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## EXCESS AND UMBRELLA LIABILITY INSURANCE APPLICATION

1. Name of Applicant \_\_\_\_\_  
 Address of Applicant \_\_\_\_\_  
 \_\_\_\_\_

Description of Operations	Annual Payroll	Annual Sales	Number of Employees

- a) How many years has the Applicant been in the business stated? \_\_\_\_\_  
 b) What is the Applicant's total number of years of experience in the business stated? \_\_\_\_\_

2. **List all Subsidiary Companies** (if insufficient space, attach a separate list)

Name and Address of Company	Description of Operations	Annual Payroll	Annual Sales	Number of Employees

3. Are all companies listed above to be covered by this insurance?  Yes  No  
 If no, explain: \_\_\_\_\_

4. Does the Applicant or do the Subsidiary Companies have any operations or sales outside of Canada?  Yes  No  
 If yes, explain: \_\_\_\_\_

5. **Products / Completed Operations**

- A. Describe products manufactured, sold, handled or distributed and give estimated annual revenue for each class. *Record separately all aviation, automotive or marine products). Attach brochures if available.*

<u>Product</u>	<u>Annual Revenue</u>		
Canada _____	U.S.A. _____	Other _____ <small style="margin-left: 20px;">Specify Other</small>	
Canada _____	U.S.A. _____	Other _____ <small style="margin-left: 20px;">Specify Other</small>	
Canada _____	U.S.A. _____	Other _____ <small style="margin-left: 20px;">Specify Other</small>	
Canada _____	U.S.A. _____	Other _____ <small style="margin-left: 20px;">Specify Other</small>	

B. If completed operations exposure exists describe below

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6. **Limit of Liability**

What limit is desired for umbrella contract? \_\_\_\_\_

What self-insured retention limit? \_\_\_\_\_

What limit is desired for excess contract? \_\_\_\_\_

7. List all claims paid or outstanding (whether or not insured) in amounts greater than \$10,000 during the past **five years**.

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8. **Schedule of Primary Policies**

Policy No.	Insurer(s)	Coverage	Limits	Expiry Date

Do these policies cover all companies listed in Question 2?  Yes  No

If no, explain

9. Do the primary policies afford the following coverages?

A. Product Liability  Yes  No I. Occurrence Property Damage  Yes  No

B. Blanket Contractual (Reporting)  Yes  No J. Broad Form P.D.  Yes  No

C. Blanket Contractual (Non-reporting)  Yes  No K. Personal Injury  Yes  No

D. Protective Liability  Yes  No L. Employee Benefit Liability  Yes  No

E. Non-Owned Automobile Liability  Yes  No M. Liquor Law Liability  Yes  No

F. Malpractice Liability  Yes  No N. Damage to Underground Property  Yes  No

G. Employees as Insureds  Yes  No O. Blasting, Pile Driving, Under-pinning  Yes  No

H. Cross Liability  Yes  No P. World-wide Territory with no Restrictions  Yes  No

10. A. Does any policy listed above contain a deductible or provide a reduced limit of liability for any exposure?  Yes  No

If yes, explain \_\_\_\_\_

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B. Any special coverage beyond that given in a bureau or standard form?  Yes  No

If yes, what is nature of special coverage?

C. Give details of any special exclusions other than those in the printed form itself.

\_\_\_\_\_

\_\_\_\_\_

D. Does the primary General Liability policy exclude punitive damages or restrict coverage to compensatory damages?  Yes  No

11. **Malpractice Liability**

Does the applicant operate a hospital or first aid facility?  Yes  No

If yes, describe facilities \_\_\_\_\_

12. **Automobile Liability**

A. State number of all owned / leased vehicles

- Private Passenger \_\_\_\_\_
- Light Trucks \_\_\_\_\_
- Heavy Trucks \_\_\_\_\_
- Buses (# of seats on each) \_\_\_\_\_
- Tankers \_\_\_\_\_
- Tractors \_\_\_\_\_
- Trailers \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

**Total** \_\_\_\_\_

B. Any inflammable, caustic or explosive substances carried?  Yes  No

If yes, describe fully \_\_\_\_\_

C. Any long haul operations?  Yes  No

If yes, radius of operations & # of units involved \_\_\_\_\_

D. Are all owned / leased vehicles covered under the automobile policies listed in Question 8?  Yes  No

If no, explain \_\_\_\_\_

13. List all premises occupied, but not owned, by the applicant with a value in excess of \$10,000  None

	Location & Description <small>(factory, warehouse, office, etc.)</small>	% Occupied	Est. Value	TLL Limit
A.				
B.				
C.				

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

If yes, to what extent?

14. List all other property of others in the care, custody or control of the applicant with an aggregate value in excess of \$10,000. Include such property as data processing equipment, leased automobiles, leased watercraft, leased machinery, material on consignment, property stored, etc. If none, indicate  None

	Description of Property	How Insured?	Value
A.			
B.			
C.			

15. **Watercraft Liability**

- A. Describe fully any watercraft owned or chartered by applicant and state whether owned or non-owned.  
 \_\_\_\_\_  Owned  Non-Owned  
 \_\_\_\_\_  Owned  Non-Owned
- B. Does the applicant maintain a waterfront facility?  Yes  No  
 If yes, describe fully \_\_\_\_\_
- C. Do underlying policies listed cover these exposures?  Yes  No

16. **Contractual Liability**

Describe contractual liability assumed at present \_\_\_\_\_

17. **Aviation Liability**

- A. Number and type of owned, leased or chartered aircraft. Include seating capacity. State owned / non-owned  
 \_\_\_\_\_
- B. Do any employees fly their own or other aircraft on applicant's business?  Yes  No  
 If yes, how many? \_\_\_\_\_
- C. Does the applicant expect to own, lease or charter aircraft within the next twelve months?  Yes  No  
 If yes, give details \_\_\_\_\_
- D. Do underlying policies listed cover these exposures?  Yes  No  
 If yes, is passenger liability included?  Yes  No

18. **Employer's Liability**

- A. Are all employees covered by workers' compensation insurance?  Yes  No  
 If no, note exceptions \_\_\_\_\_
- B. Is Employers' Liability insurance for all employees *not covered* by workers' compensation?  Yes  No  
 If no, note exceptions \_\_\_\_\_
- C. Is contingent employers' liability insurance carried for all employees covered by workers' compensation insurance?  Yes  No  
 If no, note exceptions \_\_\_\_\_

19. **Advertising Liability**

A. Describe all radio, television and publishing activities contemplated for the next 12 months.

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B. Are any unusual advertising activities such as contests, exhibits, etc. contemplated?  Yes  No

If yes, describe \_\_\_\_\_

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C. Estimated annual advertising expenditure Advertising Agency \_\_\_\_\_

Other \_\_\_\_\_

D. Do underlying policies listed 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

20. Do the applicant's operations involve the use of radioisotopes or any other radioactive materials?  Yes  No

If yes, give details \_\_\_\_\_

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Do the underlying policies listed cover these exposures?  Yes  No

21. **Railroad Liability**

A. Does the applicant operate an industrial railroad?  Yes  No

If yes, describe fully giving mileage, types and number owned rolling stock, number of grade crossings protection, average number of non-owned rolling stock handled per week.

B. Do locomotives owned by applicant ever operate on the mainline of a railroad?  Yes  No

If yes, describe fully

C. Do underlying policies listed cover these exposures?  Yes  No

If no, note exceptions

If this application form was completed by the broker, indicate the name and title of the individual in the applicant's organization who supplied the information.

Name \_\_\_\_\_ Title \_\_\_\_\_

Completion of this application does not bind the company to provide the insurance. It is agreed, however, that this application shall form the basis of the contract, should the policy be issued by the Company.

I declare that to the best of my knowledge and belief, all of the foregoing statements are true and that these statements are the declarations upon which an insurance policy may be issued.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Broker \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Please Note:**

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 insurer to assess, underwrite and price insurance products and related services, 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. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.