

## EXCESS LIABILITY APPLICATION – TRANSPORTATION

### GENERAL INFORMATION

|                              |  |
|------------------------------|--|
| Brokerage Name and Location: |  |
| Broker/Producer Name:        |  |
| Named Insured:               |  |
| Principal's Name(s):         |  |
| Mailing Address:             |  |
| Business / Risk Address:     |  |
| Phone Number:                |  |
| Email Address:               |  |
| Website:                     |  |

1. Excess Liability Limit Required: \_\_\_\_\_ Excess Automobile Liability Limit Required: \_\_\_\_\_
2. Has any carrier cancelled, declined or refused coverage in the past 3 years? ☐ Yes ☐ No  
If yes, please provide details: \_\_\_\_\_
3. Three (3) Year Claim History (Please include all Primary Liability, Excess Liability, Automobile TPL and Excess Auto Liability claims):  
(If you require more space than provided, please attached a separate sheet listing all other claims)

| DATE | OPEN OR CLOSED | DETAILS | PAID/RESERVED |
|------|----------------|---------|---------------|
|      |                |         | \$            |
|      |                |         | \$            |
|      |                |         | \$            |

### BUSINESS OPERATIONS

4. Description of Operations: \_\_\_\_\_
5. Years of experience in transportation related industry: \_\_\_\_\_
6. Revenue:

| LAST YEAR ACTUALGROSS REVENUE |   |     |   | ESTIMATED GROSS REVENUE FOR THIS YEAR |   |     |   |
|-------------------------------|---|-----|---|---------------------------------------|---|-----|---|
| Transportation                |   | \$  |   | Transportation                        |   | \$  |   |
| Other (Please specify)        |   | \$  |   | Other (Please specify)                |   | \$  |   |
| CANADIAN                      | % | USA | % | CANADIAN                              | % | USA | % |

### AUTOMOBILE LIABILITY

7. State number and type of all owned/leased vehicles:

| VEHICLE MODEL                      | NUMBER | VEHICLE MODEL          | NUMBER |
|------------------------------------|--------|------------------------|--------|
| Private Passenger                  |        | Owners/Leased Trailers |        |
| Light Trucks, pick-ups, Vans, etc. |        | Non Owned Trailers     |        |
| Tractors/Power Units               |        | Other (Please specify) |        |

8. If any of the above are engaged in the following:
  - a. Provide number and type in chart
  - b. Confirm the underlying policy covers all these exposures ☐ Yes ☐ No
  - c. Advise if the underlying policy provides non-owned automobile coverage ☐ Yes ☐ No

| DESCRIPTION  | YES / NO   | NUMBER | TYPE |
|--|--|--------|------|
| Long Haul (over 100 miles) operation   | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |      |
| Operating in the USA   | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |      |
| Transportation of explosives, munitions, corrosives, liquefied petroleum gases, radioactive materials or other hazardous commodities | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |      |
| Transportation of gasoline or fuel   | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |      |
| Transportation of livestock or eggs  | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |      |
| Transportation of Automobiles, Recreational vehicles, etc  | <input type="checkbox"/> Yes <input type="checkbox"/> No |        |      |

#### **UNDERLYING INSURANCE POLICY INFORMATION**

9. Pls complete the following **(Insurer, limits and premium required to quote and rest required at time of bind)**

| INSURER | POLICY NO. | TYPE OF POLICY | EXPIRY DATE | LIMIT - PER OCCURRENCE | DED | ANNUAL PREMIUM |
|---------|------------|----------------|-------------|------------------------|-----|----------------|
|         |            |                |             |                        |     |                |
|         |            |                |             |                        |     |                |
|         |            |                |             |                        |     |                |

10. Does the underlying policy provide coverage for the following extensions of the usual standard wording?

**IF YES TO ANY OF THE BELOW, PLEASE ATTACH WORDINGS SHOWN IN SUCH POLICIES**

| Coverage   | Limit | Aggregate Limit |
|--|-------|-----------------|
| Occurrence Property Damage <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$    | \$              |
| Personal & Advertising Injury <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$    | \$              |
| Products/Complete Operations <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$    | \$              |
| Forest Fire Fighting Expense Liability <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$    | \$              |
| Limited Pollution Liability <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$    | \$              |
| Blanket Contractual Liability <input type="checkbox"/> Yes <input type="checkbox"/> No   | \$    | \$              |
| A reduced limit of liability for any exposure or contain any restrictive endorsements? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide details: | \$    | \$              |

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

|                      |              |        |
|----------------------|--------------|--------|
| Broker Signature:    | Date Signed: | Title: |
|                      |              |        |
| Applicant Signature: | Date Signed: | Title: |
|                      |              |        |