

Excess Automobile Application

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

1. NAME OF INSURED (IN FULL): _____

2. ADDRESS (HEAD OFFICE): _____

OTHER LOCATIONS: _____
3. FULL DESCRIPTION OF ALL OPERATIONS: _____

4. ARE ALL OPERATIONS TO BE COVERED BY THIS INSURANCE? IF NO, EXPLAIN: _____

5. LENGTH OF TIME IN BUSINESS: _____
6. SALES/REVENUE ESTIMATED:
PAST SALES (LAST 3 YEARS):

YEAR	CANADA	U.S.A.	FOREIGN
7. AUTOMOBILES:

Private Passengers_	Light Trucks	_____	Heavy Trucks	_____
Tractors	Trailers	_____	Others	_____
U.S. domiciled Vehicles	What States?	_____		
Buses	(Capacity)	_____		

Are any vehicles traveling into the U.S? YES NO

If so, list percentage of vehicles/frequency and radius of operations (attach fuel tax report): _____

List commodities hauled (attach list of cargo): _____

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

If so, describe where and how often carried: _____

8. Does company engage in backhauling? YES NO
If so, what types of goods: _____
9. Are any filings required? YES NO
If yes, please list required filings. _____

10. Does company have a safety program a/o maintenance program? YES NO
If yes, please attach brief description of program. _____

11. Are drivers: Trained by Insured? YES NO
Hired from truck driver training schools? YES NO
Committed to drug/alcohol testing? YES NO
Subject to minimum age requirements? YES NO

12. CLAIMS EXPERIENCE:
List all third party losses that exceeded \$25,000 for the past 3 years:

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

13. 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>

Does your policy have a sub-limit on any coverage? YES NO

If yes, describe: _____

14. EXISTING UMBRELLA/EXCESS COVER:
a) Insurer: _____
b) Limit: _____
c) Expiry Date: _____
d) Premium: _____

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

Please note: FOR UMBRELLA POLICIES - 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: _____

Email Form

Print Form