

SECTION 1: APPLICANT INFORMATION

- Name of Applicant (including subsidiaries): _____
- Principal: _____
- Mailing Address of Applicant: _____
- Risk Location (Legal Address): _____
- Business Phone: _____ Residence Phone: _____ Cell Phone: _____
- Email: _____ Fax: _____ Website: _____
- Loss Payee & Address: _____
- Additional Insured & Address: _____

SECTION 2: UNDERWRITING INFORMATION

- Company Structure: Individual Corporation Partnership Other: _____
- Please describe company's operations: _____

Are any operations conducted outside of Canada? Yes No

If **yes**, please describe: _____

- Number of Years the Company has been in Business: _____
- What are your sales/revenues estimated for this year?
Canada: _____ US: _____ Foreign: _____

Past Sales/Revenues (last 3 years):

Year	Canada	US	Foreign

5. PRODUCTS AND/OR OPERATIONS

Please describe products manufactured, sold, handled or distributed, along with estimated annual sales for each product per country:

Products or Related Groups of Products (attach brochure)	Annual Revenue		
	Canada	US	Other

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

If yes, please describe: _____

6. Are all companies listed, to be covered by this insurance? Yes No

If no, please explain: _____

7. SCHEDULE OF UNDERLYING INSURANCE

Please list all policies to be excess of:

Insurer	Policy #	Policy Period	Type of Policy	Limits	Annual Premium

8. Does the underlying CGL policy contain a "general aggregate" limit for products/completed operations losses? Yes No

If yes, please list both the per occurrence limit and the general aggregate limit: _____

9. Does your primary CGL policy cover the following exposures?

Products	<input type="radio"/> Yes <input type="radio"/> No	Employees as Insured	<input type="radio"/> Yes <input type="radio"/> No
Personal Injury	<input type="radio"/> Yes <input type="radio"/> No	Occurrence PD	<input type="radio"/> Yes <input type="radio"/> No
Advertising	<input type="radio"/> Yes <input type="radio"/> No	Tenants Legal Liability	<input type="radio"/> Yes <input type="radio"/> No
Protective	<input type="radio"/> Yes <input type="radio"/> No	Non-owned Auto	<input type="radio"/> Yes <input type="radio"/> No
Blanket Contractual	<input type="radio"/> Yes <input type="radio"/> No	Non-owned Aircraft	<input type="radio"/> Yes <input type="radio"/> No
Employee Benefits Liability	<input type="radio"/> Yes <input type="radio"/> No	Watercraft	<input type="radio"/> Yes <input type="radio"/> No
Professional/E&O	<input type="radio"/> Yes <input type="radio"/> No	Liquor Liability	<input type="radio"/> Yes <input type="radio"/> No
XCU Hazards	<input type="radio"/> Yes <input type="radio"/> No	Employers Liability	<input type="radio"/> Yes <input type="radio"/> No
Worldwide Coverage	<input type="radio"/> Yes <input type="radio"/> No	Forest Fire Fighting Expense	<input type="radio"/> Yes <input type="radio"/> No
Pollution Exclusion, specify: _____	<input type="radio"/> Yes <input type="radio"/> No	Broad Form PD	<input type="radio"/> Yes <input type="radio"/> No
Pollution: Absolute, S&A, Hostile Fire,	<input type="radio"/> Yes <input type="radio"/> No	Defense Cost Exclusive	<input type="radio"/> Yes <input type="radio"/> No

etc., describe: _____



10. Does your policy coverage restrict cover to compensatory damages? Yes No

11. Does your policy have a sub-limit on any coverages? Yes No

If yes, please describe: _____

12. Is any coverage on the underlying policy(ies) subject to a deductible? Yes No

If yes, please describe: _____

13. Please provide details of any special or unusual exclusions/restrictions in your primary policy:

14. AUTOMOBILE LIABILITY

Please state the number and type of owned and/or leased automobiles:

Private Passenger: _____ Light Commercial: _____ Heavy Commercial: _____

Tractors: _____ Trailers: _____ Tankers: _____

If any of the above are engaged in the following, please state the number and type:

- Long Haul (over 400 km/250 miles) Operations: _____
- Operating into the US: _____
- Transportation of Explosives, Munitions, Corrosives, Liquefied Petroleum Gasses (including Butane or Propane), Radioactive Materials, or other Hazardous Commodities: _____
- Transportation of Gasoline and/or Fuel Oil: _____
- Transportation of Fuel Oil only: _____

Do underlying policies cover all these exposures? Yes No

If no, please advise exceptions: _____

15. WATERCRAFT LIABILITY

Please state each type of watercraft, the total number of each, their use and whether they are owned, leased or chartered:

1	Watercraft Type: _____ Total Number: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Chartered Use: _____
2	Watercraft Type: _____ Total Number: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Chartered Use: _____
3	Watercraft Type: _____ Total Number: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Chartered Use: _____



Do underlying policies cover all these exposures? Yes No

If no, please advise exceptions: _____

16. RAILWAY LIABILITY

Does the Applicant operate an industrial railway? Yes No

If yes, please provide the length of track (in kms): _____

If yes, please also provide the following details:

Type of Rolling Stock	Quantity Owned

Number of Crossings with Warning Devices: _____

Average Weekly Quantity of Non-Owned Rolling Stocks: _____

Do locomotives owned by the Applicant operate on a mainline of a railroad? Yes No

If yes, please describe in detail: _____

Do underlying policies cover all these exposures? Yes No

If no, please advise exceptions: _____

17. AVIATION LIABILITY

Does the Applicant expect to own, lease or charter aircraft within the next twelve (12) months? Yes No

If yes, please provide details: _____

Are there any of the Insured's products used in any type of aircraft? Yes No

18. ADVERTISING LIABILITY

Please describe all radio, television and publishing activities contemplated for the next twelve (12) months:

Are there any unusual advertising activities, such as contests, exhibits, etc? Yes No

If yes, please describe: _____

Estimated Annual Advertising Expenditure: Advertising Agency: _____ Others: _____

To what extent do underlying policies listed cover these exposures? _____

If the Applicant is under contract with advertising agencies, have agencies' policies been endorsed to include the additional interest of the Applicant? Yes No

If yes, to what extent? _____



19. EMPLOYER'S LIABILITY

Is Workers' Compensation Insurance carried in all provinces where the company operates? Yes No

If **no**, please provide description of employees not covered by Workers' Compensation:

Do underlying policies cover employer's liability in all those provinces where Workers' Compensation Insurance is not provided? Yes No

If **no**, please advise exceptions:

20. CONTRACTUAL LIABILITY

Please describe any contractual liability exposures assumed by the Applicant other than the following types of written agreements: Lease of Premises, Easement Agreement, Agreement required by Municipal Ordinance, Railway Sidetrack Agreement or Elevator & Escalator Maintenance Agreement:

21. CARE, CUSTODY AND CONTROL

List all leased real estate properties with values over \$10,000:

Location	Occupied As	Estimated Value	Limit of Insurance

List all other property (i.e. leased equipment, property stored, rolling stock) belonging to others which is in your care, custody or control (value over \$10,000):

Location	Occupied As	Estimated Value	Limit of Insurance



SECTION 3: INSURANCE & LOSS HISTORY INFORMATION

1. Previous Insurer: _____ Policy # _____
Expiring Premium: _____ Expiry Date: _____

2. Is the above Insurer offering renewal? Yes No

If yes, renewing premium: _____

If no, please advise why not:

3. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):

4. Effective Date: _____

5. Limit of Umbrella/Excess Coverage Required:

\$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000

Other (please specify): _____

SECTION 4: OTHER INFORMATION

Please provide any other information you feel would assist in the evaluation of your application:

SECTION 5: DECLARATION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

 Applicant's Name (Please print)

 Title/Position

 Signature of Applicant

 Date (MM/DD/YYYY)
BROKER CONTACT INFORMATION

Agent Name: _____

Brokerage Name: _____

Email: _____

Address: _____

Phone: _____

City / Province: _____

Fax: _____

Postal Code: _____

