

**BUSINESS LIABILITY UMBRELLA**

- APPLICATION FORM -

**1. Name of Insured (in full):**

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Insured is:       Corporation       Partnership       Individual

**2. Address (Head Office):**

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Other Locations:

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**3. Full Description of all Operations:**

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Are any operations conducted outside of Canada?      Yes       No   
If Yes, describe:

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Are all operations to be covered by this Insurance?      Yes       No   
If No, explain:

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**4. Length of Time in Business:** \_\_\_\_\_

**5. Receipts/Revenues Estimated for this Year:**

a) Canada: \_\_\_\_\_ b) U.S.A.: \_\_\_\_\_ c) Foreign: \_\_\_\_\_

Sales History (last 3 years):

Year	Canada	U.S.A.	Foreign

Have any Products been discontinued and/or recalled in the past 5 years? Yes  No   
 If Yes, describe: \_\_\_\_\_

Are all employees covered under Worker's Compensation? Yes  No   
 If No, who is not covered? \_\_\_\_\_

Do underlying policies cover Employers' Liability? Yes  No   
 If No, state exceptions: \_\_\_\_\_

**6. Automobiles:**

Private Passengers: \_\_\_\_\_ Light Trucks: \_\_\_\_\_ Heavy Trucks: \_\_\_\_\_

Tractors: \_\_\_\_\_ Trailers: \_\_\_\_\_ Buses: \_\_\_\_\_ U.S. Vehicles: \_\_\_\_\_

Total Km Driven Annually: \_\_\_\_\_ Total Km Driven Annually in US: \_\_\_\_\_

Are any long haul (over 200 Km) operations involved? Yes  No   
 If Yes, please state the number of vehicles/frequency and radius of operations: \_\_\_\_\_

Are any hazardous goods (i.e. explosives/flammables) carried? Yes  No   
 If Yes, please state number of vehicles/frequency and radius of operations: \_\_\_\_\_

**7. Aircraft:**

Owned: Yes  No  Passenger Capacity & Type: \_\_\_\_\_

Non Owned: Yes  No  Passenger Capacity & Type: \_\_\_\_\_

Are aircraft chartered with crew? Yes  No

Do Insured directors/officers/employees pilot aircraft? Yes  No

State who, and experience:

\_\_\_\_\_  
Please describe amount of usage time and distance flown:

Do you have any plans to buy/lease/charter any aircraft in the next year? Yes  No   
If Yes, describe:

\_\_\_\_\_  
State number, location, type and size of any private air strips or fields:

**8. Watercraft:**

Please describe any owned or non-owned watercraft (ie. size/usage):

\_\_\_\_\_  
Are any watercraft facilities operated by the Insured? Yes  No   
If Yes, describe:

\_\_\_\_\_  
Do underlying policies cover these exposures? Yes  No

**9. Care, Custody or Control:**

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

Location	Occupied As	Est. Value	Limit of Insurance

**10. Contractual Liability:**

Please state any unusual contractual obligations which you have entered into, or any situation where you have agreed to assume another's obligations:

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**11. Railroad:**

Do you operate a railroad? Yes  No   
If Yes, describe (length of track, number of crossings and how protected):

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Do you have a sidetrack on your premises? Yes  No

Is it in regular use? Yes  No

Do underlying policies cover these exposures? Yes  No

**12. Nuclear Liability:**

Do your operations involve the use of radioisotopes, or any other radioactive materials? Yes  No

If Yes, describe:

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**13. Protective Liability:**

Please describe any work (along with amounts) that will be performed by others for you during the coming year:

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Do you require proof of insurance from all Contractors & Suppliers?

Yes  No

What limit of Liability do you require be provided: \_\_\_\_\_

**14. Claims Experience:**

List all known and reported third party losses for the past 5 years:

Year	Description	Loss Payment	Expenses	Reserve	Status

**15. Underlying Insurance:**

List all policies that you are requesting to be scheduled on the Umbrella Policy:

Coverage	Limit	Insurer	Policy Period	Premium

Please give details of any special or unusual exclusion/restriction in your primary policy:

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**16. Existing Umbrella Cover:**

- a) Insurer: \_\_\_\_\_
- b) Limit: \_\_\_\_\_
- c) Expiry Date: \_\_\_\_\_
- d) Premium: \_\_\_\_\_

**17. What Limit Are You Seeking Quotation For?:** \_\_\_\_\_

Please note: Standard Self-Insured Retention is \$10,000.00

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

Submitted By: \_\_\_\_\_

Please submit the completed Application Form to:

[applications@signaturerisk.com](mailto:applications@signaturerisk.com)

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