

APPLICATION FOR COMMERCIAL UMBRELLA LIABILITY INSURANCE

1. (a) Name and Address of Applicant: _____ Corporation
 _____ Partnership
 Website Address: _____ Individual
 Other Locations: _____
- (b) Name of Principal(s): _____ Number of Years in Operation: _____
- (c) Description of Operations: Annual Sales/Receipts Annual Payroll Number of Employees

2. (a) Name and Address of Subsidiary Companies: (attach separate sheet if necessary)

- (b) Description of Operations: Annual Sales/Receipts Annual Payroll Number of Employees

- (c) Are all companies covered in underlying policies? _____
3. Does the Applicant have any U.S. or other foreign sales, employees or operations? Yes No
 If YES, give complete details of products and operations by country.

4. (a) Policy Period: _____
- (b) Limit of Umbrella Liability Coverage desired: Amount of Retained Limit \$ _____ (not less than \$10,000)
 \$ _____
- (c) Previous Umbrella Liability. Name of Carrier, limits, premium, etc. _____
- (d) Has any carrier cancelled, declined or refused coverage in the past 3 years? If so, provide details. Yes No

5. Schedule of Underlying Insurance (List all General Liability and Automobile Liability policies)

Type of Policy	Policy Period	Limits of Coverage	Annual Premium	Insurer	Policy Number

Note: If any companies or operations listed under Section 1, 2 & 3 are not covered by these policies, list exceptions.

6. (a) Do the underlying policies afford coverage for the following: Limits of Coverage
- Employee Benefits Liability Yes No _____
- Employers' Liability Yes No _____
- Forest Fire Fighting Expenses Yes No _____
- Liquor Liability Yes No _____
- Non Owned Auto Yes No _____
- Products Completed Operations Yes No _____
- Tenants Legal Liability Yes No _____
- X; C; U Coverage Yes No _____

(b) Do underlying policies afford coverage less than standard in any respect or do they contain any restrictive endorsement? (If YES, attach copies) Yes No

(c) Is coverage in underlying C.G.L. _____ occurrence _____ claims made

7. (a) List products manufactured, sold, handled or distributed. Describe separately products or related groups of products:

Product	*Type	Annual Sales/Receipts in Canada

* Indicate by the code whether:

- | | |
|--|-----|
| - Manufactured/processed by Insured to Insured's specifications | I |
| - Manufactured/processed by Insured to customer's specifications | II |
| - Manufactured by others, repackaged or labelled by Insured | III |
| - Manufactured by others with no repackaging or labelling by Insured | IV |

(b) Has any product or service been discontinued in the past 5 years? If so, please provide details.

(c) Does applicant sell or distribute products of any foreign manufacturer? If so, specify product, country of origin and percent sales.

8. (a) Is equipment rented to others? If YES, describe type of equipment, list annual receipts and attach copy of rental agreement. Yes No

(b) Does the applicant have any:
 Construction, erection or installation operations? Yes No
 Service or repair operations? Yes No
 Logging, lumbering, drilling or mining operations? Yes No

If YES, to any of the above, fully describe operations and list annual receipts and payroll for each.

(c) Does the applicant now have under way or plan any new construction or alterations to existing structures? If YES, describe fully. Yes No

(d) Do the Primary Policies listed in Section 5 cover the exposures described in (a) or (b)? If NO, please explain. Yes No

9. Are all Employees (including those employed by Subsidiary Companies) covered by Workers' Compensation Insurance? If NO, list the classes of workers not covered and their annual payroll: Yes No

10. (a) Are Independent Contractors employed? If YES, describe work performed & annual contract cost. Yes No

(b) If YES, are certificates of insurance requested from all independent contractors? If so, what limit? Yes No

(c) Do any of the Applicant's Employees engage in new construction or demolition work? If YES, describe work performed, number of employees and their annual payroll. Yes No

11. (a) List the number, type and use of all owned or leased vehicles:

_____ Private Passenger	_____ Heavy Trucks	_____ Tractors	_____ Others (Describe)
_____ Light Trucks	_____ Tandems	_____ Trailers	_____

- (b) Are trucks used in long haul operations (over 100 miles)? If YES, state number and type. Yes No
-
- (c) Operating into the U.S.? If YES, state number and type. Yes No
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- (d) Are vehicles used in the transportation of flammable, caustic or explosive substances? If YES, describe fully. Yes No
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- (e) Do the Primary Policies listed under Section 5 cover these exposures? Yes No
- (f) In which province are vehicles registered? _____
- (g) Are any of the Primary Policies listed under Section 5 insured with the Facility Association? Yes No

12. (a) List all Leased Real Properties with values over \$10,000:

Location (city, town, village)	Occupancy	Estimated Value of Property

(b) List all Other Property in the Applicant's care, custody or control: (Include such property as: electronic equipment, leased vehicles, aircraft or machinery, material on consignment or under bailment, property stored, watercraft, railroad rolling stock, etc.).

Location (city, town, village)	Type of Property	Estimated Value

(c) To what extent do the Primary Policies listed under Section 5 cover the property described in (a) and (b) above?

13. (a) Estimate annual advertising expenditures contemplated for: None or
 Television \$ _____ Radio \$ _____ Newspapers \$ _____ Other \$ _____

(b) Are any advertising activities, such as contests, exhibits, team sponsorship, special events, etc. contemplated? If YES, describe fully. Yes No

(c) Will any advertising Agencies be used? Yes No
 If YES, will the agencies policies be endorsed to include the additional interest of the Applicant? Yes No

(d) Do the Primary Policies listed under Section 5 cover the exposures described in (a) or (b)? Yes No

14. (a) Does the Applicant operate a First-Aid facility, Hospital or Clinic? If YES, describe the scope of facilities provided. Yes No

(b) Is the individual liability of doctors and nurses, employed by the Applicant, covered by these policies? If YES, what limits are provided? Yes No

(c) Does the Applicant provide any consulting services to others for a fee? If YES, describe. Yes No

(d) Do the Primary Policies listed under Section 5 cover these exposures? If Yes, what is the limit and scope of such coverage? Yes No

15. (a) List the number, type and use of owned or chartered Watercraft the Applicant has or expects to have in the next twelve (12) months:

(b) Does the Applicant maintain a Waterfront Facility? If YES, describe fully. Yes No

(c) Do the Primary Policies listed under Section 5 cover these exposures? If NO, please explain. Yes No

16. (a) List the number and type of owned, leased or chartered Aircraft the Applicant has or expects to have in the next twelve (12) months:

(b) Do Directors, Officers or Employees operate Aircraft while performing their duties on behalf of the Applicant? If YES, describe fully. Yes No

(c) Does Applicant own or maintain a landing strip or hanger facility? If YES, give details. Yes No

(d) Do the Primary Policies listed under Section 5 cover all Aircraft Liability exposures including Passenger Liability? Yes No

17. List all liability losses, including automobile liability, paid or outstanding during the past five (5) years, whether or not covered by insurance: (Include only those losses which exceed \$10,000)

Coverage	Date of Loss	Description of Loss	Amount Paid	Amount Outstanding	No. of Claimants

18. Does Applicant's operations involve the use of Radioisotopes or any other Radioactive Materials? If YES, describe fully. Yes No

19. Does Applicant operate an industrial railroad? If YES, describe fully. Yes No

INDICATE THE NAME AND TITLE OF THE INDIVIDUAL IN THE APPLICANT'S ORGANIZATION WHO SUPPLIED THE INFORMATION.

BROKERAGE

NAME OF BROKER IF SIGNING (please print)

(please print)

DATE

SIGNATURE OF APPLICANT OR BROKER