

UMBRELLA 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?		___

UMBRELLA 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? \$ _____

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AUTOMOBILE:							
Provide the total number of each type of automobile:							
Private Passenger	_____	Light trucks	_____	Heavy Trucks	_____		
Tractors	_____	Trailers	_____	Buses	_____	U.S. Vehicles	_____
Total number of all automobiles: _____							

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 the primary policy:				

EXISTING UMBRELLA 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:** _____