

**UMBRELLA LIABILITY APPLICATION**

Brokerage/Producer: \_\_\_\_\_

Date: \_\_\_\_\_

**1. General Information**

- a) Name of Applicant, including all subsidiary companies, domestic and foreign:  
\_\_\_\_\_
- b) Applicant is:  A Corporation  A Partnership  An Individual  Other
- c) Principal Address: \_\_\_\_\_
- d) Other Locations (include country): \_\_\_\_\_  
\_\_\_\_\_
- e) Give complete description of all operations: \_\_\_\_\_  
\_\_\_\_\_
- f) Canada: Annual Sales/Receipts \$ \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_ # of Employees \_\_\_\_\_  
USA: Annual Sales/Receipts \$ \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_ # of Employees \_\_\_\_\_  
Foreign: Annual Sales/Receipts \$ \_\_\_\_\_ Annual Payroll \$ \_\_\_\_\_ # of Employees \_\_\_\_\_
- g) Are any additional operations or locations anticipated during the policy period?  Yes  No  
If yes, explain: \_\_\_\_\_
- h) Are all locations and operations to be covered?  Yes  No  
If no, explain: \_\_\_\_\_
- i) Policy period desired: From: \_\_\_\_\_ To: \_\_\_\_\_
- j) Limit of Liability:  
I. In excess of underlying or retained limit  Yes  No  
II. Retained limit (self-insured retention – must not be less than \$10,000)  Yes  No

**2. Previous Umbrella Carrier**

- a) Name of Carrier: \_\_\_\_\_
- b) Has any carrier cancelled, declined or refused coverage in the past 3 years?  Yes  No  
If yes, explain: \_\_\_\_\_

**3. Description of Exposures**

- a) Automobile Liability
- I. State number of units owned and leased and registered in the Applicant's name:  
Private Passenger \_\_\_\_\_ Light Trucks \_\_\_\_\_  
Heavy Trucks \_\_\_\_\_ Trailers \_\_\_\_\_  
Tractors \_\_\_\_\_ Buses \_\_\_\_\_ (Seating Capacity) \_\_\_\_\_
- II. Are flammable, explosive, toxic, or hazardous materials hauled?  Yes  No  
If yes, explain: \_\_\_\_\_
- III. Are any units engaged in long haul (over 100 miles)?  Yes  No  
If yes, explain: \_\_\_\_\_
- IV. Provide amount of USA mileage: \_\_\_\_\_
- V. In which province(s) are vehicles chiefly garaged? \_\_\_\_\_
- b) General Liability
- I. Does the underlying policy have the following extensions?
- |                                  |                              |                             |              |
|----------------------------------|------------------------------|-----------------------------|--------------|
| Occurrence Property Damage       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limit: _____ |
| Broadform Property Damage        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limit: _____ |
| Blanket Contractual Liability    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limit: _____ |
| Personal Injury                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limit: _____ |
| Employees as Additional Insureds | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limit: _____ |
| Products/Complete Operations     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limit: _____ |
| Vendor's Endorsement             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limit: _____ |
| Employer's Liability             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Limit: _____ |

- Contingent E.L.  Yes  No Limit: \_\_\_\_\_
- Non-owned Automobile  Yes  No Limit: \_\_\_\_\_
- Tenant's Fire Legal Liability  Yes  No Limit: \_\_\_\_\_
- Blasting  Yes  No Limit: \_\_\_\_\_
- Underpinning  Yes  No Limit: \_\_\_\_\_
- Collapse  Yes  No Limit: \_\_\_\_\_

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

\_\_\_\_\_

III. Have any products or operations been discontinued (include for all past and present entities)?  Yes  No  
 If yes, list products and reasons: \_\_\_\_\_

IV. Are any products used or installed in any aircraft or missile?  Yes  No  
 If yes, explain: \_\_\_\_\_

V. Does Applicant sell or distribute products manufactured outside of North America?  Yes  No  
 If yes, specify product and country or origin, and quality control checks in place: \_\_\_\_\_

VI. Attach sales brochure, advertising material or website address if available.

VII. List principal customers: \_\_\_\_\_

VIII. List operations performed by independent contractors. State percentage of total receipts.

\_\_\_\_\_

IX. Is coverage for Real or Personal Property required?  Yes  No  
 If yes, please provide the applicable information below

**Non-Owned Property – Care, Custody and Control**

Location	Type	Estimated Value

X. List all personal property in the care, custody or control of applicant. (Include such property as electronic equipment, machinery, material on consignment, under bailment, property stored, etc.):

Location	Type	Estimated Value

XI. Is coverage for this personal property provided under a separate policy?  Yes  No  
 Is yes, describe: \_\_\_\_\_

c) Aircraft and Watercraft

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

\_\_\_\_\_

d) Worker's Compensation

I. Are all employees covered by Worker's Compensation Board?  Yes  No  
 If no, explain: \_\_\_\_\_

II. If not, is Employer's Liability carried on those employees not covered by Worker's Compensation Board?  Yes  No

e) Professional Liability

I. Is there any professional errors or omissions exposure?  Yes  No  
 If yes, explain: \_\_\_\_\_

II. Is there any incidental malpractice exposure?  Yes  No  
 If yes, is it covered by underlying policies?  Yes  No

f) Advertising Liability

I. Is any advertising contemplated during the policy term?  Yes  No  
 If yes, explain type and state expenditure: \_\_\_\_\_

II. Is an advertising agency used?  Yes  No  
 If yes, is the insured added to their policy as an additional insured?  Yes  No

g) Contractual Liability

I. Give details of agreements in which the applicant assumes the liability of others:

\_\_\_\_\_  
\_\_\_\_\_

h) Railroad Operations

I. Give details of any railroads owned, maintained or operated by the applicant:

\_\_\_\_\_  
\_\_\_\_\_

i) Underlying Insurance

Type	Carrier	Policy #	Policy Period	Policy Limits – Per Occurrence	Policy Limits – Aggregate	Annual Premium
Auto						
C.G.L.						
Non-Owned Auto						
Employer’s Liability						
Professional Liability						
Tenant’s Legal Liability						
Other/Non-Owned Property						

I. Does any policy listed above contain:

A deductible?  Yes  No

A reduced limit of liability for any exposure?  Yes  No

A territorial restriction, i.e. U.S. products?  Yes  No

If yes to any of the above, provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

j) Loss History

I. Describe all losses paid or reserved over \$10,000 occurring during the past 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material change as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

**Privacy Disclosure and Consent**

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 this information shall only be used or shared by the Insurer 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.

**Applicant’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Brokerage Name:** \_\_\_\_\_

**Broker’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_