

APPLICATION FOR COMMERCIAL UMBRELLA LIABILITY INSURANCE

. (a	a) I	Name and Addr		Corporation Partnership							
	\	Website Addres		Individual							
		Other Locations									
(b	o) I	Name of Princip		of Years in Operation:							
(0) [Description of C	Operations			Annual Sales/Receipts					
		Annual Payroll_		Number of Employees							
. (a	a) I	Name and Addr									
(b	- o) l	Description of C	s/Receipts	<u> </u>							
		Annual Payroll_				Number of I	Employees				
(0	2) /	Are all compani	ies covered in underlyir	ng policies?							
3.	I	Does the Applic	cant have any U.S. or of	ther foreign sales, emplo	oyees or operations?	Yes	No				
		f YES, give com	nplete details of produc	cts and operations by co	ountry						
							(not l	not less than \$10,000)			
(0		\$									
(c	- I (b	Has any carrier	cancelled, declined or	refused coverage in the	past 3 years? If so, pr	ovide details	Yes	No			
`	´ .	,	·								
. S	Schedule of Underlying Insurance (List all General Liability and Automobile Liability policies)										
•	Тур	e 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 cover	rage for the fol	llowing:				Limits	of Coverag	je	
		Employee Benefits Liability			Υ	es	No				
		Employers' Liability			Υ	es	No				
		Forest Fire Fighting Expenses			Υ	es	No				
		Liquor Liability			Υ	es	No				
		Non Owned Auto			Υ	es	No				
		Products Completed Operations			Υ	es	No				
		Tenants Legal Liability			Υ	es	No				
		X; C; U Coverage			Υ	es	No				
	(b)	Do underlying policies afford coverage	e less than star	ndard in ar	ny respect or do	they	contain any				
		restrictive endorsement? Yes	No	(If YES	, attach copies)						
	(c)	Is coverage in underlying C.G.L.			occurence_				claims n	nade	
7.	(a)	List products manufactured, sold, har	ıdled or distribi	ited Desc	rihe senarately i	nrodu	ıcts or related d	rouns of r	oroducts:		
<i>,</i> .		oduct	*Type				Annual Sales/Receipts in Canada				
			1,700				Ailliudi Sales/ Receipts III Callada				
		*Indicate by the code whether:						<u>Code</u>			
		- Manufactured/processed by Insured			 						
		- Manufactured/processed by Insured		-	tions			II			
		- Manufactured by others, repackaged	•					III			
		- Manufactured by others with no repa	ackaging or lab	elling by Ir	nsured			IV			
	(b)	Has any product or service been disco	ontinued in the	past 5 yea	ars? If so, please	e prov	vide details:				
	(c)	Does applicant sell or distribute produ	icts of any fore	ign manut	facturer? If so, s	pecif	y product, coun	try of orig	in and perc	ent sales:	
8.	(a)	Is equipment rented to other? Yof rental agreement	es No	If YES,	, describe type c	of equ	ipment, list ann	ual receip	ts and atta	ch copy	
	(b)	Does the applicant have any:									
		Construction, erection or installation of									
		Service or repair operations? Yes									
		Logging, lumbering, drilling or mining	operations?	Yes	No						
		If YES, to any of the above, fully descr	ibe operations	and list ar	nnual receipts ar	nd pa	yroll for each:				
	(0)	Dogs the applicant new house and arrive	ov or plan and	now oc	truction or alter-	tion:	to ovioting st	loturo?	Vac	No	
	(c)	Does the applicant now have under w If YES, describe fully:	ay or pian any i	new const	u ucuon of altera	สเเบNS	io existing stru	cture?	Yes	No	
	(d)	Do the Primary Policies listed in Section	on 5 cover the	exposures	s described in (a	or (b	o)? Yes	No			
	(-)	If NO, please explain:		,	(-)	, (-	,	-			
		· · · · · · · · · · · · · · · · · · ·									

	Compensation Insurance? Yes	s No	If NO, list t	he classes of w	orkers not	covered a	nd their annual payroll:			
(a)	Are Independent Contractors employ	yed? Yes	No It	f YES, describe	work perfo	rmed & an	nual contract cost:			
(b)	If YES, are certificates of insurance r	equested from all	independer	nt contractors?	Yes	No	If so, what limit			
(c)	Do any of the Applicant's Employees If YES, describe work performed, nur				ork?	Yes	No			
(a)		owned or leased vo Heavy Tander	Trucks _	Tracto Trailer			Others (describe)			
(b)	Are trucks used in long haul operation					tate numb	er and type:			
(c)	Operating into the U.S.? Yes No If YES, state number and type:									
(d) (e) (f)	Are vehicles used in the transportation of YES, describe fully: Do the Primary Policies listed under In which province are vehicles regist	Section 5 cover th			nces?	Yes	No			
	Are any of the Primary Policies listed (List all Leased Real Properties with v	under Section 5 in		the Facility Asso	ociation?	Yes	No			
Ì	ocation (city, town, village)	Occupancy			Estima	ated Value	of Property			
Ì	·				Estima	ated Value	of Property			
Ì	·				Estima	ated Value	of Property			
Ì	·				Estima	ated Value	of Property			
Ì	·				Estima	ated Value	of Property			
Lac (b)	·	Occupancy nt's care, custody	or control: (•	operty as:	electronic (equipment, leased vehic			
(b) aircc	cation (city, town, village) List all Other Property in the Applican	Occupancy nt's care, custody	or control: (l	•	operty as: o	electronic (equipment, leased vehic			
(b) aircc	List all Other Property in the Applican	Occupancy nt's care, custody anment or under ba	or control: (l	•	operty as: o	electronic (equipment, leased vehic			
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(b)			contests, exhibi	its, team	sponsors	ship, specia	l events,	etc. contemp	lated?		No	
(c)	•			No de the ad	ditional ir	nterest of th	ie Applica	ant? Ye	S	No		
(d)	Do the Primary P	olicies listed under Se	ection 5 cover th	he expos	ures desc	cribed in (a)	or (b)?	Yes	No			
(a)		•		al or Clin	ic?	Yes 1	No					
(b)												
(c)			ting services to	others f	or a fee?	Yes	No	If YES, de	escribe:			
(d)	-				osures?	Yes	No					
(a)			d or chartered \	Watercra	ft the App	olicant has	or expect	s to have in t	he next			
(b)	, ,		ont Facility?	Yes	No	If YES, de	escribe fu	ılly:				
(c)	Do the Primary P	olicies listed under Se	ection 5 cover th	hese exp	osures?	Yes	No	If NO, please	e explaii	า:		
(a)												
(b)	(b) Do Directors, Officers or Employees operate Aircraft while performing their duties on behalf of the Applicant? Yes No											
(c)												
(d)	Do the Primary P	olicies listed under Se	ection 5 cover A	Aircraft Li	ability exp	oosures inc	luding Pa	ıssenger Liab	ility?	Yes	No	
	-	=	* *		ding durir	ng the past	five (5) ye	ears, whether	or not	covered by	/	
Со	verage	Date of Loss	Description o	of Loss	Amount	Paid	Amoun	nt Outstanding	g No.	of Claiman	its	
	Tele (b) (c) (d) (a) (b) (c) (d) (b) (c) (d) List insu	Television \$ (b) Are any advertising If YES, describe for YES, will the agg (d) Do the Primary P (a) Does the Application If YES, describe to the Image of YES, describe to the Image of YES, what limite to the Image of YES, what limite to the Image of YES, what is the Image of YES, what image of YES, what limite is the Image of YES, what	Television \$ Radio \$ Radio \$ Radio \$ Radio \$ Radio \$ Readio \$	Television \$ Radio \$ (b) Are any advertising activities, such as contests, exhiblif YES, describe fully. (c) Will any advertising Agencies be used? Yes If YES, will the agencies policies be endorsed to include Do the Primary Policies listed under Section 5 cover to the Primary Policies listed under Section 5 cover to the individual liability of doctors and nurses, employ If YES, what limits are provided? (c) Does the Applicant provide any consulting services to the Applicant provide any consulting services to the Applicant provide and use of owned or chartered to the twelve (12) months: (b) Does the Applicant maintain a Waterfront Facility? (c) Do the Primary Policies listed under Section 5 cover to the Applicant maintain a Waterfront Facility? (d) Do the Primary Policies listed under Section 5 cover to the Applicant maintain a Waterfront Facility? (e) Do the Primary Policies listed under Section 5 cover to the Applicant maintain a Waterfront Facility? (g) Do the Primary Policies listed under Section 5 cover to the Applicant own or maintain a landing strip or harmonic to the Primary Policies listed under Section 5 cover Applicant own or maintain a landing strip or harmonic to the Primary Policies listed under Section 5 cover Applicant own or maintain a landing strip or harmonic to the Primary Policies listed under Section 5 cover Applicant own or maintain a landing strip or harmonic to the Primary Policies listed under Section 5 cover Applicant own or maintain a landing strip or harmonic to the Primary Policies listed under Section 5 cover Applicant own or maintain a landing strip or harmonic to the Primary Policies listed under Section 5 cover Applicant own or maintain a landing strip or harmonic to the Primary Policies listed under Section 5 cover Applicant own or maintain a landing strip or harmonic to the Primary Policies listed under Section 5 cover Applicant own or maintain a landing strip or harmonic to the Primary Policies listed under Section 5 cover Applicant own or maintain a landing strip or	 (b) Are any advertising activities, such as contests, exhibits, team If YES, describe fully. (c) Will any advertising Agencies be used? Yes No If YES, will the agencies policies be endorsed to include the ad (d) Do the Primary Policies listed under Section 5 cover the expos (a) Does the Applicant operate a First-Aid Facility, Hospital or Clin If YES, describe the scope of facilities provided. (b) Is the individual liability of doctors and nurses, employed by the If YES, what limits are provided? (c) Does the Applicant provide any consulting services to others for YES, what is the limit and scope of such coverage? (d) Do the Primary Policies listed under Section 5 cover these explicates of the Applicant maintain and Waterfront Facility? Yes (e) Does the Applicant maintain a Waterfront Facility? Yes (f) Do the Primary Policies listed under Section 5 cover these explicates the number and type of owned, leased or chartered Aircraft welve (12 months): (g) Do Directors, Officers or Employees operate Aircraft while perform of YES, describe fully: (g) Does Applicant own or maintain a landing strip or hangar facility. (d) Do the Primary Policies listed under Section 5 cover Aircraft Licuted all liability losses, including automobile liability, paid or outstan insurance: (Include only those losses which exceed \$10,000) 	Television \$ Radio \$ Newspapers \$ (b) Are any advertising activities, such as contests, exhibits, team sponsors 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 in (d) Do the Primary Policies listed under Section 5 cover the exposures described the scope of facilities provided. (a) Does the Applicant operate a First-Aid Facility, Hospital or Clinic? 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18.	8. 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:						
IND	INDICATE THE NAME AND TITLE OF THE INDIVIDUAL IN THE APPLICANT'S ORGANIZATION WHO SUPPLIED THE INFORMATION:									
Plea	ase Print			_						
Brol	kerage:			Date:						
Nan	ne of Broker if Signing (please print):									
Sigr	nature of Applicant or Broker:									