

PERSONAL UMBRELLA LIABILITY APPLICATION

Please complete in full

Applicant's full name and postal address	Broker name and code
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LIMIT OF COVERAGE REQUIRED	Effective Date				Expiry Date		
<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 Retained Limit (Deductible): \$250	Day	Month	Year	Time	Day	Month	Year
All times are Standard Time at the applicant's postal address stated herein.							

SCHEDULE OF PRIMARY (UNDERLYING) POLICIES:

Type	Insurer	Policy Number	Limits	Policy Period	
				From	To
Personal Liability	(must be Federation)				
Automobile Liability, including SEF/OPCF No. 44 Family Protection (see notes below under Risk Details)					
Watercraft Liability (see notes below under Risk Details)					
Details of Residences Located outside Canada – indicate:					
1. Type Location	1. _____	1. _____	1. _____	1. _____	1. _____
2. Type Location	2. _____	2. _____	2. _____	2. _____	2. _____
Other Liability (describe):					

Warranty: It is warranted that a minimum underlying limit of \$1,000,000 for personal liability coverage and a minimum underlying limit of \$1,000,000 for automobile liability coverage including SEF/OPCF No. 44 Family Protection Endorsement be maintained at all times.

RISK DETAILS

Occupation(s) of applicant(s): _____ Number of residences owned or occupied by the applicant: _____

Watercraft – Details of all watercraft owned, hired or regularly used by the applicant:

Description	Province of Registration	Waters Navigated	Length	Horsepower/kws

If the Underlying Automobile is not insured with Federation, indicate for all Drivers: _____ **Number of Vehicles owned, leased or regularly used by the applicant:**

Name	Licence # (Province)	Automobile:
		Motorcycles:
		Recreational vehicles – All Terrain Vehicles:
		Recreational vehicles – Motor Homes:
		Recreational Vehicles – Motorized Snow Vehicles:
		Recreational vehicles – Other (describe):

LOSS AND POLICY HISTORY

Date of loss (d/m/y)	Cause of loss	Amount of loss

Has the applicant or any member of the household ever had an action brought against them or been held legally liable as a result of libel, slander, or defamation of character? Yes No If "Yes," provide details including date and amount of loss.

PREVIOUS INSURER

Name: _____
 Policy No.: _____ Expiry date (d/m/y): _____
 Has any insurer cancelled, declined, or refused to renew or issue any personal insurance to the applicant within the past 5 years? Yes No
 If "Yes", provide details.

OTHER POLICIES WITH FEDERATION

Property	Automobile

PREMIUM CALCULATION

Note: Rating is to include all exposures present in the insured's household, i.e., the spouse and all persons under 21 in their care should also be considered as applicants for the umbrella coverage.

BASIC PREMIUM: (Limit \$1,000,000; Retained Limit \$250)

Includes:

PLAN A (Excludes Farm Operation) INCLUDES: _____ \$

- \$1,000,000 excess limit (excluding farmer's personal liability;
- Two residences owned or occupied by the applicant;
- One automobile owned, leased or regularly used by the applicant;
- Watercraft not more than 26 feet long, 50HP inboard motor or 24HP outboard motor.

PLAN B (Includes Farm Operation) INCLUDES: _____ \$

- \$1,000,000 excess limit (including farmer's personal liability;
- Two residences or farms owned or occupied by the applicant;
- One automobile owned, leased or regularly used by the applicant;
- Watercraft not more than 26 feet long, 50HP inboard motor or 24HP outboard motor.

ADDITIONAL CHARGES:	Quantity	Rate (each unit)
• Each additional automobile	@	\$
• Each motorized recreational vehicle	@	\$
• Each additional residence or farm	@	\$
• Each watercraft not included in Basic Charge not more than 26 feet in length	@	\$
• Each office premises for which underlying insurance is provided.	@	\$
	Sub-total:	\$

INCREASED LIMITS: Sub-total: \$ x Factor = \$

CREDIT FOR \$2,000,000 UNDERLYING LIMITS: (all underlying policies) less %

FINAL PREMIUM: \$

SIGNATURES

Consumer and previous insurer reports containing personal, credit, factual, investigative, driving record or previous claim and loss information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance. The answers in all parts of this application are correct to the best of my knowledge and belief.

Date Signature of applicant Signature of broker