

BUSINESS LIABILITY UMBRELLA

- APPLICATION FORM -

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? Yes No
If Yes, describe:

Are all operations to be covered by this Insurance? Yes No
If No, explain:

4. Length of Time in Business: _____

5. Receipts/Revenues Estimated for this Year:

a) Canada: _____ b) U.S.A.: _____ c) Foreign: _____

Sales History (last 3 years):

Year	Canada	U.S.A.	Foreign

Have any Products been discontinued and/or recalled in the past 5 years? Yes No
 If Yes, describe: _____

Are all employees covered under Worker's Compensation? Yes No
 If No, who is not covered? _____

Do underlying policies cover Employers' Liability? Yes No
 If No, state exceptions: _____

6. Automobiles:

Private Passengers: _____ Light Trucks: _____ Heavy Trucks: _____

Tractors: _____ Trailers: _____ Buses: _____ U.S. Vehicles: _____

Total Km Driven Annually: _____ Total Km Driven Annually in US: _____

Are any long haul (over 200 Km) operations involved? Yes No
 If Yes, please state the number of vehicles/frequency and radius of operations: _____

Are any hazardous goods (i.e. explosives/flammables) carried? Yes No
 If Yes, please state number of vehicles/frequency and radius of operations: _____

7. 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:

Please 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:

8. Watercraft:

Please describe any owned or non-owned watercraft (ie. size/usage):

Are any watercraft facilities operated by the Insured? Yes No
If Yes, describe:

Do underlying policies cover these exposures? Yes No

9. Care, Custody or Control:

List all real property (ie. buildings, leased equipment, property stored, rolling stock) belonging to other, which is in your care, custody or control (value over \$10,000):

Location	Occupied As	Est. Value	Limit of Insurance

10. 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:

11. Railroad:

Do you operate a railroad? Yes No
If Yes, describe (length of track, number 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

12. Nuclear Liability:

Do your operations involve the use of radioisotopes, or any other radioactive materials? Yes No

If Yes, describe:

13. 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 all Contractors & Suppliers?

Yes No

What limit of Liability do you require be provided: _____

14. Claims Experience:

List all known and reported third party losses for the past 5 years:

Year	Description	Loss Payment	Expenses	Reserve	Status

15. Underlying Insurance:

List all policies that you are requesting to be scheduled on the Umbrella Policy:

Coverage	Limit	Insurer	Policy Period	Premium

Please give details of any special or unusual exclusion/restriction in your primary policy:

16. Existing Umbrella Cover:

- a) Insurer: _____
- b) Limit: _____
- c) Expiry Date: _____
- d) Premium: _____

17. What Limit Are You Seeking Quotation For?: _____

Please note: Standard Self-Insured Retention is \$10,000.00

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

Signature of Applicant (authorized representative)

Date

Submitted By: _____

Please submit the completed Application Form to:

applications@signaturerisk.com
