

TOTTEN GROUP

I N S U R A N C E

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UMBRELLA LIABILITY APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

GENERAL INFORMATION

1. Name of Applicant, including all subsidiary companies, domestic and foreign _____

Website Address: _____

2. Applicant is Corporation Partnership Individual Other _____

3. Postal Address _____

4. Other Locations _____

5. Give complete description of all operations _____

No. years in business _____ No. years experience _____

Split in revenue – On premises _____ Versus off premises _____

6. Annual Payroll _____ Annual Sales/Receipts _____ No. of Employees _____

7. Are any additional operations or locations anticipated during the policy period? Yes No

If "Yes", please explain _____

8. Are all locations and operations to be covered? Yes No

9. Policy period desired From _____ To _____

10. Limit of Liability a) _____ in excess of underlying or retained limit

b) _____ retained limit (self insured retention – must not be less than \$10,000)

PREVIOUS UMBRELLA CARRIER

1. Name of Carrier _____

2. Has any carrier cancelled, declined or refused coverage in past 3 years? Yes No

If "Yes", please explain _____

DESCRIPTION OF EXPOSURES

1. AUTOMOBILE LIABILITY

a) State number of units owned and leased and registered in the name of the Applicant

Private Passenger _____ Light Trucks _____ Heavy Trucks _____

Tractors _____ Trailers _____ Buses _____ (Seating Capacity _____)

b) Are flammable, explosive or toxic materials hauled? Yes No If yes, explain _____



c) Are any units engaged in long haul (over 100 miles)? Yes No If yes, explain and state number of units

d) In which Province(s) are vehicles chiefly garaged? _____

2. GENERAL LIABILITY

a) Please indicate which of the following extensions are included in the underlying policy:

- Occurrence Property Damage
- Broad Form Property Damage
- Blanket Contractual Liability
- Personal Injury
- Employees as Additional Insureds
- Products/Completed Operations
- Vendor's Endorsement
- Employer's Liability
- Contingent Employer's Liability
- Non-Owned Automobile
- Tenant's Fire Legal Liability
- Blasting
- Underpinning
- Collapse

b) Describe specifically the Products and/or Completed Operations and give sales for each

c) Have any products been discontinued during the past 5 years? Yes No If "Yes", list products and reasons

d) Are any products used or installed in any aircraft or missile? Yes No If "Yes", explain

e) Does Applicant have any sales to the U.S.? Yes No

Does Applicant have any sales to countries elsewhere? Yes No If "Yes", please advise

<u>AMOUNT</u>	<u>COUNTRY</u>	<u>PRODUCT DESCRIPTION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

f) Does Applicant sell or distribute products of any foreign manufacturers? Yes No

If "Yes", specify product and country of origin _____

g) Attach sales brochure or advertising material, if available

h) List principal customers _____

i) List operations performed by independent contractors and percentage of total receipts.

3. NON-OWNED PROPERTY – CARE, CUSTODY AND CONTROL

a) List all leased real properties

<u>LOCATION</u>	<u>OCCUPANCY</u>	<u>ESTIMATED VALUE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) List all other property in the care, custody or control of Applicant (include such property as electronic equipment, leased automobiles, machinery, material on consignment, under bailment, property stored, etc.)

<u>LOCATION</u>	<u>OCCUPANCY</u>	<u>ESTIMATED VALUE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



4. AIRCRAFT AND WATERCRAFT

a) List and describe any owned, non-owned, leased or chartered aircraft and watercraft

5. WORKER'S COMPENSATION

a) Are all employees covered by Worker's Compensation Board? Yes No If "No", explain

b) If not, is Employer's Liability carried on those employees not covered by Worker's Compensation Board? Yes No

6. PROFESSIONAL LIABILITY

a) Is there any professional or errors or omissions exposure? Yes No If "Yes", explain

b) Is there any incidental malpractice exposure? Yes No If "Yes", is it covered by underlying policies Yes No

7. ADVERTISING LIABILITY

a) Is any advertising contemplated during the policy term? Yes No If yes, explain type and state expenditure

b) Is an advertising agency used? Yes No

8. CONTRACTUAL LIABILITY

a) Give details of agreements in which the applicant assumes the liability of others

9. RAILROAD OPERATIONS

a) Give details of any Railroad owned, maintained or operated by applicant

UNDERLYING INSURANCE

Type	Carrier	Policy No.	Policy Period	Policy Limits	Annual Prem
Auto	_____	_____	_____	_____	_____
CGL	_____	_____	_____	_____	_____
N.O. Auto	_____	_____	_____	_____	_____
Employer's Liab.	_____	_____	_____	_____	_____
Prof Liab.	_____	_____	_____	_____	_____
Adv. Liab.	_____	_____	_____	_____	_____
Contractual Liab	_____	_____	_____	_____	_____
TLL	_____	_____	_____	_____	_____
Other N.O. Property	_____	_____	_____	_____	_____



1) Does any Policy listed above contain

A Deductible?

Yes No

A reduced limit of liability for any exposure?

Yes No

A territorial restriction, e.g. U. S. Products?

Yes No

If "Yes" to any of the above, provide details

LOSS HISTORY

1) Describe all losses paid or reserved over \$5,000 occurring during the past 5 years

Signature of Applicant _____

Date _____

Signature of Broker _____

Date _____