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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** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| 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 |
|       |
|       |
| 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? |
|       |
| 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) |
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| **Year** | **Type of Claim** | **Amount Paid** | **Reserves for Unpaid Claims** |
|       |       | $       | $       |
|       |       | $       | $       |
|       |       | $       | $       |
|       |       | $       | $       |

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| **Applicant Acknowledgement**  |
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| 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. |
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| 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. |
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| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |  |
| **Broker Signature** |       |  |  |