

PERSONAL UMBRELLA LIABILITY APPLICATION

Applicant's Name:	Broker:
Address:	Broker Code:
Policy Period: to (12:01 AM)	

Limit of Coverage:		Payment plan:
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Broker Bill
<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> Company Bill
<input type="checkbox"/> \$5,000,000		<input type="checkbox"/> Econopay (attach authorization)

Schedule of Primary (Underlying) Policies:

Type	Insurer	Policy Number	Limits	Policy Period	
				From	To
Personal Liability					
Auto Liability, including SEF/OPCF No. \$\$ 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:	1.	1.	1.	1.	1.
Location:	2.	2.	2.	2.	2.
2. Type:					
Location:					
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.

Watercraft- Details of all watercraft owned, hired, or regularly used by the applicant: (if more space needed please attach an additional page)

Description	Province of Registration	Waters Navigated	Length	Horsepower/ kws

Loss and Policy History

Previous <i>claims</i> in the past 5 years? <input type="checkbox"/> Yes, <input type="checkbox"/> No Describe:	
Previous Insurer:	Policy #:
Has any insurer <i>cancelled, declined or refused</i> to renew Commercial Insurance to the Applicant within the past 5 years? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Supporting Business: Policy #:	Company:

If the Underlying Automobile is not insured with a member company of the Economical Group, indicate for all Drivers:

Number of vehicles owned, leased or regularly used by the applicant:

Name	License # (Province)	Automobile:	
		Motorcycle:	
		Recreational Vehicles- All Terrain Vehicles:	
		Recreational Vehicles- Motor Homes:	
		Recreational Vehicles- Motorized Snow Vehicles:	
		Recreational Vehicles- Other (describe)	

Premium Calculation

Note: Rating is to include all exposure 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	<ul style="list-style-type: none"> • 2 residences, owned or occupied by the applicant • Incidental office in the residence, owned or occupied by the applicant • Watercraft owned, hired or operated by the applicant, maximum length 30 feet, maximum horsepower 50 (39 kw) • 2 automobiles (excluding motorcycles) owned, leased or regularly used by the applicant • 1 recreational vehicle (excluding motorcycles) owned, leased or regularly used by the applicant • Additional protection provided but not covered by the underlying policies
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Additional Charges	Quantity		Rate (each unit)	\$
Additional residence or location		@		
Additional watercraft (maximum 30 ft in length)				
With motors totalling 51 hp to 100 hp		@		
With motors totalling over 100 hp		@		

Note: If more than one power unit is used to propel the watercraft, the rate is based upon the total horsepower of all units combined

Additional watercraft (over 30 ft in length) with or without motors		@		
Additional recreational vehicles (excluding motorcycles)		@		
Motorcycles owned or leased by the applicant		@		
Hobby farm at principal residence		@		
Home run business at principal residence		@		
Increase Limits:	Subtotal (a): \$		x Factor=	
Credit for \$2,000,000 underlying limits: (all underlying policies)			less	
			Final Premium:	

Signatures

Consumers 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
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ANGUS-MILLER
INSURANCE

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SAINT JOHN, N.B.
E2L 4Z6

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PHONE

1-800-222-9646
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1-800-222-9718
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