

PART 1 GENERAL INFORMATION

Name of Applicant, including all subsidiary companies, domestic and foreign: _____

Website Address: _____

Applicant is: Corporation Partnership Individual Other

Postal Address: _____

Other Locations: _____

Give complete description of all operations :

No. years in business: _____ No. years experience: _____

Split in revenue – On premises _____ Versus off premises: _____

Annual Payroll _____ Annual Sales/Receipts _____ No. of Employees _____

Are any additional operations or locations anticipated during the policy period? Yes No

If yes, please explain:

Are all locations and operations to be covered? Yes No

Policy period desired _____ From _____ To _____

Limit of Liability
 a) _____ in excess of underlying or retained limit

b) _____ retained limit (self insured retention – must not be less than \$10,000)

PART 2 PREVIOUS UMBRELLA CARRIER

Name of Carrier: _____

Has any carrier cancelled, declined or refused coverage in past 3 years? Yes No

If yes, please explain:

PART 3 DESCRIPTION OF EXPOSURES

AUTOMOBILE LIABILITY

State number of units owned and leased and registered in the name of the Applicant

Private Passenger _____ Light Trucks _____ Heavy Trucks _____

Tractors _____ Trailers _____ Buses _____ Seating Capacity _____

Are flammable, explosive or toxic materials hauled? Yes No
 If yes, please explain:

Are any units engaged in long haul (over 100 miles)? If yes, explain and state number of units:

Yes No

In which Province(s) are vehicles chiefly garaged?

GENERAL LIABILITY

Please indicate which of the following extensions are included in the underlying policy:

- Occurrence Property Damage
- Broad Form Property Damage
- Blanket Contractual Liability
- Personal Injury
- Underpinning
- Employees as Additional
- Insureds Products/Completed
- Operations Vendor's
- Endorsement Employer's
- Liability Collapse
- Contingent Employer's Liability
- Non-Owned Automobile
- Tenant's Fire Legal Liability
- Blasting

Describe specifically the Products and/or Completed Operations and give sales for each

Have any products been discontinued during the past 5 years? If yes, list products and reasons:

Yes No

Are any products used or installed in any aircraft or missile? If yes, explain:

Yes No

Does Applicant have any sales to the U.S.?

Yes No

Does Applicant have any sales to countries elsewhere? If yes, please advise:

Yes No

Amount	Country	Product Description

Does Applicant sell or distribute products of any foreign manufacturers? If yes, specify product and country of origin:

Yes No

Attach sales brochure or advertising material, if available

List principal customers

List operations performed by independent contractors and percentage of total receipts.

NON-OWNED PROPERTY – CARE, CUSTODY AND CONTROL

List all leased real properties

Amount	Country	Product Description

List all other property in the care, custody or control of Applicant (include such property as electronic equipment, leased automobiles, machinery, material on consignment, under bailment, property stored, etc.)

Amount	Country	Product Description

AIRCRAFT AND WATERCRAFT

List and describe any owned, non-owned, leased or chartered aircraft and watercraft

WORKER'S COMPENSATION

Are all employees covered by Worker's Compensation Board? If No, explain:

Yes No

If not, is Employer's Liability carried on those employees not covered by Worker's Compensation Board?

Yes No

PROFESSIONAL LIABILITY

Is there any professional or errors or omissions exposure? If Yes, explain:

Yes No

Is there any incidental malpractice exposure? If Yes, is it covered by underlying policies:

Yes No

ADVERTISING LIABILITY

Is any advertising contemplated during the policy term? If Yes, explain type and state expenditure

Yes No

Is an advertising agency used?

Yes No

CONTRACTUAL LIABILITY

Give details of agreements in which the applicant assumes the liability of others

RAILROAD OPERATIONS

Give details of any Railroad owned, maintained or operated by applicant

PART 4 UNDERLYING INSURANCE

Type	Carrier	Policy No.	Policy Period	Policy Limits	Annual Prem
Auto					
CGL					
N.O. Auto					
Employer's Liab.					
Prof Liab.					
Adv. Liab.					
Contractual Liab.					
TLL					
Other N.O. Property					

DOES ANY POLICY LISTED ABOVE CONTAIN

- A Deductible? Yes No
- A reduced limit of liability for any exposure? Yes No
- A territorial restriction, e.g. U. S. Products? Yes No

If yes to any of the above, provide details

PART 5 LOSS HISTORY

Describe all losses paid or reserved over \$5,000 occurring during the past 5 years

Horizontal lines for text entry.

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any 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 of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
a) Gives false or erroneous information to the prejudice of the insurer, or
b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2) The Insured contravenes a term of the Contract or commits a fraud; or
3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____