



EVEREST[®]
EVEREST INSURANCE COMPANY OF CANADA
PREMIERE INSURANCE UNDERWRITING SERVICES

UMBRELLA LIABILITY APPLICATION

General Information:

1. Name of Insured: _____
(and all subsidiaries) _____
Principal(s): _____
2. (a) Mailing Address: _____
2. (b) Other Locations: _____

3. Website Address: _____
4. Insured is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other: _____
5. Insured is: ☐ Manufacturer ☐ Wholesaler ☐ Distributor ☐ Retailer ☐ Importer ☐ Exporter
6. How long has the applicant been in business under the above name? _____
7. Describe prior experience in this business under another name: _____

8. Does the applicant presently carry insurance? ☐ Yes ☐ No

If yes, who is the present insurer? _____

Expiry date, limit and annual premium? _____

Is the present insurance Claims Made? ☐ Yes ☐ No If yes, state retro date: _____

Are they willing to renew? ☐ Yes ☐ No If no, please explain: _____

Claims Information:

9. Claims History – Five (5) Years of all third party losses that exceed \$10,000. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Description of Injury of Damage	AMOUNT				
		Reserve	Paid	Expenses	Deductible	Status

- Are you aware of any other incidents which may result in claims against you? ☐ Yes ☐ No

If yes, please give details: _____

Product & Sales Information:

10. Please provide a Description of Operations: _____

11. Sales/Total Receipts (in Canadian Currency):

		Previous Year Sales	Current Year Sales	Estimates for Next Year
Product Sales	Canada	\$ _____	\$ _____	\$ _____
Part Sales	Canada	\$ _____	\$ _____	\$ _____
Repair/Service Work	Canada	\$ _____	\$ _____	\$ _____
Product Sales	U.S.A.	\$ _____	\$ _____	\$ _____
Part Sales	U.S.A.	\$ _____	\$ _____	\$ _____
Repair/Service Work	U.S.A.	\$ _____	\$ _____	\$ _____
Product Sales	**Foreign	\$ _____	\$ _____	\$ _____
Part Sales	Foreign	\$ _____	\$ _____	\$ _____
Repair/Service Work	Foreign	\$ _____	\$ _____	\$ _____
	TOTALS	\$ _____	\$ _____	\$ _____

** Please list specific countries: _____

Are U.S. products sold directly by the applicant or through a distributor? _____

If a distributor, please advise name and location: _____

Any premises outside of Canada?

☐ Yes ☐ No

Any operation (other name product sales) outside of Canada?

☐ Yes ☐ No

If yes, please provide details: _____

Does the policy cover all operations of the Insured?

☐ Yes ☐ No

If no, please describe: _____

Employees/Payroll Information:

12. Are all employees covered under WSIB or Workers Compensation?

☐ Yes ☐ No

If no, please list numbers by job description and estimated payroll: _____

Total Payroll - Executive/Management	\$ _____	Number of Employees:	_____
	\$ _____	Number of Employees:	_____
	\$ _____	Number of Employees:	_____

Do underlying policies cover Employer's Liability?

☐ Yes ☐ No

If no, state exceptions: _____

Automobile Information:

13. Please confirm the following:

Private Passengers: _____

Light Trucks: _____

Heavy Trucks: _____

Tractors: _____

Trailers: _____

Others: _____

Buses: _____

(capacity) _____

U.S. Vehicles: _____

Are any long haul operations involved (over 100 miles)

☐ Yes ☐ No

If yes, please state the number of vehicles, frequency and radius of operations: _____

Aircraft Information:

14. Please confirm the following

Owned: ☐ Yes ☐ No Passenger Capacity & Type: _____Non Owned: ☐ Yes ☐ No Passenger Capacity & Type: _____

Are aircraft chartered with crew?

☐ Yes ☐ No

Do Insured directors/officers/employees pilot aircrafts?

☐ Yes ☐ No

If yes, state who and experience: _____

Describe amount of usage time and distance flown: _____

Do you have any plans to buy/lease/charter any aircraft in the next year?

☐ Yes ☐ No

If yes, please describe: _____

State number, location, type and size of any private air strips or fields: _____

Watercraft Information:

15. Please confirm the following

Describe any owned or non-owned watercraft (i.e. size/usage), and state whether owned or non-owned: _____

Are any watercraft facilities operated by the Insured:

☐ Yes ☐ No

If yes, please describe: _____

Do underlying policies cover these exposures?

☐ Yes ☐ No**Care, Custody & Control Information:**

16. List all real property (i.e. buildings) belong to other, which is in your care, custody or control (value over \$10,000):

Location	Occupied As	Estimated Value	Limit of Insurance

List all other property (i.e. leased equipment, property stored, rolling stock) belong to other, which is in your care, custody or control (value over \$10,000):

Location	Occupied As	Estimated Value	Limit of Insurance

Other Information:

17. **Contractual Liability** - Please state any unusual contractual obligations which you have entered into, or any situation where you have agreed to assume another's obligations:

18. **Railroad** - Do you operate a railroad?

☐ Yes ☐ No

If yes, describe (length of track, number of crossings and how protected):

Do you have a sidetrack on your premises?

☐ Yes ☐ No

Is it in regular use?

☐ Yes ☐ No

Do underlying policies cover these exposures?

☐ Yes ☐ No

19. **Nuclear Liability** - Do your operations involve the use of radioisotopes, or any other radioactive materials?

☐ Yes ☐ No

If yes, describe:

20. **Protective Liability** - Please describe any work (along with amounts) that will be performed by others for you during the coming year:

Do you require proof of insurance from such contractors/suppliers that perform work or services?

☐ Yes ☐ No

If yes, what Limit of Liability do you require be provided:

21. **Advertising** - State your annual expenditure in this area and advise what form of media is used (if expenditure is in excess of \$10,000):

Radio:

Television:

Publishing:

Event Sponsorship

Social Media:

Other:

Do you have a contract with any advertising agencies?

☐ Yes ☐ No

If yes, do they provide insurance to protect your interests?

☐ Yes ☐ No

22. **Professional** - Please state if any of the following exposure exist:

First Aid Station: _____ Hospital: _____

State number of employed: _____ Nurse(s): _____

Doctor(s): _____

Others: _____

Does your firm provide any outside consulting or professional services?

☐ Yes ☐ No

If yes, please provide details: _____

Underlying Insurance Information:

23. List all policies that you are requesting to be scheduled on the Umbrella Policy:

<u>Type</u>	<u>Carrier</u>	<u>Policy Number</u>	<u>Policy Period</u>	<u>Policy Limits</u>	<u>Annual Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

24. Does your primary Commercial General Liability (CGL) policy cover the following exposures?

Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occurrence PD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blanket Contractual	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protective	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Owned Autos	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watercraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	XCU Hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employees as Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advertisers'	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tenants Legal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Forest Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worldwide Territory	<input type="checkbox"/> Yes <input type="checkbox"/> No	Broad Form PD	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your policy exclude punitive damages, or restrict cover to compensatory damages?

☐ Yes ☐ No

Does your policy have a sub-limit on any coverage?

☐ Yes ☐ No

If yes, please describe: _____

Does your policy contain an annual aggregate on any coverage other than Operations?

☐ Yes ☐ No

Is any coverage on the underlying policies subject to a deductible?

☐ Yes ☐ No

If yes, please describe: _____

Please provide details of any special or unusual exclusions/restrictions in your primary policy: _____

25. Please indicate limit(s) of liability required:

Commercial Umbrella Liability

☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000 ☐ \$10,000,000 ☐ Other: _____

Self-Insured Retention

☐ \$10,000 ☐ \$25,000 ☐ Other: _____

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the Policy.
- e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____

Broker: _____ Phone: _____

Broker Address: _____