

**COMMERCIAL UMBRELLA LIABILITY  
INSURANCE APPLICATION**  
(Completion of this form does not bind coverage)

1. Applicant :  Individual       Joint venture       Partnership       Corporation       Other – Specify : \_\_\_\_\_

Name	Mailing address
	Web site address

How long has Applicant been in business with the same principals? \_\_\_\_\_ years

Description of operations	Annual payroll	Annual sales	Number of employees

Attach a list of all properties owned or managed by the applicant. Identify occupancy and construction. Attach descriptive brochure of products

2. **Subsidiary companies :**

a) List all subsidiary companies :

Name and address of company	Description of operations	Annual payroll	Annual sales	Number of employees

b) Does applicant or subsidiary companies have any operations or sales outside Canada ?  Yes       No      If yes, provide complete details. Attach descriptive brochure and any other pertinent documentation relative to "products" and provide details of any foreign operations.

Name of company	Description of operations and products	Country	Annual payroll	Annual sales	Number of employees

c) Are all companies listed above to be covered by this insurance ?  Yes       No      If "No", provide details of all exceptions

3. **Schedule of underlying policies :**

Policy number	Insurer	Policy period	Coverage	Occurrence or claims made	Limits	Annual premium

Do these policies cover all companies listed in answer to questions 1, 2 and 3 ?  Yes       No      If no, provide details of all exceptions.

**Note :** It is a condition of this coverage that all underwriting insurance policies listed above will remain in full force and effect during the policy period of the Commercial Umbrella Liability Policy.

4. **Limit of liability**

a) Limit of Umbrella Coverage desired: \$      b) Amount of self - retention \$      c) Policy term

5. a) Do the underlying policies afford the following additional coverages ? provide details of sub-limits and deductibles, if any.

Coverage	Yes/No	Sub-limit	Deductible	Coverage	Yes/No	Sub-limit	Deductible
Advertising				Non-Owned automobile			
Aviation liability				Pollution liability			
Blanket contractual				Products/ completed operations			
Blasting, Pile-driving, Underpinning				Railroad liability			
Broad form P.D.				Tenant's legal liability			
Care custody and control				Underground hazards			
Employee benefits liability				Vendor's liability			
Employers liability				Watercraft liability			
Fire-fighting expenses				World-wide coverage			
Liquor liability				Wrongful Dismissal			
Mental anguish				Others – specify			

b) If « Yes », to any of the items, describe the coverage provided :

c) Is coverage given beyond that used in IBC standard form,  Yes  No If Yes, what is the nature of special coverage ? If manuscript liability policy, attach copy : additional insureds, etc.

d) Give details of any exclusions or restriction in coverage other than those printed in the form itself: personal injury, blasting, etc. Attach copy

e) Does the primary Commercial General Liability exclude punitive damages or restrict coverage to compensatory damages ?  Yes  No

6. **Products/Completed operations**

a) Describe products manufactured , sold, handled, or distributed and give estimated annual sales for each class (Record separately all aviations, automotive or marine products): Products or related group of products (attach brochure) Annual sales

b) Have any products been discontinued or recalled during the last five years ?  Yes  No If "Yes", list products and reasons.

c) If a completed operations exposure exists, describe below; e.g. installation Annual receipts

7. **Contractual liability**

Describe contractual liability assumed at present. Attach copies of applicants' standard contract (s), if any, 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.

8. **Protective liability**

a) Are independent contractors employed ?  Yes  No If « Yes », provide full details of work performed and state annual cost of work performed by contractors.

b) Do underlying policies listed in the schedule of Underlying Policies cover these exposure ?  Yes  No If "No", explain

c) Are certificates of insurance requested from independent contractors ?  Yes  No If « Yes », what limit

**9. I. Tenants legal liability**

a. List all premises occupied but not owned by the applicant. Indicate if none

Location	Occupancy	% occupied	Estimated value of % occupied	Tenants legal liability limit	Limited form	Broad form

b) Is lessor held harmless by applicant for damage to premises ?  Yes  No If « Yes », to what extent ?

c) Is TLL limit included in the occurrence and aggregate limit ?  Yes  No

II List all property of others in the care, custody or control of the applicant (include such property as data processing equipment, leased automobile, leased watercraft, leased machinery, materials on consignment, property stored, etc., together with its estimated value, indicate if none.

Description of property	Value	Type of policy	Limit	Insurer

**10. Automobile liability**

Does the applicant require excess coverage ?  Yes  No If « Yes », provide answers to the following questions:

a) Provide the number of vehicles and indicate whether the applicant is the owner (O) or if the vehicle is leased (L)

Vehicles	#	O or L	Vehicles	#	O or L
Private passenger			Trucks – heavy – (over 11 341 kgs)		
Vans, pick-ups			Trucks – any used as courier service ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Snowmobiles / Motorcycles			Tractors		
Buses – van type (# of seats : )			Trailer units		
Buses – school or other (# of seats : )			Tankers		
Trucks – light (less than 4 535 kgs)			Emergency vehicles – fire, police, etc.		
Trucks – medium (from 4 536 to 11 340 kgs)			Other		

b) List any dangerous substances carried (including but not limited to explosives, munitions, corrosives, petroleum gases, gasoline, fuel oil, butane, propane, radioactive materials, PCBs) and give full details

c) Are there any vehicles travelling to the U.S.A. ?  Yes  No If "Yes", provide full details, (i.e. type, number of vehicles, distance, frequency of trips, etc.)

d) Are any long haul operations (over 100 km) ?  Yes  No If « Yes », provide full details (i.e. type, number of vehicles, distance, frequency of trips, etc.)

e) Are any vehicles indicated in (a) permanently located outside the province ?  Yes  No If "Yes", provide full details

f) Are all owned or leased vehicles covered under the automobile policies listed in the Schedule of Underlying Policies ?  Yes  No If "No", explain

g) Alternative fuel. Is any vehicle described above powered by other than gasoline or diesel fuel ?  Yes  No If "Yes", state which vehicle(s), fuel used and type of installation (factory or conversion).

h) What percentage of drivers are less than 25 years of age ? %

**11. Non-Owned Automobile**

- a) Does underlying policy provide Non-Owned Automobile Coverage ?  Yes  No
- b) State estimated cost of hired vehicles, if any \$
- c) Current policy limit \$

**12. Errors and Omissions / professional liability / Malpractice**

- a) Does the applicant operate a hospital, clinic, or first aid facility ?  Yes  No If "Yes", describe facility
- b) Does the applicant provide any consulting, inspection or other professional services to others for a fee ?  Yes  No
- c) Do policies listed in the Schedule of Underlying Policies cover this exposure ?  Yes  No

**13. Watercraft liability**

- a) Describe fully any watercraft including type, length of craft and size of engine/motors. State whether owned, non-owned, leased or chartered by applicant ?
- b) Provide details of rental operations, if any.
- c) Does the applicant maintain a waterfront facility ?  Yes  No If "Yes", provide full details
- d) Do policies listed in the Schedule of Underlying Policies cover these exposure?  Yes  No If « No », explain

**14. Aviation liability**

- a) Indicate number and type of aircraft including make, model, number of engines, seating capacity and whether owned, non-owned, leased or chartered by applicant
- b) Do any employees fly their owned or other aircraft on applicant's business. ?  Yes  No If "Yes", how many?
- c) Does the applicant expect to own, lease or charter aircraft within the next twelve months ?  Yes  No If « Yes », provide full details
- d) Do policies listed in the Schedule of Underlying Policies cover these exposures ?  Yes  No  
If « Yes », is passenger liability included ?  Yes  No
- e) Is aircraft used for other than non-commercial transporting of passengers ?  Yes  No if « Yes » provide details
- f) Does applicant own or maintain a landing strip or hangar facilities ?  Yes  No

**15. Employers liability**

- a) Are all employees in Canada covered by Workers' Compensation ?  Yes  No If « No », state exceptions
- b) Are any employees located outside Canada ?  Yes  No If "Yes", provide full details
- c) Do policies listed in the Schedule of Underlying Policies cover Employers Liability for all employees not covered by Workers' Compensation ?  
 Yes  No If "No", state exceptions

**16. Advertising liability**

- a) Describe all radio, television and publishing activities contemplated for the next twelve months.
- b) Are any unusual activities such as contests, exhibits, etc. contemplated ?  Yes  No If « Yes », describe

- c) Estimated annual expenditure : Applicant: \$      Advertising agency: \$      Other: \$
- d) Do policies listed in the Schedule of Underlying Policies cover these exposures ?     Yes       No    Limit:      \$
- e) If the Applicant is under contract with an advertising agency, has agency's policy been endorsed to include the additional interest of the applicant ?  
 Yes       No    If "Yes", to what extent ?
- f) Describe any social or sporting events sponsored by the applicant.

**17. Atomic Energy liability**

- a) Do the applicant's operation involve the use of radioisotopes or any other radioactive materials ?     Yes       No    If « Yes », provide details
- b) Do policies listed in the Schedule of Underlying Policies cover these exposures ?     Yes       No
- c) Is applicant engaged in any activity related to nuclear energy or defense ?     Yes       No    If "Yes", provide full details

**18 Railroad liability**

- a) Does applicant operate an industrial railroad ?     Yes       No    If « Yes », describe fully, providing length of track, types and numbers of owned rolling stock, number of grade crossings and protection, average number non-owned rolling stock handled per week.
- b) Do locomotives owned by applicant ever operate on the mainline of railroad ?     Yes       No    If "Yes", describe fully
- b) Do policies listed in the Schedule of Underlying Policies cover these exposures?     Yes       No    If "No", state exceptions.

**19.** List all claims paid or outstanding (whether or not insured) during the past five years whether covered or not any facts., circumstances, or allegations, which may give rise to a claim. Provide total amount. (If necessary, attach separate sheet providing full details.)

Coverage	Date and description of claim	Total paid	Outstanding	# of claimants

**20.** a) Does applicant now carry or has applicant ever carried Excess or Umbrella liability insurance ?     Yes       No    If "Yes", provide the following:

Policy #	Insurer	Policy period	Limit	Retained limit (S.I.R.)	Annual premium

b) Has any insurer rejected, cancelled or refused renewal of any umbrella or Excess coverage ?     Yes       No    If "Yes", provide full details

Applicant	Signature and title	Date
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Broker	Signature	Date
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