

PERSONAL UMBRELLA POLICY APPLICATION

Brokerage Name		Producer Name	
Umbrella limit required	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000		

PRIMARY APPLICANT NAMED INSURED INFORMATION			
Name			Date of Birth (mm/dd/yy)
Address			
Email Address		Phone Number	
Driver's License Number		Occupation	

ADDITIONAL APPLICANT INFORMATION (APPLICANTS AND ALL HOUSEHOLD MEMBERS)				
Name	Relationship To Insured	Date of Birth (mm/dd/yy)	Occupation	Driver's License Number

GENERAL QUESTIONS	
Does any applicant or household member own automobiles, property, or watercraft that are primarily located outside of Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any applicant or household member have liability coverage not listed in Primary Policy Information section below?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any applicant or household member experienced any personal liability loss which has been paid or reserved in the past 5 years (excluding losses under \$200,000 covered by an automobile policy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any applicant or household member been sued for libel or slander in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any applicant or household member experienced any occurrence likely to lead to litigation, pending litigation, judgements or open personal liability claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any applicant or household member own aircraft of any kind, including unmanned aerial vehicles (drones)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any applicant or household member engage in any home business, home daycare, or farming activities, not including volunteer work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the above are answered as yes, please provide full details:	

DRIVER HISTORY	
<i>A current drivers abstract is required on all licensed household members</i>	
How many years has the applicant been licensed to operate a private passenger vehicle in Canada?	
Has any applicant or household member had any major or serious driving convictions in the past 3 years? If yes, driver name & details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any applicant or household member had more than two minor driving convictions in the past 3 years? If yes, driver name & details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any applicant or household member had more than one at fault loss in the past 3 years? If yes, driver name & details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any applicant or household member ever had their license suspended or cancelled? If yes, driver name & details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any applicant or household member have any active prohibitions or license restrictions? If yes, driver name & details	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY POLICY INFORMATION – RESIDENCES INSIDE CANADA						
<i>Minimum underlying limit required is \$1,000,000 on all policies, and the policy must be in the name of the applicant or their spouse as listed on this application. SEF No. 44 Family Protection Endorsement is required on all Automobile Policies</i>						
Loc #	Full Address	Occupancy	Insurer	Policy #	Liability Limit	Effective/Expiry
Do any Property/Liability policies have liability coverage restrictions or extensions added to the standard wordings? If yes, details:						<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY POLICY INFORMATION – PRIVATE PASSENGER (PP), RECREATIONAL VEHICLES (RV), MOTORCYCLES (MC)							
Unit #	Make of vehicle	PP, RV, MC	Province of Registration	Insurer	Policy #	Liability Limit	Effective/Expiry

Does the applicant or any household member own automobiles or recreational vehicles that are not covered by an underlying insurance policy listed above?

Yes No

Total number of Automobiles:

Total number of Recreational Vehicles:

PRIMARY POLICY INFORMATION – BOATS & MOTORS AND PERSONAL WATERCRAFT								
Unit #	Inboard/Outboard	Length	Horsepower	Max Speed	Insurer	Policy #	Liability Limit	Effective/Expiry

Do any Boat/Watercraft policies have liability coverage restrictions added to the standard wordings? Yes No

If yes, details:

FIVE (5) YEAR CLAIM HISTORY			
Include claims for all residences, liability, personal automobile, recreational vehicles and watercraft If you require more space than provided, please attached a separate sheet listing all other claims			
DATE (MM/DD/YY)	OPEN OR CLOSED	DETAILS	PAID/RESERVED
			\$
			\$
			\$
			\$

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- (a) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such information will include policy history, loss history and rating information.
- (b) That these collections, uses and disclosures are for the purpose necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.
- (c) To collect only my personal credit information including my credit score from consumer reporting agencies, as permitted by law for the purposes identified above. I understand that my consent for the use of credit information remains valid until withdrawn by me in writing. By withdrawing or failing to provide my consent to the use of credit information, I understand that I may not benefit from the best rate available to me.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

If any other individuals wish to provide their consent with respect to the use of their credit information, they may provide their consent by signing below.

I may obtain a copy of or ask questions about my broker's agent's or insurer's personal information policies by contacting their respective privacy officers.

Broker Signature:	Date Signed:
Applicant Signature:	Date Signed: