

APPLICATION FOR COMMERCIAL UMBRELLA LIABILITY POLICY

1. a) **Name and Address of applicant** (including subsidiaries and all locations): _____

Applicant is: Individual (), Partnership (), Association (), Corporation (), Other: _____

2. **Amount of insurance requested:** \$ _____
Self-insured retention: \$ _____
Does the applicant presently have Umbrella Liability Insurance? Yes No
 If yes, indicate the name of the insurer, the limits, premiums terms, etc: _____

3. a) **Description of operations** (specify): _____ Annual payroll: \$ _____

b) **Foreign operations:**
 Does applicant have operations outside of Canada? Yes No
 If yes, give details _____

* **Include brochures and any other pertinent documents relating to the applicant's products and foreign operations.**

4. **Do underlying policies cover the applicant's activities as detailed in item 3?** Yes No
 If no, specify: _____

5. **Schedule of primary policies.** List all liability policies as well as all insurance policies applicable to rented or consigned property or property of others in the applicant's care, custody or control:

Type	Insurer	Policy No.	Policy Period	Amount of Insurance	Premium
General Liability:					
Automobile:					
Other (specify):					

If any companies or operations set forth under items 1 or 3 above are not covered by the primary policies listed, record all exceptions on a separate page.

6. a) **Do the underlying policies afford coverage for the following?**

1) Personal injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>	6) Broad Form Property Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Employer's Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	7) Tenants' Fire Legal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Contingent Employer's Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	8) Care, custody and control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Blanket Contractual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	9) Employees as insureds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) P.D. Occurrence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	10) World-wide coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>

b) **Do the underlying policies restrict coverage by endorsement or otherwise?** Yes No
 * **If yes, attach the pertinent documents.**

7. **Employer's Liability:**

Is Workmen's Compensation Insurance carried in all Provinces where applicant's operations are carried?

Yes No

If not, list provinces where not carried and state payroll per province: _____

8. **Products and Completed Operations Liability:**

a) Describe products manufactured, sold, handled or distributed and give estimated annual sales for each category: Total Annual Sales

\$ _____

\$ _____

\$ _____

b) Give percentage split in annual sales: To Canada: _____% To other countries: _____%
To U.S.A.: _____% List countries: _____

c) If Completed Operations hazards exist, give details indicating gross annual receipts by category: Annual Receipts

\$ _____

\$ _____

\$ _____

d) Do underlying policies listed under item 5 cover these exposures? Yes No
If not, explain: _____

9. **Protective Liability:**

a) Does applicant employ independent contractors? Yes No
b) If yes, does applicant require certificates of liability insurance from them? Yes No
If yes, for what amounts of insurance? \$ _____
c) Give cost and description for work given to all subcontractors: \$ _____
d) Do underlying policies listed under item 5 cover these exposures? Yes No
If not, explain: _____

10. **Contractual Liability:**

a) Describe any contractual liability exposures assumed by the applicant other than lease of premises, easement agreement, agreement required by municipal ordinance, sidetrack agreement or elevator maintenance agreement:

b) Do underlying policies listed in item 5 cover these exposures? Yes No

11. **Watercraft Liability:**

a) Does applicant own, charter or use any watercraft? Yes No
If yes, describe _____
b) Does applicant expect to acquire, charter or use watercraft in the future? Yes No
c) Does applicant maintain a waterfront facility? Yes No
d) Do underlying policies listed under item 5 cover these exposures? Yes No
Describe these exposures: _____

12. **Railroad Liability:**

a) Describe fully giving mileage, all types and number of owned rolling stock, number of grade crossings and protection, average number of non-owned rolling stock handled per week: _____

b) Do underlying policies listed under item 5 cover these exposures? Yes No
If not, explain: _____

13. **Automobile Liability:**

a) Give number and type of all owned or leased vehicles:
Private vehicles _____ Light trucks _____ Heavy trucks _____
Vans _____ Tractors _____
Trailers _____ Tankers _____
Semi-trailers _____ Buses _____
Others, describe: _____

- b) Are any units engaged in the transportation of flammable, toxic or explosive substances? Yes No
- c) Are any vehicles used outside of the Province of Alberta? Yes No
- If yes, state provinces: _____
- In the U.S.A.? Yes No
- If yes, indicate which State: _____

- d) Do underlying policies listed under item 5 cover these exposures? Yes No
- If not, explain _____

14. Aviation Liability:

- a) Give number, type and capacity of owned, leased or chartered aircraft:
 Number: _____ Type: _____ Capacity: _____
- b) Number of pilots among officers and employees: _____
- c) State extent to which aircraft is used (annual hourly exposure): _____
- d) Does the applicant expect to own, lease or charter aircraft within the next 12 months? Yes No
- If yes, explain _____
- e) Do underlying policies listed cover these exposures? Yes No
- Is passenger liability to be included? Yes No

15. Advertising agency:

- a) Describe all radio, television and publishing activities contemplated for the next 12 months: _____
- b) Are any unusual advertising activities; such as contests, exhibits, etc., contemplated in the next 12 months?
 If yes, explain _____
- c) Estimated annual advertising expenditures:
 Advertising agency \$ _____
 Others \$ _____
- d) Do underlying policies cover these exposures? Yes No
- e) If applicant is under contract with advertising agencies, have agencies' policies been endorsed to include the additional interest of the applicant? Yes No
- If yes, to what extent? _____

16. Malpractice Liability:

- a) Does applicant operate a hospital, clinic or first-aid facility? Yes No
- If yes, describe: _____
- b) Is individual professional liability of employed doctors and nurses covered? Yes No
- If yes, what limits are provided? _____
- c) Does applicant provide any consulting services to others for a fee? Yes No
- If yes, describe: _____
- d) What limits and scope of coverage are afforded under underlying policies for these exposures? _____

17. Property in applicant's care, custody or control:

- a) List all leased real properties with values over \$10,000
- | | Address | Occupancy | Estimated value | Amount of insurance |
|----|---------|-----------|-----------------|---------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
- b) List all leased automobiles in the applicant's care, custody or control
- | | Location | Type | Estimated value |
|----|----------|-------|-----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

c) List all other property in the applicant's care, custody or control (include such property as electronic equipment, leased aircraft, leased machinery, material on consignment, or in storage)

	Location	Type	Estimated value
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Is the property listed in a), b) or c) above covered by underlying insurance? Yes No

If yes, list underlying policies under item 5

18. **Special hazards - Contractors:**

Is there any exposure for the following hazards?

a) Caisson Work	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Demolition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Use of explosives	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Pile driving	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Underpinning	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f) Weakening of supports	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
g) Forestry operations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
h) Mining operations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
i) Drilling operations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
j) Building collapse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
k) Excavation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
l) Underground hazards	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Are these risks covered in full by the underlying policies?

a) Caisson Work	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Demolition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Use of explosives	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Pile driving	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Underpinning	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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k) Excavation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
l) Underground hazards	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

19. **Past losses:**

List all losses paid or outstanding (whether or not insured) in amounts greater than \$5,000 as respects accidents during the past 5 years:

Date _____

Broker _____

Applicant signature and title