? <input type="checkbox"/> No <input type="checkbox"/> Yes			

If yes, please explain:

Are any units engaged in long haul (over 100 miles) No Yes

If yes, please explain and state number of units:

In which Province(s) are vehicles primarily garaged?

NON-OWNED PROPERTY – CARE, CUSTODY AND CONTROL

List all leased real properties

Location	Occupancy	Estimated Value

List all other property in the care, custody or control of the Applicant (include such property as electronic equipment, leased automobiles machinery, material on consignment, under bailment, property stored etc)

Location	Occupancy	Estimated Value

AIRCRAFT AND WATERCRAFT

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

WORKER’S COMPENSATION

Are all employees covered by Worker’s Compensation Board? No Yes

If no, please explain:

If not, is Employer’s Liability carried on those employees not covered by Worker’s Compensation Board? No Yes

PROFESSIONAL LIABILITY

Is there any incidental malpractice exposure? No Yes

If yes, is it covered by underlying policies:

Is there any professional or errors or omissions exposure? No Yes

If yes, please explain:

ADVERTISING LIABILITY

Is any advertising contemplated during the policy term? No Yes

If yes, explain type and state expenditure:

CONTRACTUAL LIABILITY

Give details of agreements in which the applicant assumes the liability of others:

RAILROAD OPERATIONS

Give details of any Railroad owned, maintained or operated by applicant:

UNDERLYING INSURANCE

Type	Carrier	Policy No.	Policy Period	Policy Limits	Annual Premium
Auto					
CGL					
NOA					
Employers Liab.					
Professional Liab.					
Advertising Liab.					
Contractual Liab.					
TLL					
Other N.O. Property					

Does any Policy listed above contain:

A Deductible No Yes

A reduced limit of liability for any exposure No Yes

A territorial restriction (ie. US Products) No Yes

If yes to any of the above, please provide details:

MISCELLANEOUS INFORMATION (Please provide any additional information – where the space provided was insufficient)

CLAIMS INFORMATION – LIABILITY

Describe any insured and uninsured losses having occurred in the past 5 years – including incidents that have not been reported yet and may result in a claim (include only those losses which exceed \$10,000). Please provide a description, date and amount of loss:

1. _____
2. _____
3. _____
4. _____
5. _____

DECLARATION AND SIGNATURE

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____ Full Name: _____

Position: _____ Date: _____