



#103, 8411-200th Street, Langley, BC V2Y 0E7 Telephone: (604) 888-0050 Fax: (604) 888-1008

APPLICATION FOR COMMERCIAL UMBRELLA LIABILITY POLICY

1. a) Name and Address of applicant (including subsidiaries and all locations): _____

Applicant is: Individual Partnership Association Corporation Other: _____

2. Amount of insurance requested: \$ _____

Self-insured retention: \$ _____

Does the applicant presently have Umbrella Liability Insurance? Yes No

If yes, indicate the name of the insurer, the limits, premiums terms, etc: _____

3. a) Description of operations (specify): _____ Annual payroll:\$ _____

b) Foreign operations:

Does applicant have operations outside of Canada? Yes No If yes, give details:

*Include brochures and any other pertinent documents relating to the applicant's products and foreign operations.

4. Do underlying policies cover the applicant's activities as detailed in item 3? Yes No

If no, specify: _____

5. Schedule of primary policies. List all liability policies as well as all insurance policies applicable to rented or consigned property or property of others in the applicant's care, custody or control:

Type	Insurer	Policy No	Policy Period	Amount of Insurance	Premium
General Liability					
Automobile					
Other (specify)					

If any companies or operations set forth under items 1 or 3 above are not covered by the primary policies listed, record all exceptions on a separate page.

6. a) Do the underlying policies afford coverage for the following?

1) Personal injury	Yes	No	6) Broad Form Property Damage	Yes	No
2) Employer's Liability	Yes	No	7) Tenants' Fire Legal	Yes	No
3) Contingent Employer's Liability	Yes	No	8) Care, custody and control	Yes	No
4) Blanket Contractual	Yes	No	9) Employees as insureds	Yes	No
5) P.D. Occurrence	Yes	No	10) World-wide coverage	Yes	No

b) Do the underlying policies restrict coverage by endorsement or otherwise?

* If yes, attach the pertinent documents.

7. Employer's Liability:

Is Workmen's Compensation Insurance carried in all Provinces where applicant's operations are carried? Yes No

If not, list provinces where not carried and state payroll per province: _____

8. Products and Completed Operations Liability:

a) Describe products manufactured, sold, handled or distributed and give estimated annual sales for each category:

Total Annual Sales

_____ \$ _____

_____ \$ _____

_____ \$ _____

b) Give percentage split in annual sales: To Canada: _____% To other countries: _____%

To U.S.A: _____% List countries: _____

c) If Completed Operations hazards exist, give details indicating gross annual receipts by category:

Annual Receipts

_____ \$ _____

_____ \$ _____

_____ \$ _____

d) Do underlying policies listed under item 5 cover these exposures? Yes No

If not. Explain: _____

9. Protective Liability:

a) Does applicant employ independent contractors? Yes No

b) If yes, does applicant require certificates of liability insurance from them? Yes No
If yes, for what amounts of insurance? \$ _____

c) Give cost and description for work given to all subcontractors: \$ _____

d) Do underlying policies listed under item 5 cover these exposures? Yes No

If not, explain: _____

10. Contractual Liability:

a) Describe any contractual liability exposures assumed by the applicant other than lease of premises, easement agreement, agreement required by municipal ordinance, sidetrack agreement or elevator maintenance agreement:

b) Do underlying policies listed in item 5 cover these exposures?

11. Watercraft Liability:

a) Does applicant own, charter or use any watercraft? Yes No

If yes, describe _____

b) Does applicant expect to acquire, charter or use watercraft in the future? Yes No

c) Does applicant maintain a waterfront facility? Yes No

d) Do underlying policies listed under item 5 cover these exposures? Yes No

Describe these exposures: _____

12. Railroad Liability:

a) Describe fully giving mileage, all types and number of owned rolling stock, number of grade crossings and protection, average number of non-owned rolling stock handled per week:

b) Do underlying policies listed under item 5 cover these exposures? Yes No

If not, explain: _____

13. Automobile Liability:

a) Give number and type of all owned or leased vehicles:

Private vehicles _____ Light trucks _____ Heavy trucks _____

Vans _____ Tractors _____

Trailers _____ Tankers _____

Semi-trailers _____ Buses _____

Others describe: _____

b) Are any units engaged in the transportation of flammable, toxic or explosive substances? Yes No

c) Are any vehicles used outside of the Province of Alberta? If yes, state provinces: Yes No

In the U.S.A.? Yes No

If yes, indicate which State: _____

d) Do underlying policies listed under item 5 cover these exposures? Yes No

If not, explain _____

14. Aviation Liability:

a) Give number, type and capacity of owned, leased or chartered aircraft:

Number: _____ Type: _____ Capacity: _____

b) Number of pilots among officers and employees:

c) State extent to which aircraft is used {annual hourly exposure):

d) Does the applicant expect to own, lease or charter aircraft within the next 12 months? Yes No

If yes, explain _____

e) Do underlying policies listed cover these exposures? Yes No

Is passenger liability to be included? Yes No

15. Advertising agency:

a) Describe all radio, television and publishing activities contemplated for the next 12 months:

b) Are any unusual advertising activities; such as contests, exhibits, etc., contemplated in the next 12 months?

If yes, explain:

c) Estimated annual advertising expenditures:

Advertising agency \$ _____
Others \$ _____

d) Do underlying policies cover these exposures? Yes No

e) If applicant is under contract with advertising agencies, have agencies' policies been endorsed to include the additional interest of the applicant? Yes No

If yes, to what extent? _____

16. Malpractice Liability:

a) Does applicant operate a hospital, clinic or first-aid facility? Yes No

If yes, describe: _____

b) Is individual professional liability of employed doctors and nurses covered? Yes No

If yes, what limits are provided? _____

c) Does applicant provide any consulting services to others for a fee? Yes No

If yes, describe: _____

d) What limits and scope of coverage are afforded under underlying policies for these exposures?

17. Property in applicant's care, custody or control:

a) List all leased real properties with values over \$ 10,000

	Address	Occupancy	Estimated value	Amount of insurance
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

b) List all leased automobiles in the applicant's care, custody or control

	Location	Type	Estimated value
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

c) List all other property in the applicant's care, custody or control (include such property as electronic equipment, leased aircraft, leased machinery, material on consignment, or in storage)

Location	Type	Estimated value
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Is the property listed in a), b) or c) above covered by underlying insurance? Yes No

If yes, list underlying policies under item 5

18. Special hazards - Contractors:

Is there any exposure for the following hazards? Are these risks covered in full by the underlying policies?

	Yes	No		Yes	No
a) Caisson Work	Yes	No	a) Caisson Work	Yes	No
b) Demolition	Yes	No	b) Demolition	Yes	No
c) Use of explosives	Yes	No	c) Use of explosives	Yes	No
d) Pile driving	Yes	No	d) Pile driving	Yes	No
e) Underpinning	Yes	No	e) Underpinning	Yes	No
f) Weakening of supports	Yes	No	f) Weakening of supports	Yes	No
g) Forestry operations	Yes	No	g) Forestry operations	Yes	No
h) Mining operations	Yes	No	h) Mining operations	Yes	No
i) Drilling operations	Yes	No	i) Drilling operations	Yes	No
j) Building collapse	Yes	No	j) Building collapse	Yes	No
k) Excavation	Yes	No	k) Excavation	Yes	No
l) Underground hazards	Yes	No	l) Underground hazards	Yes	No

19. Past losses:

List all losses paid or outstanding (whether or not insured) in amounts greater than \$ 5,000 as respects accidents during the past 5 years:

Date _____

Applicant signature _____

Broker _____

Applicant title _____