

EXCESS LIABILITY APPLICATION

Trothen & McConkey Insurance

Phone: 1-519-672-3224 Toll Free 1-888-346-6602 Fax: 1-519-439-8865

[e-mail – info@sportsfitnesscanada.com](mailto:info@sportsfitnesscanada.com)

Brokerage Name:					
Broker Telephone:		E-mail:			
Business Name:					
Location Address:					
	City:		Prov.:		P.C.:
Mailing Address:					
	City:		Prov.:		P.C.:
Owner/Operator:		Bus. #:		Fax:	
Email:		Cell #:		Res.#:	
Alternate Contact:		Phone:		Email:	
Website:					
Current Insurance Company:	_____			Expiry Date of Current Policy: _____	
Retroactive Date of Any Claims Made Policy:	_____			Target Premium: _____	
Number of years in business?	_____		Have you ever been cancelled for nonpayment?		_____

EXCESS LIABILITY LIMIT REQUESTED: \$ _____

OPERATIONS: (Use another page if necessary)

Provide a full description of all operations:

 Are any operations conducted outside of Canada: Yes No

 Are all operations to be covered by this Insurance? Yes No

If no, explain:

Is there any liquor liability exposure?

If yes, explain:

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

If yes, describe:

RECEIPTS/REVENUE:

Estimated receipts/revenue for this year \$ _____

Receipts/revenue for the past 3 years:

\$ _____

\$ _____

\$ _____

LIABILITY COVERAGES:

 Are all employees covered under Workers Compensation? Yes No

If no, who is not covered:

 Do underlying policies cover Employers' Liability? Yes No

If no, explain:

Please list any unusual contractual obligations, or any situation where you've agreed to assume another's obligations:

 Will any work be performed by others for you? Yes No

If yes, describe

 Do you require proof of insurance from all Contractors & Suppliers? Yes No

What limit of Liability do you require be provided?

\$ _____

UNDERLYING INSURANCE:

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

Coverage	Limit	Insurer	Policy Period	Premium
Please give details of any special or unusual exclusion/restriction in the primary policy:				

EXISTING EXCESS LIABILITY POLICY:

Insurer:	
Limit:	
Expiry Date:	
Premium:	

CLAIMS HISTORY:

Have any of the underlying policies had claims against them in last 5 years? ____, If yes please list details:

Policy	Date of Loss	Loss Details	Amount Paid/Reserve

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms and correspondence. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

Applicant: Signature: _____ Title: _____ Date: _____