



## WARRANTY STATEMENT EXCESS/ADDITIONAL LIMITS OF LIABILITY

**Applicant:** \_\_\_\_\_  
\_\_\_\_\_

**Policy Coverage Type:** \_\_\_\_\_

**Primary Policy Number:** \_\_\_\_\_ **Insurer:** \_\_\_\_\_

(If additional **Underlying Insurance** Policies are/will be in force, please provide details by attachment)

With respect to the undersigned seeking the proposed excess/additional insurance, specifically limits of:

\$ \_\_\_\_\_ excess of \$ \_\_\_\_\_, the undersigned declares that to the best of his or her knowledge and belief:

- a) No claim (as defined in the Primary Policy or other **Underlying Insurance**) has been made or is now pending against any **Insured** proposed for coverage, except:

\_\_\_\_\_

**If there are no exceptions, check here:**  **'None'. Otherwise, attach details.**

- b) No person proposed for coverage has any knowledge or information of any misstatement or misleading statement in this application or any knowledge or information of any act, error, omission or neglect, or breach of duty by any person proposed for coverage, that could reasonably give rise to a claim, except:

\_\_\_\_\_

**If there are no exceptions, check here:**  **'None'. Otherwise, attach details.**

- c) No person proposed for coverage has any knowledge or information of any pending and/or current mergers, acquisitions or consolidations involving any entity proposed for coverage, which have been approved by the board of directors, except:

\_\_\_\_\_

**If there are no exceptions, check here:**  **'None'. Otherwise, attach details.**

With respect to a), b) or c) above, any claims (as defined in the Primary Policy or other **Underlying Insurance**) arising out of facts or circumstances so noted or attached by addendum are hereby excluded under the proposed excess/additional insurance.

**Information Required:**

- Copy of primary policy and most recent completed application and all attachments.
- Copy of all other underlying policies as applicable

**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.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

**MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OF THE BOARD  
OR THE CHIEF EXECUTIVE OFFICER**  
(no other signature is acceptable).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**