

EXCESS LIABILITY

PLEASE ANSWER ALL QUESTIONS
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"

1. NAME OF INSURED (IN FULL): _____

INSURED IS: Corporation _____ Partnership _____ Individual _____

2. ADDRESS (HEAD OFFICE): _____

OTHER LOCATIONS: _____

3. FULL DESCRIPTION OF ALL OPERATIONS: _____

Are any operations conducted outside of Canada? If yes, describe: _____

Are all operations to be covered by this Insurance? If no, explain: _____

4. LENGTH OF TIME IN BUSINESS: _____

5. RECEIPTS/REVENUES ESTIMATED FOR THIS YEAR:

a) Canada: _____ b) U.S.A: _____ c) Foreign: _____

PAST SALES (LAST 5 YEARS):

YEAR	CANADA	U.S.A.	FOREIGN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any Products been discontinued and/or recalled in the past 5 years? YES NO

If yes, describe: _____

If you are involved in more than one product/operation, please provide breakdown in receipts:

<u>PRODUCT OR OPERATION</u>	<u>RECEIPTS</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. EMPLOYEES/PAYROLL:	<u>NUMBER</u>	<u>PAYROLL</u>
Executive/Management	_____	_____
	_____	_____
	_____	_____
	_____	_____

Are all employees covered under Workers' Compensation: YES NO

If no, who is not covered? _____

Do underlying policies cover Employers' Liability? YES NO

If no, state exceptions: _____

7. AUTOMOBILES:

Private Passengers _____	Light Trucks _____	Heavy Trucks _____
Tractors _____	Trailers _____	Others _____
U.S. Vehicles _____	Buses _____	(Capacity) _____

Are any long haul operations involved? (over 100 miles) YES NO

If so, please state number of vehicles/frequency and radius of operations: _____

Are any hazardous goods carried? (ie. explosives/flammables) YES NO

If so, describe where and how often carried: _____

8. AIRCRAFT: Owned: YES NO Passenger Capacity & Type: _____

Non Owned: YES NO Passenger Capacity & Type: _____

Are aircraft chartered with crew? YES NO

Do Insured directors/officers/employees pilot aircraft? YES NO

State who, and experience: _____

Describe amount of usage time and distance flown: _____

Do you have any plans to buy/lease/charter any aircraft in the next year?

YES NO

If yes, describe: _____

State number, location, type and size of any private air strips or fields.

9. WATERCRAFT:

Describe any owned or non-owned watercraft (ie. size/usage), and state whether owned or non-owned: _____

Are any watercraft facilities operated by the Insured?

YES NO

If yes, describe: _____

Do underlying policies cover these exposures?

YES NO

10. CARE, CUSTODY OR CONTROL:

List all real property (ie. buildings) belonging to other, which is in your care, custody or control (value over \$10,000).

<u>LOCATION</u>	<u>OCCUPIED AS</u>	<u>EST. VALUE</u>	<u>LIMIT OF INSURANCE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all other property (ie. leased equipment, property stored, rolling stock) belonging to others which is in your care, custody or control (value over \$10,000).

<u>LOCATION</u>	<u>DESCRIPTION</u>	<u>EST. VALUE</u>	<u>HOW INSURED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. CONTRACTUAL LIABILITY:

Please state any unusual contractual obligations which you have entered into, or any situation where you have agreed to assume another's obligations: _____

12. RAILROAD:

Do you operate a railroad?

YES NO

If yes, describe: (length of track, # of crossings and how protected) _____

Do you have a sidetrack on your premises?

YES NO

Is it in regular use?

YES NO

Do underlying policies cover these exposures?

YES NO

13. NUCLEAR LIABILITY:

Do your operations involve the use of radioisotopes, or any other radioactive materials? If yes, describe: _____

14. PROTECTIVE LIABILITY:

Please describe any work (along with amounts) that will be performed by others for you during the coming year: _____

Do you require proof of insurance from such contractors/suppliers that perform work or services?

YES NO

What limit of Liability do you require be provided? _____

15. ADVERTISING:

State your annual expenditure in this area and advise what form of media is used (if expenditure is in excess of \$10,000):

Radio _____ T.V. _____

Publishing _____ Event Sponsorship _____

Other _____

Do you have a contract with an Advertising agency?

YES NO

If so, do they provide insurance to protect your interests?

YES NO

16. PROFESSIONAL:

Please state if any of the following exposures exist:

First Aid Station _____ Hospital _____

State number of employed: 1) Nurse(s) _____

2) Doctor(s) _____

3) Others _____

Does your firm provide any outside consulting or professional services?

YES NO

If yes, please provide details: _____

17. CLAIMS EXPERIENCE:

List all third party losses that exceeded \$10,000 for the past 5 years:

<u>YEAR</u>	<u>DESCRIPTION</u>	<u>LOSS PAYMENT</u>	<u>EXPENSES</u>	<u>RESERVE</u>	<u>STATUS</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

18. UNDERLYING INSURANCE:

List all policies that you are requesting to be scheduled on the Umbrella Policy:

<u>COVERAGE</u>	<u>LIMIT</u>	<u>INSURER</u>	<u>POLICY PERIOD</u>	<u>PREMIUM</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

19. Does your Primary CGL policy cover the following exposures?

	YES	NO		YES	NO
Products	<input type="checkbox"/>	<input type="checkbox"/>	Occurrence PD	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Contractual	<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury	<input type="checkbox"/>	<input type="checkbox"/>
Protective	<input type="checkbox"/>	<input type="checkbox"/>	Non-Owned Auto	<input type="checkbox"/>	<input type="checkbox"/>
Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	X C U Hazards	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>
Employees as Insured	<input type="checkbox"/>	<input type="checkbox"/>	Employers Liability	<input type="checkbox"/>	<input type="checkbox"/>
Advertisers'	<input type="checkbox"/>	<input type="checkbox"/>	Employee Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Tenants Legal	<input type="checkbox"/>	<input type="checkbox"/>	Forest Fire	<input type="checkbox"/>	<input type="checkbox"/>
World Wide Territory	<input type="checkbox"/>	<input type="checkbox"/>	Broad Form PD	<input type="checkbox"/>	<input type="checkbox"/>

Does your policy exclude punitive damages, or restrict cover to compensatory damages? YES NO

Does your policy have a sub-limit on any coverage? YES NO
If yes, describe: _____

Does your policy contain an annual aggregate on any coverage other than Products/Completed Operations? YES NO

Is any coverage on the underlying policies subject to a deductible? YES NO

If yes, describe: _____

Give details of any special or unusual exclusion/restriction in your primary policy: _____

20. EXISTING UMBRELLA COVER:

a) Insurer: _____

b) Limit: _____

c) Expiry Date: _____

d) Premium: _____

21. Please state what limits you require quotations for: _____

Please note: Standard Self-Insured Retention is \$10,000.00

THE APPLICANT AGREES THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Date: _____

Signature of Applicant: _____

Title: _____

Agent/Broker: _____