

# UMBRELLA & 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):

<u>YEAR</u>	<u>CANADA</u>	<u>U.S.A.</u>	<u>FOREIGN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

PRODUCT OR OPERATION

RECEIPTS

_____	_____
_____	_____
_____	_____
_____	_____

6. EMPLOYEES/PAYROLL:

NUMBER

PAYROLL

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: \_\_\_\_\_