

# COMMERCIAL UMBRELLA LIABILITY APPLICATION



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DATE: 

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Broker

\_\_\_\_\_ AMF Broker Number

\_\_\_\_\_

Name of Applicant

\_\_\_\_\_

Name(s) of Principal(s)

\_\_\_\_\_

Website Address

\_\_\_\_\_ Contact Phone Number

Contact Name (for inspections)

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

Main Location of Operations

\_\_\_\_\_

Period of time Applicant has been in Business

**N.B. If additional space is needed to answer any questions, please use the blank page included with this form on page 9.**

**List Canadian and U.S.A. Companies and subsidiaries to be covered and describe activities of each:**

Name of Company	Address	Annual Gross Payroll	Annual Revenue	Number of Employees	Activities

**List any Companies or Operations for which coverage is not desired:**

\_\_\_\_\_

Describe all foreign operations to be covered and give the following specific details:

Name of Company	Country	Annual Gross Payroll (\$CAD)	Annual Revenue (\$CAD)	Number of Employees	Description of Operations

**Products - Completed Operations Liability**

Past sales/revenues (last 3 years)

Year	Canada (\$CAD)	U.S.A. (\$CAD)	Other (\$CAD)

Have any Products been discontinued and/or recalled in the past 5 years?  Yes  No

If Yes, describe

**Underlying Primary Policies Schedule (Canada, U.S.A., Foreign) - identify all policies with General Aggregate limit.**

Type of Policy	Limit	Policy Number	Insurer	Policy Period	Annual Premium
<b>General Liability</b>					
B.I./P.D.					
Aggregate					
<b>Products Liability</b>					
B.I./P.D.					
Aggregate					
<b>Automobile Liability</b>					
B.I./P.D.					
<b>Worker's Compensation</b>					
Employer's Liability					
<b>If U.S. Operations:</b>					
Admiralty or Jones Act					
Federal Railroad Employees Act					
Longshoremen's & Harbor Act					
<b>Aircraft - Owned</b>					
B.I.					
P.D.					
Passenger Hazard					
<b>Aircraft - Non-Owned</b>					
B.I.					
P.D.					
Passenger Hazard					
<b>Watercraft - Owned</b>					
<b>-Non-owned</b>					
<b>Charterer's Liability</b>					
<b>Professional/ Malpractice Liability</b>					
<b>Any other Liability (specify):</b>					

**Does Your General Liability Policy cover the following exposures:**

- |                                  |                              |                             |                                 |                              |                             |
|----------------------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| Occurrence Property Damage       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fire Fighting Expense           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Injury                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Liquor Law Liability            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Advertising Liability            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employee Benefits Liability     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employers Liability              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Professional Liability          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Broad Form Property Damage       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | XCU Hazards                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blanket Contractual              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Worldwide Territory             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tenants Legal Liability          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Non-Owned Automobile            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employees as Additional Insureds | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sudden and Accidental Pollution | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are **all** of the above covered for the full General Liability policy Limit?  Yes  No

If No, state the coverage(s) and the limit(s) carried:

Is your General Liability policy coverage restricted to compensatory damages or excludes punitive damages?  Yes  No

List deductible amounts, if any, shown in your underlying policies:

Give details of any special or unusual exclusions/restrictions contained in your underlying policies:

Does your General Liability policy contain any annual aggregate on any coverage other than Products/Completed Operations?  Yes  No

If Yes, please specify:

**Contractual Liability**

Describe any Contractual Liability exposure including sole negligence agreements (insured or not insured) under underlying policies which are other than the following types of written agreements: Lease of Premises, Easement Agreement, Agreement required by Municipal Ordinance, Sidetrack Agreement, or Elevator and Escalator Maintenance Agreement.

**If Applicant is involved in any Joint Ventures, supply brief details and confirm fully covered under primary insurance.**

**Owners or Contractors Protective Liability**

Are Independent Contractors Employed?  Yes  No

If Yes, give details:

Are Applicant's employees engaged in new construction or demolition work?  Yes  No

If Yes, describe locations and operations:

Do underlying policies listed on page 3 cover these exposures without exception?  Yes  No

If No, please explain:

**Products - Completed Operations Liability**

List by classification, all products manufactured, sold, handled or distributed by the Applicant.

Products or Related Groups of Products (attach Brochures)	Annual Revenue (\$CAD)		
	Canada	U.S.A.	Other

What portion of Sales is derived from repair, installation, servicing or other operations away from the premises of the Applicant  Percentage

If any, please provide a brief description of such operations:

Do underlying policies listed on page 3 cover these exposures without exception?  Yes  No

If No, please explain:

**Automobile Liability**

	Number of Units	Average Annual Mileage (Km)	% Travel <100KM	% Travel 100km - 250km	% Travel > 250km	% of Travel to USA
Private Passenger						
Commercial						
Trucks						
Tractors						
Trailers						
Tankers						
Vans, Pick-ups, etc						
Other (describe)						

Give details of any automobiles engaged in the transportation of volatile, caustic or explosive substances:

Do underlying policies listed on page 3 cover these exposures without exception?  Yes  No

If No, please explain:

Does the Automobile policy listed on page 3 include a Blanket Fleet Endorsement?  Yes  No

**Watercraft Liability**

Type	# Owned	# Leased	# Chartered

Please provide details of area of operation and purpose used:

Does Applicant maintain a crew or waterfront facility?  Yes  No

If Yes, give details:

Do underlying policies listed on page 3 cover these exposures without exception?  Yes  No

If No, please explain:

**Aircraft Liability**

Type	# Owned	#Rented	# Borrowed	# Leased	#Chartered	Average hours flown annually

Number of known pilots among officers and employees who fly on company business:

Is there a policy in force with regard to use of aircraft by employees?  Yes  No

Is any aircraft used for other than non-commercial transportation of people?  Yes  No

**Railroad Liability**

Does the applicant operate a railroad:  Yes  No

If Yes, give details:

**Advertising Liability**

Method of Advertising	Annual Expenditure

Is an advertising agency used?  Yes  No

**Employers Liability**

Worker's Compensation Classification	Number of Employees

**Professional Liability (other than Incidental Medical Malpractice)**

Do you carry Professional Liability Insurance?  Yes  No

If yes, attach a copy of application, primary policy and any endorsements.

**Malpractice Liability**

Does Applicant operate a hospital or first aid facility?  Yes  No

If Yes, give details:

Number of Doctors employed:  Full-time  Part-time

Number of Nurses employed:  Full-time  Part-time

Do underlying policies listed on page 3 cover these exposures without exception?  Yes  No

If No, give details:

**Care, Custody and Control**

List all **leased** premises in applicants Care, Custody or Control with total values insured over \$25,000

Location	Occupancy	Estimated Value	Is Liability Assumed?

List any **other** property in applicants Care, Custody or Control with values over \$25,000 (i.e. leased equipment, property stored, rolling stock)

Location	Occupancy	Estimated Value	Is Liability Assumed?

**Nuclear Exposure**

Describe activities involving operations requiring licensing by the Atomic Energy Control Board or any other nuclear energy activity.

**Loss Experience**

Give details of all third party losses, insured or not, exceeding \$10,000, incurred in the past 5 years:

Description of Accident	Date	Amount Paid		Amount Outstanding		# of Claimants
		B.I.	P.D.	B.I.	P.D.	

**Current Umbrella Policy**

Insurer: \_\_\_\_\_

Limit: \_\_\_\_\_ Expiry Date                   Premium: \_\_\_\_\_

Please show limits and self-insured retention to be quoted: \_\_\_\_\_

Has any Insurer cancelled, or declined to renew any form of liability insurance for the Applicant?  Yes  No

If Yes, please give details:



**Additional Information related to Application**

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 any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:

- a) gives false or erroneous information to the prejudice of the Insurer, or
b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

2. The Insured contravenes a term of the Contract or commits a fraud; or

3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Request: (applicable to New Brunswick applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les résidents du Nouveau-Brunswick seulement):

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

Our Privacy Policy and Commitment to Protecting Your Privacy

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
• Assess your application for insurance including underwriting and pricing your policies.
• Evaluate claims.
• Detect and prevent fraud.
• Analyze business results.
• Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

Print Name and Title

Signature of Applicant or Authorized Representative

We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, at

201-339 Westney Rd. S.
Ajax, Ontario
L1S 7J6
Tel: 905-428-1269
Fax: 905-428-3977

DATE: [D][D][M][M][Y][Y]

Broker Survey

(Questions to be answered by the Broker)

1. Do you know the Applicant personally?  Yes  No  
If Yes, for how long?

2. Did you receive the order direct from the Applicant?  Yes  No  
If No, from whom and why?

3. Do you handle other Insurance for the Applicant?  Yes  No  
If Yes, which coverages.

4. Do you recommend this risk in every respect?  Yes  No  
If No, please explain

5. Is this risk a renewal to your office?  Yes  No  
If Yes, how long have you placed the risk?

6. Are you licensed broker in the province wher the risk is located?  Yes  No

DATE: 

D	D	M	M	Y	Y
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Broker's Signature \_\_\_\_\_