



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 6 FOR DETAILS ON OUR PRIVACY POLICY.

## EXCESS AND UMBRELLA LIABILITY INSURANCE APPLICATION

1. Name of Applicant \_\_\_\_\_  
 Address of Applicant \_\_\_\_\_  
 \_\_\_\_\_

| Description of Operations | Annual Payroll | Annual Sales | Number of Employees |
|---------------------------|----------------|--------------|---------------------|
|                           |                |              |                     |
|                           |                |              |                     |
|                           |                |              |                     |

- a) How many years has the Applicant been in the business stated? \_\_\_\_\_  
 b) What is the Applicant's total number of years of experience in the business stated? \_\_\_\_\_

2. **List all Subsidiary Companies** (if insufficient space, attach a separate list)

| Name and Address of Company | Description of Operations | Annual Payroll | Annual Sales | Number of Employees |
|-----------------------------|---------------------------|----------------|--------------|---------------------|
|                             |                           |                |              |                     |
|                             |                           |                |              |                     |
|                             |                           |                |              |                     |

3. Are all companies listed above to be covered by this insurance?  Yes  No  
 If no, explain:

4. Does the Applicant or do the Subsidiary Companies have any operations or sales outside of Canada?  Yes  No  
 If yes, explain:

5. **Products / Completed Operations**

- A. Describe products manufactured, sold, handled or distributed and give estimated annual revenue for each class. Record separately all aviation, automotive or marine products). Attach brochures if available.

| <u>Product</u> | <u>Annual Revenue</u> |              |                              |
|----------------|-----------------------|--------------|------------------------------|
| _____          | Canada _____          | U.S.A. _____ | Other _____<br>Specify Other |
| _____          | Canada _____          | U.S.A. _____ | Other _____<br>Specify Other |
| _____          | Canada _____          | U.S.A. _____ | Other _____<br>Specify Other |
| _____          | Canada _____          | U.S.A. _____ | Other _____<br>Specify Other |



C. Give details of any special exclusions other than those in the printed form itself.

\_\_\_\_\_

\_\_\_\_\_

D. Does the primary General Liability policy exclude punitive damages or restrict coverage to compensatory damages?  Yes  No

11. **Malpractice Liability**

Does the applicant operate a hospital or first aid facility?  Yes  No

If yes, describe facilities \_\_\_\_\_

12. **Automobile Liability**

A. State number of all owned / leased vehicles

- Private Passenger \_\_\_\_\_
- Light Trucks \_\_\_\_\_
- Heavy Trucks \_\_\_\_\_
- Buses (# of seats on each) \_\_\_\_\_
- Tankers \_\_\_\_\_
- Tractors \_\_\_\_\_
- Trailers \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

**Total** \_\_\_\_\_

B. Any inflammable, caustic or explosive substances carried?  Yes  No

If yes, describe fully \_\_\_\_\_

C. Any long haul operations?  Yes  No

If yes, radius of operations & # of units involved \_\_\_\_\_

D. Are all owned / leased vehicles covered under the automobile policies listed in Question 8?  Yes  No

If no, explain \_\_\_\_\_

13. List all premises occupied, but not owned, by the applicant with a value in excess of \$10,000  None

|    | Location & Description<br><small>(factory, warehouse, office, etc.)</small> | % Occupied | Est. Value | TLL Limit |
|----|---|------------|------------|-----------|
| A. |   |            |            |           |
| B. |   |            |            |           |
| C. |   |            |            |           |

Is applicant held harmless by lessor for damage to premises?  Yes  No

If yes, to what extent?

14. List all other property of others in the care, custody or control of the applicant with an aggregate value in excess of \$10,000. Include such property as data processing equipment, leased automobiles, leased watercraft, leased machinery, material on consignment, property stored, etc. If none, indicate  None

|    | Description of Property | How Insured? | Value |
|----|-------------------------|--------------|-------|
| A. |                         |              |       |
| B. |                         |              |       |
| C. |                         |              |       |

15. **Watercraft Liability**

- A. Describe fully any watercraft owned or chartered by applicant and state whether owned or non-owned.  
 \_\_\_\_\_  Owned  Non-Owned  
 \_\_\_\_\_  Owned  Non-Owned
- B. Does the applicant maintain a waterfront facility?  Yes  No  
 If yes, describe fully \_\_\_\_\_
- C. Do underlying policies listed cover these exposures?  Yes  No

16. **Contractual Liability**

Describe contractual liability assumed at present \_\_\_\_\_  
 \_\_\_\_\_

17. **Aviation Liability**

- A. Number and type of owned, leased or chartered aircraft. Include seating capacity. State owned / non-owned  
 \_\_\_\_\_
- B. Do any employees fly their own or other aircraft on applicant's business?  Yes  No  
 If yes, how many? \_\_\_\_\_
- C. Does the applicant expect to own, lease or charter aircraft within the next twelve months?  Yes  No  
 If yes, give details \_\_\_\_\_
- D. Do underlying policies listed cover these exposures?  Yes  No  
 If yes, is passenger liability included?  Yes  No

18. **Employer's Liability**

- A. Are all employees covered by workers' compensation insurance?  Yes  No  
 If no, note exceptions \_\_\_\_\_
- B. Is Employers' Liability insurance for all employees *not covered* by workers' compensation?  Yes  No  
 If no, note exceptions \_\_\_\_\_
- C. Is contingent employers' liability insurance carried for all employees covered by workers' compensation insurance?  Yes  No  
 If no, note exceptions \_\_\_\_\_

19. **Advertising Liability**

A. Describe all radio, television and publishing activities contemplated for the next 12 months.

---

---

B. Are any unusual advertising activities such as contests, exhibits, etc. contemplated?  Yes  No

If yes, describe \_\_\_\_\_

---

C. Estimated annual advertising expenditure Advertising Agency \_\_\_\_\_

Other \_\_\_\_\_

D. Do underlying policies listed cover these exposures?  Yes  No

E. If the applicant is under contract with an advertising agency, has the agency's policy been endorsed to include the additional interest of the applicant?  Yes  No

20. Do the applicant's operations involve the use of radioisotopes or any other radioactive materials?  Yes  No

If yes, give details \_\_\_\_\_

---

Do the underlying policies listed cover these exposures?  Yes  No

21. **Railroad Liability**

A. Does the applicant operate an industrial railroad?  Yes  No

If yes, describe fully giving mileage, types and number owned rolling stock, number of grade crossings protection, average number of non-owned rolling stock handled per week.

B. Do locomotives owned by applicant ever operate on the mainline of a railroad?  Yes  No

If yes, describe fully

C. Do underlying policies listed cover these exposures?  Yes  No

If no, note exceptions

**NOTICE CONCERNING PERSONAL INFORMATION**

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the evaluation of claims;
- the analysis of business results;
- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: [www.swgins.com/page/privacy.htm](http://www.swgins.com/page/privacy.htm)
- the underwriting of policies;
- the detection and prevention of fraud;
- purposes required or authorized by law;

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

**WARRANTY STATEMENT**

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

**NEW BRUNSWICK RESIDENTS ONLY:**

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

**SIGNATURE**

|                      |                             |                    |  |
|----------------------|-----------------------------|--------------------|--|
| Signature:           |                             | Date (mm/dd/yyyy): |  |
|                      | (Authorized Representative) |                    |  |
| Name (please print): |                             | Title/Position:    |  |



## Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

### IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

### THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

### PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

### CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

### LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

## ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

## SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

## ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at [PrivacyOfficer@swgins.com](mailto:PrivacyOfficer@swgins.com).

## CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at [www.privcom.gc.ca](http://www.privcom.gc.ca).

**Please refer to the updated comprehensive version of privacy policy on our website: [www.swgins.com/page/privacy.htm](http://www.swgins.com/page/privacy.htm)**