***COMMERCIAL UMBRELLA LIABILITY APPLICATION***

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| **Applicant** |
| [ ]  Individual | [ ]  Joint Venture | [ ]  Partnership | [ ]  Corporation | [ ]  Other- Specify:       |
| Name:       | Mailing Address:      |
|  | Website:       |
| How long has the applicant been in business with the same principals?       |
| Description of operations:  | Annual Payroll | Annual Sales | # Employees |
|       |       |       |       |
| *Attach a list of all properties owned or managed by the applicant. Identify occupancy and construction. Attach a descriptive brochure of products.* |
|  |
| **Subsidiary Companies** |
| 1. List all Subsidiary Companies:
 |
| Name and address of Company | Description of Operations | Annual Payroll | Annual Sales | # Employees |
|                 |                 |                 |                 |                 |
| 1. Does the applicant or subsidiary companies have any operations of sales outside of Canada? [ ]  Yes [ ]  No. If yes, provide complete details. Attach descriptive brochure and any other pertinent documentation relative to ‘products’ and provide any details of any foreign operations below.
 |
| Name of Company | Description of Operations | Country | Annual Payroll | Annual Sales | # Employees |
|            |            |            |            |            |            |
| Are all companies listed above to be covered by this insurance? [ ]  Yes [ ]  No If No, provide details of all exceptions.       |
|  |
| **Schedule of Underlying Policies** |
| Policy # | Insurer | Policy period | Coverage | # of Claims | Limits | Annual Premium |
|                 |                 |                 |                 |                 |                 |                 |
| Do these policies cover all companies listed in answer to question 1, 2, and 3? [ ]  Yes [ ]  No If No, provide details of all exceptions.       |
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| **Limit of Liability** |
| Limit of Umbrella Liability Coverage desired:       | Amount of self-retention:      | Policy Term:       |

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| **Coverage on Underlying Policies** |
| 1. 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 auto |       |       |       |
| 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 |       |       |       |
| Employee Liability |       |       |       | Watercraft Liability |       |       |       |
| Fire-fighting expenses |       |       |       | World-wide coverage |       |       |       |
| Liquor liability |       |       |       | Wrongful Dismissal |       |       |       |
| Mental Anguish |       |       |       | Others- Specify |       |       |       |
| 1. If ‘Yes’ to any of the items, describe the coverage provided:

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| 1. 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.
 |
| 1. Give details of any exclusions or restriction in coverage other than those printed in the form itself: personal injury, blasting, etc. Attach copy.
 |
| 1. Does the primary Commercial General Liability exclude punitive damages or restrict coverage to compensatory damages? [ ]  Yes [ ]  No
 |
|  |
| **Products/ Completed Operations** |
| 1. 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 or products (attach brochure).
 |
| 1. Have any products been discontinued or recalled during the last 5 months? [ ]  Yes [ ]  No
 |
| 1. If a completed operations exposure exists, describe below: ex: installation..

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| **Contractual Liability** |
| Describe contractual liability assumed at present. Attach copies of applications’ 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.       |
| **Protective Liability** |
| 1. Are independent contractors employed? [ ]  Yes [ ]  No If yes, provide full details of work performed and state annual cost of work performed by contractors.
 |
| 1. Do underlying policies listed in the schedule of Underlying Policies cover these exposures? [ ]  Yes [ ]  No

If no, explain:       |
| 1. Are certificates of insurance requested from independent contractors? [ ]  Yes [ ]  No

If yes, what limit:       |
|  |
| 1. **Tenants Legal Liability**
 |
| 1. List all premises occupied but not owned by the applicant. If more room required, attach page.

Indicate if none: [ ]  None |
| **Location** | **Occupancy** | **% Occupied** | **Estimated value of % Occupied** | **Tenants legal liability limit** | **Limited Form** | **Broad Form** |
|                 |                 |                 |                 |                 |                 |                 |
| 1. Is lessor held harmless by applicant for damages to premises? [ ]  Yes [ ]  No

If yes, to what extent?       |
| 1. Is TLL limit included in the occurrence and aggregate limit? [ ]  Yes [ ]  No
 |
| 1. 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** |
|                 |                 |                 |                 |                 |
|  |
| **Automobile Liability** |
| Does the applicant require excess coverage? [ ]  Yes [ ]  No If yes, provide answers to the following questions:  |
| 1. 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-up |       |       | Trucks- any used as courier service? [ ]  Yes [ ]  No  |       |       |
| Snowmobiles/ Motorcycles |       |       | Tractor |       |       |
| Buses- van type (# seats:       ) |       |       | Trailer Units |       |       |
| Buses- school/ other(# seats:      ) |       |       | Tankers |       |       |
| Trucks- light (less than 4,535 kgs) |       |       | Emergency Vehicles- fire, police, etc |       |       |
| Trucks- medium (from 4,535-11,340 kgs) |       |       | Other |       |       |
| 1. 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.

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| 1. Are there any vehicles travelling to the USA? [ ]  Yes [ ]  No If yes, provide full details, (ie: type, number of vehicles, distance, frequency of trips, ect.)

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| 1. Are any long haul operations over 100 km? [ ]  Yes [ ]  No If yes, provide full details (ie: type, number of vehicles, distance, frequency of trips, etc.)

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| 1. Are any vehicles indicated in (a) permanently located outside the province? [ ]  Yes [ ]  No If yes, provide full details.

      |
| 1. Are all owned or leased vehicles covered under the automobile policies listed in the Schedule of Underlying Policies? [ ]  Yes [ ]  No If no, explain.

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| 1. 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).

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| 1. What percentage of drivers are less than 25 years of age?
 |
|  |
| **Non-Owned Automobile** |
| 1. Does the underlying policy provide non-owned automobile coverage? [ ]  Yes [ ]  No
 |
| 1. State estimated cost if hired, if any $
 |
| 1. Current policy limit $
 |
|  |
| **Errors and Omissions/ Professional Liability** |
| 1. Does the applicant operate a hospital, clinic, or first aid facility? [ ]  Yes [ ]  No

 If yes, describe facility       |
| 1. Does the applicant provide any consulting, inspection or other professional services to others for a fee?

 [ ]  Yes [ ]  No  |
| 1. Do policies listed in the Schedule of Underlying Policies cover this exposure? [ ]  Yes [ ]  No
 |
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| **Watercraft Liability** |
| 1. Describe fully any watercraft including type, length of craft and size of engine/ motors. State whether owned, non-owned, leased or chartered by applicant.

      |
| 1. Provide details of rental operations, if any.
 |
| 1. Does the applicant maintain a waterfront facility? [ ]  Yes [ ]  No

 If yes, provide details       |
| 1. Do policies listed in the Schedule of Underlying Policies cover these exposures? [ ]  Yes [ ]  No

If no, explain       |
|  |
| **Aviation Liability** |
| 1. Indicate number and type of aircrafts including make, model, number of engines, seating capacity and whether owned, non-owned, leased or chartered by applicant.

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| 1. Do any employees fly their owned or other aircraft on applicant’s business? [ ]  Yes [ ]  No

If yes, how many?       |
| 1. Does the applicant expect to own, lease or charter aircraft within the next 12 months? [ ]  Yes [ ]  No

If yes, provide full details.       |
| 1. Do policies listed in the Schedule of Underlying Policies cover these exposures? [ ]  Yes [ ]  No

If yes, is passenger liability included? [ ]  Yes [ ]  No |
| 1. Is the aircraft used for other than non-commercial transporting of passengers? [ ]  Yes [ ]  No

If yes, provide details.       |
| 1. Does the applicant own or maintain a landing strip or hangar facilities? [ ]  Yes [ ]  No
 |
|  |
| **Employers Liability** |
| 1. Are all employees in Canada covered by Workers’ Compensation? [ ]  Yes [ ]  No

If no, state exceptions.       |
| 1. Are any employees located outside Canada? [ ]  Yes [ ]  No

If yes provide full details.       |
| 1. 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.
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| **Advertising Liability**  |
| 1. Describe all radio, television and publishing activities contemplated for the next 12 months.

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| 1. Are any unusual activities such as contests, exhibitions, etc. contemplated? [ ]  Yes [ ]  No

If yes, describe.       |
| 1. Estimated annual expenditure: Applicant: $      Advertising Agency: $      Other: $
 |
| 1. Do policies listed in the Schedule of Underlying Policies cover these exposures? [ ]  Yes [ ]  No

Limit $      |
| 1. If the applicant is under contract with an advertising agency, has the agency’s policy been endorsed to include the additional interest of the applicant? [ ]  Yes [ ]  No

If yes, to what extent?       |
| 1. Describe any social or sporting events sponsored by the applicant.

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| **Atomic Energy Liability** |
| 1. Does the applicant’s operation involve the use of radioisotopes or any other radioactive materials?

[ ]  Yes [ ]  No If yes, to what extent?       |
| 1. Do policies listed in the Schedule of Underlying Policies cover these exposures? [ ]  Yes [ ]  No
 |
| 1. Is applicant engaged in any activity related to nuclear energy or defence? [ ]  Yes [ ]  No
 |
|  |
| **Railroad Liability** |
| 1. Does the applicant operate an industrial railroad? [ ]  Yes [ ]  No If yes, describe fully, providing length of track, types and number of grade crossings and protection, average number of non-owned rollignstock handled per week.
 |
| 1. Do locomotives owned by the applicant ever operate on the mainline of the railroad? [ ]  Yes [ ]  No

If yes, describe fully.       |
| 1. Do policies listed in the Schedule of Underlying Policies cover these exposures? [ ]  Yes [ ]  No

If no, state exceptions.       |
|  |
| **Claims** |
| List all claims paid or outstanding (whether or not insured) during the last 5 years. List also any circumstances that may give rise to a claim. |
| **Coverage** | **Date and Description of Claim** | **Total Paid ($)** | **Value Outstanding** | **# of claimants** |
|                 |                 |                 |                 |                 |
|  |
| **Previous Policy History** |
| Does the applicant currently carry, or have they ever held, Excess or Umbrella Liability Insurance? [ ]  Yes [ ]  No If yes, provide the following: |
| **Policy #** | **Insurer** | **Policy Period** | **Limit** | **Retained Limit (S.I.R)** | **Annual Premium** |
|                 |                 |                 |                 |                 |                 |
| Has any insurer rejected, cancelled or refused renewal of any umbrella Excess coverage? [ ]  Yes [ ]  No If yes, provide full details.       |

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| Applicant | Signature and Title | Date |
|  |  |  |
|  |  |  |
| Broker | Signature | Date |