

APPLICATION FOR COMMERCIAL UMBRELLA LIABILITY INSURANCE

1. (a) Name and Address of Applicant: _____ Corporation
 _____ Partnership
 _____ Individual
 Website Address: _____
 Other Locations: _____
- (b) Name of Principals(s): _____ Number of Years in Operation: _____
- (c) Description of Operations _____ Annual Sales/Receipts _____
 Annual Payroll _____ Number of Employees _____
2. (a) Name and Address of Subsidiary Companies: (attach separate sheet if necessary)

- (b) Description of Operations: _____ Annual Sales/Receipts _____
 Annual Payroll _____ Number of Employees _____
- (c) Are all companies covered in underlying policies? _____
3. Does the Applicant have any U.S. or other foreign sales, employees or operations? Yes No
 If YES, give complete details of products and operations by country _____

4. (a) Policy Period: _____
 (b) Limit of Umbrella Liability Coverage desired: Amount of Retained Limit \$ _____ (not less than \$10,000)
 \$ _____
 (c) Previous Umbrella Liability. Name of Carrier, limits, premium, etc. _____

 (d) Has any carrier cancelled, declined or refused coverage in the past 3 years? If so, provide details Yes No

5. Schedule of Underlying Insurance (List all General Liability and Automobile Liability policies)

Type of Policy	Policy Period	Limits of Coverage	Annual Premium	Insurer	Policy Number

Note: If any companies or operations listed under Section 1, 2 & 3 are not covered by these policies, list exceptions.

6. (a) Do the underlying policies afford coverage for the following:
- | | | | |
|-------------------------------|-----|----|--------------------|
| Employee Benefits Liability | Yes | No | Limits of Coverage |
| Employers' Liability | Yes | No | _____ |
| Forest Fire Fighting Expenses | Yes | No | _____ |
| Liquor Liability | Yes | No | _____ |
| Non Owned Auto | Yes | No | _____ |
| Products Completed Operations | Yes | No | _____ |
| Tenants Legal Liability | Yes | No | _____ |
| X; C; U Coverage | Yes | No | _____ |
- (b) Do underlying policies afford coverage less than standard in any respect or do they contain any restrictive endorsement? Yes No (If YES, attach copies)
- (c) Is coverage in underlying C.G.L. _____ occurrence _____ claims made

7. (a) List products manufactured, sold, handled or distributed. Describe separately products or related groups of products:

Product	*Type	Annual Sales/Receipts in Canada

*Indicate by the code whether:

- Manufactured/processed by Insured to Insured's specifications	I
- Manufactured/processed by Insured to customer's specifications	II
- Manufactured by others, repackaged or labelled by Insured	III
- Manufactured by others with no repackaging or labelling by Insured	IV

- (b) Has any product or service been discontinued in the past 5 years? If so, please provide details: _____
- (c) Does applicant sell or distribute products of any foreign manufacturer? If so, specify product, country of origin and percent sales: _____

8. (a) Is equipment rented to other? Yes No If YES, describe type of equipment, list annual receipts and attach copy of rental agreement. _____
- (b) Does the applicant have any:
- | | | |
|--|-----|----|
| Construction, erection or installation operations? | Yes | No |
| Service or repair operations? | Yes | No |
| Logging, lumbering, drilling or mining operations? | Yes | No |
- If YES, to any of the above, fully describe operations and list annual receipts and payroll for each: _____
- (c) Does the applicant now have under way or plan any new construction or alterations to existing structure? Yes No
If YES, describe fully: _____
- (d) Do the Primary Policies listed in Section 5 cover the exposures described in (a) or (b)? Yes No
If NO, please explain: _____

9. Are all Employees (including those employed by Subsidiary Companies) covered by Workers' Compensation Insurance? Yes No If NO, list the classes of workers not covered and their annual payroll:
-
10. (a) Are Independent Contractors employed? Yes No If YES, describe work performed & annual contract cost:
-
- (b) If YES, are certificates of insurance requested from all independent contractors? Yes No If so, what limit?:
-
- (c) Do any of the Applicant's Employees engage in new construction or demolition work? Yes No
If YES, describe work performed, number of employees and their annual payroll.
-

11. (a) List the number, type and use of all owned or leased vehicles:
- _____ Private Passenger _____ Heavy Trucks _____ Tractors _____ Others (describe)
 _____ Light Trucks _____ Tandems _____ Trailers _____
- (b) Are trucks used in long haul operations (over 100 miles)? Yes No If YES, state number and type:
-
- (c) Operating into the U.S.? Yes No If YES, state number and type: _____
-
- (d) Are vehicles used in the transportation of flammable, caustic or explosive substances? Yes No
If YES, describe fully: _____
- (e) Do the Primary Policies listed under Section 5 cover these exposures? Yes No
- (f) In which province are vehicles registered? _____
- (g) Are any of the Primary Policies listed under Section 5 insured with the Facility Association? Yes No

12. (a) List all Leased Real Properties with values over \$10,000:

Location (city, town, village)	Occupancy	Estimated Value of Property

(b) List all Other Property in the Applicant's care, custody or control: (Include such property as: electronic equipment, leased vehicles, aircraft or machinery, material on consignment or under bailment, property stored, watercraft, railroad rolling stock. etc.).

Location (city, town, village)	Type of Property	Estimate Value

(c) To what extent do the Primary Policies listed under Section 5 cover the property described in (a) and (b) above?

13. (a) Estimate annual advertising expenditures contemplated for: None or
 Television \$ _____ Radio \$ _____ Newspapers \$ _____ Other \$ _____
- (b) Are any advertising activities, such as contests, exhibits, team sponsorship, special events, etc. contemplated? No
 If YES, describe fully. _____
- (c) Will any advertising Agencies be used? Yes No
 If YES, will the agencies policies be endorsed to include the additional interest of the Applicant? Yes No
- (d) Do the Primary Policies listed under Section 5 cover the exposures described in (a) or (b)? Yes No

14. (a) Does the Applicant operate a First-Aid Facility, Hospital or Clinic? Yes No
 If YES, describe the scope of facilities provided. _____
- (b) Is the individual liability of doctors and nurses, employed by the Applicant, covered by these policies? Yes No
 If YES, what limits are provided? _____
- (c) Does the Applicant provide any consulting services to others for a fee? Yes No If YES, describe: _____
- (d) Do the Primary Policies listed under Section 5 cover these exposures? Yes No
 If YES, what is the limit and scope of such coverage? _____

15. (a) List the number, type and use of owned or chartered Watercraft the Applicant has or expects to have in the next twelve (12) months: _____
- (b) Does the Applicant maintain a Waterfront Facility? Yes No If YES, describe fully: _____
- (c) Do the Primary Policies listed under Section 5 cover these exposures? Yes No If NO, please explain: _____

16. (a) List the number and type of owned, leased or chartered Aircraft the Applicant has or expects to have in the next twelve (12) months: _____
- (b) Do Directors, Officers or Employees operate Aircraft while performing their duties on behalf of the Applicant? Yes No
 If YES, describe fully: _____
- (c) Does Applicant own or maintain a landing strip or hangar facility? Yes No If YES, give details: _____
- (d) Do the Primary Policies listed under Section 5 cover Aircraft Liability exposures including Passenger Liability? Yes No

17. List all liability losses, including automobile liability, paid or outstanding during the past five (5) years, whether or not covered by insurance: (Include only those losses which exceed \$10,000)

Coverage	Date of Loss	Description of Loss	Amount Paid	Amount Outstanding	No. of Claimants

18. Does Applicant's operations involve the use of Radioisotopes or any other Radioactive Materials? Yes No
If YES, describe fully: _____

19. Does Applicant operate an industrial railroad? Yes No If YES, describe fully:

INDICATE THE NAME AND TITLE OF THE INDIVIDUAL IN THE APPLICANT'S ORGANIZATION WHO SUPPLIED THE INFORMATION:

Please Print

Brokerage: _____ Date: _____

Name of Broker if Signing (please print): _____

Signature of Applicant or Broker: _____