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| **Umbrella Liability Application** | | | | | | |
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|  | | | | | | |
| **General Information** | | | | | | |
| Legal Name of Applicant |  | | | | | |
| Key Contact |  |  | Position |  | | |
| Mailing Address |  | | | | Postal Code |  |
| Phone |  |  | Fax |  | | |
| Email |  |  | Website |  | | |
| Key Broker Contact |  | | | | | |
| Brokerage Name |  | | | | | |
| Brokerage Address |  | | | | Postal Code |  |
| Phone |  |  | Fax |  | | |
| Email |  |  | Website |  | | |

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| Number of Years in Business |  | | |  | |  |  | | | | | | |
| Have you operated under a different name? | | |  | | | | | | YES |  | NO | |  |
| If "YES", provide details | | |  | | | | | |  |  |  | |  |
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|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Operations** | | | | | | | | | | | | | |
| **Named Applicant/Subsidiaries** | | **Description of Operations** | | | **Annual Estimated Payroll** | | | **Annual Estimated Receipts** | | | | **Number of Employees** | |
|  | |  | | |  | | |  | | | |  | |
|  | |  | | |  | | |  | | | |  | |
|  | |  | | |  | | |  | | | |  | |
| Are all companies listed above to be covered by this insurance? | | |  | | | | | | YES |  | NO | |  |
| If "NO", provide details | | |  | | | | | |  |  |  | |  |
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| --- | --- | --- | --- | --- | --- | --- |
| Present Insurer |  | | | | | |
| Expiry Date (dd/mm/yy) | |  | Premium | $ |  |  |

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| --- | --- | --- | --- | --- | --- |
| Is the present Insurer offering renewal? |  | YES |  | NO |  |
| If "NO", provide full details | | | | | |
|  | | | | | |
| Are they restricting cover? |  | YES |  | NO |  |
| If "YES", why and how? | | | | | |
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| Applicant is | For Profit Organization | |  | |  | Not for Profit Organization | | | |  | |  | |
| Applicant is | a Corporation |  | | a Partnership | | |  | a Sole Proprietor | | |  | |  |
| Incorporation Date (dd/mm/yy) | |  | | | | | Act/Jurisdiction | |  | | | | |
| If incorporated, a copy of the Letters Patent is required | | | | | | | | | | | | | |

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| Indicate Applicant's sources of income and the percentage of their total revenue generated from each | | | |
|  |  |  | % |
|  |  |  | % |

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| --- | --- | --- | --- | --- |
| Does the Applicant anticipate any U.S. or Foreign operations or exposures in the next year? | YES |  | NO |  |
| If "YES", provide full details | | | | |
|  | | | | |

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| **Policy Period** | | | **From** | |  | | | | | | | **to** | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Limit of Umbrella Coverage desired** | | | | | | | | | **$** |  | | | | | | | | | | **Self Insured Retention (SIR)** | | | | | | | | | | **$** |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Schedule of Underlying Insurance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List all Underlying Coverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Insurer** | | | | **Policy Number** | | | | | | | **Policy Period** | | | | | **Type of Policy** | | | | | | | **Limits** | | | | | | | | | | | **Annual Premium** | | | | | |
|  | | | |  | | | | | | |  | | | | |  | | | | | | | $ | | | | | | | | | | | $ | | | | | |
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| Do the underlying policies afford coverage less than standard in any respect or do they contain | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | |  | |
| any restrictive endorsements? | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | |  | | | | NO | |  | |
| If "YES", provide details | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | |  | |
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| **Care, Custody And Control** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List all property in your care, custody or control (e.g. electronic equipment, leased autos, leased aircraft, other autos or aircraft, leased | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| machinery, leased watercraft, railway rolling stock, material on consignment, under bailment, property stored etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location** | | | | | | **Occupancy** | | | | | | | | | | **Estimated Value** | | | | | | | | | | | | | **Amount of Insurance** | | | | | | | | | | |
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| To what extent do underlying policies cover property described above? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Contractual Liability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe any contractual liability exposures assumed by you other than the following types of written agreements: Lease of Premises, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Easement Agreement, Agreement required by Municipal Ordinance, Railway Sidetrack Agreement or Elevator & Escalator Maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agreement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are any Certificates of Insurance requested from suppliers and independent contractors? | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | |  | | | | NO | |  | |
| Limit | $ |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
| State the annual cost of work performed by independent contractors | | | | | | | | | | | | | | | | | | $ | | |  | | | | | | | | | | | | | |  | | | | |
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| **Workers Compensation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are all employees covered under Workers Compensation? | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | |  | | | | NO | |  | |
| If "NO", provide details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do underlying policies cover Employer's Liability? | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | |  | | | | NO | |  | |
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| **Professional Liability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Advise of all Professional or Errors and Omissions exposures | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Advise of all Malpractice exposures | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | |  | |
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| **Railway Liability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide full details of any Railway that is owned, operated or maintained by the Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do underlying policies cover these exposures? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | |  | | | | NO | |  |
| If "NO", provide details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Aviation Liability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide full details of any Aircraft or Aircraft landing strip that is owned, operated or maintained by the Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Watercraft Liability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Watercraft** | | | | | | | **Use of Watercraft** | | | | | | | | | | **Number of Watercraft** | | | | | | | | **Indicate if owned, leased or chartered** | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | |
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| **Automobile Liability -** State the number and type of owned and/or leased automobiles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **Indicate Province(s)** | | | | | | | | | | | | | | **Radius (Km)** | | | | | | | | | | | | | | | | | |
| **Private Passenger** | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Light Commercial** | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Heavy Commercial & short haul** | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Tractors (long haul)** | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Trailers** | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Tankers** | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Buses** | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Others** | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| What property do you transport? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are explosives, caustics, flammable or other hazardous cargo hauled? | | | | | | | | | | | | | | | | | | |  | | | | | | | | YES | | | | |  | | | | NO | |  | |
| If "YES", provide details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are any units engaged in long haul (over 100km)? | | | | | | | | | | | | | | | | | | |  | | | | | | | | YES | | | | |  | | | | NO | |  | |
| If "YES", provide details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant travel to the U.S.? | | | | | | | | | | | | | | | | | | |  | | | | | | | | YES | | | | |  | | | | NO | |  | |
| If "YES", indicate which States | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frequency of travel to the U.S. (times per month) | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Indicate locations where vehicles are chiefly garaged | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Claims History** | | | |
| Indicate all claims incurred in the past 5 years (including all payments plus a reserve for outstanding claims) | | | |
|  | | | |
| **Year** | **Type of Claim** | **Amount Paid** | **Reserves for Unpaid Claims** |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |

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| **Applicant Acknowledgement** | | | | | |
|  | | | | | |
| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein | | | | | |
| are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this | | | | | |
| form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy. | | | | | |
|  | | | | | |
|  | | | | | |
| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this | | | | | |
| application (including but not limited to the information contained in this form) has been collected in accordance with applicable | | | | | |
| privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance | | | | | |
| products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent | | | | | |
| fraud, analyze and audit business results and/or comply with regulatory or legal requirements. | | | | | |
|  |  | | | | |
|  | | | | | |
| **Applicant Name** | |  | **Title/Position** | |  |
| **Applicant Signature** | |  | **Date** | |  |
| **Broker Name** | |  |  |  | |
| **Broker Signature** | |  |  |  | |