

PERSONAL UMBRELLA LIABILITY APPLICATION

Applicant's Name: Address:						Brok Brok	er: er Cod	e:			
Policy Period: to	(1	12:01 AM)									
Limit of Coverage:				Payment plan:							
\$1,000,000 \$2,000,000				Broker Bill							
\$3,000,000		\$4,000,000									
\$5,000,000			Econopay (attach authorization)								
Schedule of Primary (Ui	nderlyin	g) Policies:									
				Policy				Policy Period			
Туре		Insurer		Number		Limits		Fr	From To		
Personal Liability											
Auto Liability, including											
SEF/OPCF No. \$\$ Family											
Protection (see notes belo	wc										
under Risk Details)											
Watercraft Liability											
(see notes below under Ris	sk										
Details)											
Details of Residences Lo											
outside Canada- indicate:		1.		1.			1.	1.			1.
1. Type:											
Location:		2.		2.			2.		2.		2.
2. Type:											
Location:	`										
Other Liability (Describe):										
Warranty: It is warran underlying limit of \$1,000		automobile liabili		ge ir	ncluding	SEF/				-	
Motorough Datalla of	-11				.11			19	- 1 - / · C		
Watercraft- Details of	all wate	ercraft owned, n	irea, or	regu	liariy u	sea i	by tne	applica	nt: (if m	ore space	e needed please
attach an additional page)	D	rovince of									
Description	-	Registration		Waters Navigated		d Len		gth Horse		epower/ kws	
	110								+		
Loss and Policy Histor	у										
Previous <i>claims</i> in the pa		ars? Yes,	No Des	scrib	oe:						
Previous Insurer: Policy #:											
Has any insurer cancelle	d, declir	ned or refused to	renew	Com			urance	to the	Applicar	nt withir	n the past 5
years? Yes, No		-									
Sunnorting Rusiness: Po	licy #·			(`omnan	١٧٠.					



If the Underlying Automobile is not insured with a member company of the Economical Group, indicate for all Drivers:		Number of vehicles owned, leased or regularly used by the applicant:					
Name	License #	Automobile:					
	(Province)						
		Motorcycle:					
		Recreational Vehicles- All Terrain Vehicles:					
		Recreational Vehicles- Motor Homes:					
		Recreational Vehicles- Motorized Snow					
		Vehicles:					
		Recreational Vehicles- Other (describe)					

Premium Calculation

Note: Rating is to include all exposure present in the insured's household, i.e: the spouse and all persons under 21 in their care should also be considered as applicants for the umbrella coverage.

Basic Premium: (Limit \$1,000,000; Retained Limit \$250)

Includes

- 2 residences, owned or occupied by the applicant
- Incidental office in the residence, owned or occupied by the applicant
- Watercraft owned, hired or operated by the applicant, maximum length 30 feet, maximum horsepower 50 (39 kw)
- 2 automobiles (excluding motorcycles) owned, leased or regularly used by the applicant
- 1 recreational vehicle (excluding motorcycles) owned, leased or regularly used by the applicant
- Additional protection provided but not covered by the underlying policies

Additional Charges	Quantity		Rate (each unit)	\$
Additional residence or location		@		
Additional watercraft (maximum 30 ft in length)				
With motors totalling 51 hp to 100 hp		@		
With motors totalling over 100 hp		@		
Note: If more than one power unit is used to prop all units combined	el the watercra	ft, the rate	is based upon the tot	al horsepower of
Additional watercraft (over 30 ft in length) with		@		
or without motors				
Additional recreational vehicles (excluding		@		
motorcycles)				
Motorcycles owned or leased by the applicant		@		
Hobby farm at principal residence		@		
Home run business at principal residence		@		
Increase Limits:		Subtotal (a): \$ x Factor=	=
Credit for \$2,000,000 underlying limits: (all underlying p	oolicies)		less	
			Final Premium:	

Signatures

Consumers and previous insurer reports containing personal, credit, factual, investigative, driving record or previous claim and loss information about the applicant may be sought in connection with this application for insurance or a 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 answers in all parts of this application are correct to the best of my knowledge and belief.

1-888-634-8769

FAX

TOLL FREE CLAIMS

