

Application for Umbrella Quotation



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Completion of this form does not bind coverage.

Date: _____

Applicant's acceptance of the Insurer's Quotation is required before insurance may be bound and policy issued.

Policy No.: _____

PLEASE PRINT

1. Applicant's Information

Applicant's Name: _____

Applicant's Address: _____

Corporation

Partnership

Individual

Description of operations: _____

Annual payroll: _____ Annual sales: _____

2. Subsidiary Companies

a) Name and address of companies: _____

Description of operations: _____

Annual payroll: _____ Annual sales: _____

b) Are all companies covered in underlying policies? Yes No

If no, list all exceptions – Use extra pages if necessary and indicate item number: _____

3. Foreign Exposure

a) Any operations outside of Canada? Yes No

If yes, please provide complete details: _____

Name of company: _____

Description of operations: _____

Country: _____ Annual payroll: _____ Annual sales: _____

b) Any sales outside of Canada? Yes No

If yes, give complete details: _____

Description of products: _____

Country: _____ Annual sales: _____

4. Limit of Liability

a) Limit of Umbrella coverage required? _____

b) Amount of retention for self insured exposures? _____

c) Does applicant now carry, or has applicant ever carried excess liability insurance? Yes No

If yes, give name of carrier and details of coverage, limits, etc.: _____

5. Schedule of Underlying Insurance

a) List all automobile liability and all general liability policies

Policy No.	Policy Period	Types of Policy	Limit of Liability	Annual Premium	Insurer

b) Are all companies and operations set forth under 1, 2 or 3 above covered by the underlying policies listed here?

If not, give all exceptions on a separate page and attach to this application.

c) Do underlying policies contain a deductible in excess of \$10,000? Yes No

If yes, state which policy and the amount: _____

6. Underlying Policy Extensions / Limitations

a) Do the underlying policies provide coverage for the following extensions of the usual standard wording?

	YES	NO		YES	NO
1. Personal injury (including employees)	<input type="radio"/>	<input type="radio"/>	5. Fire legal liability	<input type="radio"/>	<input type="radio"/>
2. Blanket contractual	<input type="radio"/>	<input type="radio"/>	6. Care, custody and control	<input type="radio"/>	<input type="radio"/>
3. P.D. occurrence	<input type="radio"/>	<input type="radio"/>	7. Employees as insured	<input type="radio"/>	<input type="radio"/>
4. Broad form P.D.	<input type="radio"/>	<input type="radio"/>	8. World wide coverage	<input type="radio"/>	<input type="radio"/>

b) Do the underlying policies:

i) Have defence costs included within the limits? _____

ii) Have an operations aggregate limit? Yes No

If yes, state: Operations limit: _____ Prod/Comp/Ops limit: _____

c) State form of coverage: _____ Occurrence: _____ Claims made: _____

d) Do underlying policies afford coverage less than standard in any respect or contain any restrictive endorsements?

IF YES TO ANY QUESTION ABOVE, PLEASE ATTACH WORDINGS SHOWN IN SUCH POLICIES

7. Employers Liability

a) Is Workers Compensation Insurance carried in all provinces where applicants operate? Yes No

If not, list provinces where not carried and state payroll per province on an attached sheet of paper.

b) Do underlying policies cover employers liability in all provinces in which Workers Compensation Insurance is not provided? Yes No

If not, please note exceptions: _____

c) Is Contingent Employers Liability Insurance, for the province in which Workers Compensation Insurance is carried, covered by the underlying policies listed:

8. Protective Liability

a) Are independent contractors employed? Yes No

b) Are certificates of insurance requested from independent contractors? Yes No

c) State annual cost of work performed by independent contractors: \$ _____

d) Do underlying policies listed under item 5 of the application cover these exposures: Yes No

If not, please explain: _____

9. Products / Completed Operations Liability

a) Describe products manufactured, sold, handled or distributed and give estimated sales for each class. List separately, all aviation products and any products whose manufacture has ceased. Give reasons for discontinuing manufacture and year discontinued:

Products or Related Groups of Products	Annual Sales

b) Describe completed operations you perform arising from installation, service or repair work:

Operations	Annual Payroll	Annual Revenue

c) Do underlying policies listed under item 5 of this application cover products and completed operations exposures?

Yes No

If not, please explain: _____

10. Contractual Liability

a) Describe any contractual liability exposures assumed by the applicant other than the following types of written agreements: Lease of Premises, Easement Agreement, Agreement required by Municipal Ordinance, Railway Sidetrack Agreement or Elevator and Escalator Maintenance Agreement:

b) What is the exact extent of contractual liability coverage afforded by underlying policies?

11. Professional Liability

a) Does the applicant operate a hospital, clinic or First Aid facility?

Yes No

If yes, please describe scope of operations: _____

b) Is individual liability of employed doctors or nurses covered?

Yes No

If yes, what limits are provided? _____

c) Does applicant provide any consulting or professional services to others for a fee?

Yes No

If yes, please describe: _____

d) What limits and scope of coverage are afforded by the underlying policies for professional exposures?

ATTACH SEPARATE PAGE DESCRIBING ANY OF THE ABOVE AS WELL AS PROVIDING A COPY OF COVERAGE

12. Watercraft Liability

a) Does the applicant own, charter or use any watercraft?

Yes No

If yes, please describe fully: _____

b) Are any watercraft expected to be owned, chartered or used in the future?

Yes No

If yes, please give details: _____

c) Does applicant maintain a waterfront facility?

Yes No

d) To what extent do underlying policies cover these exposures?

13. Automobile Liability

a) State number and type of all owned/leased vehicles:

Vehicle Model	Number of Vehicles
Private passenger	
Vans, Pick-ups etc.	
Tractors	
Trailers	
Straight trucks – Light	
Straight trucks – Heavy	
Other (Please specify)	

b) If any of the above are engaged in the following, state number and type:

Description	Number	Type
1. Long haul (over 100 miles) operation		
2. Operating into the U.S.A.		
3. Transportation of explosives, munitions, corrosives, liquefied petroleum gases (including butane or propane), radioactive materials or other hazardous commodities		
4. Transportation of gasoline or fuel oil		

c) Do underlying policies cover all these exposures:

Yes No

If not, please state exceptions: _____

d) Do underlying policies provide non-owned automobile coverage:

Yes No

If not, please state limit of coverage: _____

14. Aviation Liability

a) State number, type and seating capacity of aircraft:

Owned	Leased	Number of Vehicles

b) State number of known pilots among officers and employees: _____

c) State extent to which aircraft are used (annual hourly exposure): _____

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

If yes, please give details: _____

e) Does applicant own or maintain a landing strip or hangar facilities? Yes No

If yes, please give details: _____

f) i) Do underlying policies listed in item 5 of the application cover these exposures? Yes No

ii) Is passenger liability covered? Yes No

15. Advertising Liability

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? Yes No

If yes, please give details: _____

c) What are estimated annual advertising expenditures – Advertising agency: \$ _____

Others: \$ _____

d) Do underlying policies cover these exposures? Yes No

If yes, please describe the extent of coverage: _____

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

If yes, describe to what extent: _____

16. Railroad Liability

a) Does applicant operate an industrial railroad?

Yes No

If yes, describe fully giving mileage, 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 locomotives owned by the applicant ever operate on the mainline of a railroad?

Yes No

If yes, please describe fully: _____

c) Do underlying policies cover these exposures?

Yes No

If not, please note exceptions: _____

17. Care, Custody and Control

a) List all leased real properties with values:

Location	Occupancy	Estimated Value	Amount of Insurance

b) List all property in the care, custody or control of the applicant (include such property as electronic equipment, leased autos, leased aircrafts, 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

c) To what extent do underlying policies listed cover property described in a) and b) above?

18. Special Hazards

a) Do the Underlying Policies listed provide coverage for any of the following?

	YES	NO		YES	NO
1. Building collapse	<input type="radio"/>	<input type="radio"/>	5. Pile driving	<input type="radio"/>	<input type="radio"/>
2. Caisson work	<input type="radio"/>	<input type="radio"/>	6. Underground hazards	<input type="radio"/>	<input type="radio"/>
3. Demolition	<input type="radio"/>	<input type="radio"/>	7. Underpinning	<input type="radio"/>	<input type="radio"/>
4. Blasting	<input type="radio"/>	<input type="radio"/>	8. Weakening of support	<input type="radio"/>	<input type="radio"/>

b) If any yes answer, list and describe each limit of liability applicable to each:

c) Is it desired that the Umbrella policy afford coverage for these hazards?

Yes

No

If yes, please describe and state which: _____

19. **Miscellaneous**

a) Does applicant have any involvement, with respect to logging, lumbering, drilling or mining operations?

b) If yes, do the listed underlying policies cover these exposures to the full declared limits of liability?

c) Are there any mining limitation, substance, or other similar restricting endorsements?

List and describe all exposures and operations:

20. **Past Losses**

List all losses paid or now reserved in amounts greater than \$10,000 as respects accidents during the past five (5) years whether covered by insurance or not. Give total amount:

Coverage	Date and Description of Accident	Paid	Outstanding	No. of Claimants

21. **Identify clearly the individual(s) in the applicant's organization who supplied information set forth in this application:**

Date

Agent

Name of Applicant

Signature and Title of Officer