

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
 T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
 T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

APPLICATION – UMBRELLA LIABILITY INSURANCE

Name of Applicant: _____

Address of Applicant: Street _____
 (Mailing address) City _____
 Province _____ Postal code _____

Include Applicant's Website and/or email (if applicable): _____

1. FULL DESCRIPTION OF ALL OPERATIONS

2. LIST OF ALL SUBSIDIARY AND AFFILIATED COMPANIES:

NAME OF COMPANY	DESCRIPTION OF OPERATIONS/PRODUCTS:	COUNTRY	ANNUAL GROSS REVENUE:
			\$
			\$
			\$
			\$

3. LENGTH OF TIME IN BUSINESS

4. ARE ALL COMPANIES TO BE COVERED BY THIS INSURANCE?

Yes No If No, explain: _____

5. REVENUES/RECEIPTS:

REVENUES/RECEIPTS:	CURRENT YEAR	ONE YEAR PRIOR	TWO YEAR'S PRIOR	THREE YEAR'S PRIOR
Canada	\$	\$	\$	\$
U.S.A.	\$	\$	\$	\$
Foreign	\$	\$	\$	\$
Total	\$	\$	\$	\$

6. LIMIT OF LIABILITY:

What limit is required? \$ _____ Self-insured retention amount required \$ _____

7. LIST ALL THIRD PARTY CLAIMS PAID OR OUTSTANDING DURING THE PAST FIVE YEARS

(Attach separate sheet if required):

DATE	DESCRIPTION	PAID	OUTSTANDING	EXPENSE	Status
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

8. AUTOMOBILE LIABILITY:

(a) State the number of owned/leased vehicles for each class listed below:

Private Passenger: _____

Light Commercial: _____

Heavy Trucks: _____

Tractors: _____

Trailers: _____

Buses _____

(please state the number of seats for each):

Total: _____

(b) Any inflammable, caustic or explosive substances carried? Yes No If Yes, please specify:

(c) Any Long Haul operations? Yes No If Yes please specify and include any fuel tax reports (where applicable):

9. AVIATION:

(a) Number and type of owned aircraft including seating capacity: _____

(b) Number and type of non owned aircraft including seating capacity: _____

(c) Any aircraft chartered with crew? Yes No If Yes, please specify: _____

(d) Does the Applicant ever use or operate any premises of any type for the purpose of an aircraft landing area? Yes No

If Yes, please specify: _____

(e) Please provide details of any underlying aviation policy: _____

10. WATERCRAFT LIABILITY:

Describe fully any watercraft owned or chartered by Applicant and state whether owned or non-owned:

Does underlying policy provide coverage for the above? Yes No

11. RAILROAD LIABILITY:

Does Applicant operate a railroad, spur line or side track? Yes No If Yes, please specify: _____

12. NUCLEAR LIABILITY:

Does the Applicant's operations involve the use of radioisotopes, or any other radioactive materials? Yes No

If Yes, please specify:

13. ADVERTISING INJURY:

(a) Describe all radio, television, internet and publishing activities contemplated for the next twelve months:

(b) What is the Applicant's advertising spend for the next twelve months \$ _____

(c) Does the Applicant have a contract with an Advertising agency? Yes No

If Yes, will they provide insurance to protect the Applicant's interest? Yes No If Yes, please specify:

14. EMPLOYERS LIABILITY:

Payroll: \$ _____ Employee count: # _____

(a) Are all employees covered by Workmen's Compensation Insurance? Yes No If No, please specify:

(b) Is Employer's Liability carried for all employees not covered by Workmen's Compensation Insurance? Yes No

If NO, please specify: _____

(c) Is Contingent Employer's Liability carried for all employees covered by Workmen's Compensation Insurance? Yes No

If No, please specify: _____

15. CONTRACTUAL LIABILITY:

Please state any unusual contractual obligations which the Applicant has entered into or any situation where the Applicant has agreed to assume another's obligations: None If other, please specify:

16. CARE, CUSTODY OR CONTROL:

List all premises occupied but not owned by the Applicant with an estimated value in excess of \$10,000.

17. PROFESSIONAL LIABILITY:

Please state if any of the following exposures exist: Please specify in detail if Yes:

(a) Hospital, clinic or first aid facility? Yes No _____

(b) Is individual liability of employed doctors or nurses covered? Yes No _____

(c) Does Applicant provide any consulting services to others for a fee? Yes No _____

(d) Does underlying policy cover any professional activities listed above? Yes No If No, please specify:

18. PROTECTIVE LIABILITY:

(a) Are independent contractors employed? Yes No

(b) Are Certificates of Insurance requested from independent contractors? Yes No If Yes, what limit?

(c) Please state the annual cost of work performed by independent contractors: _____

19. DOES THE PRIMARY POLICIES (EXCLUDING AUTO) PROVIDE COVERAGE FOR THE FOLLOWING:

	YES	NO		YES	NO
Products Liability	<input type="checkbox"/>	<input type="checkbox"/>	Broad Form Completed Operations	<input type="checkbox"/>	<input type="checkbox"/>
General Aggregate	<input type="checkbox"/>	<input type="checkbox"/>	Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>
Defence cost in addition to limit	<input type="checkbox"/>	<input type="checkbox"/>	XCU Hazards	<input type="checkbox"/>	<input type="checkbox"/>
Non owned automobile	<input type="checkbox"/>	<input type="checkbox"/>	Tenants Legal	<input type="checkbox"/>	<input type="checkbox"/>
Employees as Insureds	<input type="checkbox"/>	<input type="checkbox"/>	World Wide Territory	<input type="checkbox"/>	<input type="checkbox"/>
Cross Liability	<input type="checkbox"/>	<input type="checkbox"/>	Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>
Occurrence PD	<input type="checkbox"/>	<input type="checkbox"/>	Forest Fire Fighting Expense	<input type="checkbox"/>	<input type="checkbox"/>
Personal Injury	<input type="checkbox"/>	<input type="checkbox"/>	Pollution Liability	<input type="checkbox"/>	<input type="checkbox"/>
Broad Form PD	<input type="checkbox"/>	<input type="checkbox"/>	Punitive Damages	<input type="checkbox"/>	<input type="checkbox"/>

20. SCHEDULE OF UNDERLYING INSURANCE:

COVERAGE	INSURER	POLICY PERIOD	LIMITS	GENERAL AGGREGATE (IF APPLICABLE)	POLICY NUMBER	ANNUAL PREMIUM

21. EXISTING UMBRELLA COVERAGE:

(a) Insurer: _____

(b) Limit: _____

(c) Expiry Date: _____

(d) Premium: _____

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____



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