

Completion of this form does not bind coverage. All questions should be answered completely

1. Name and address of applicant					
Name					
Address					
City		Province	Postal Code		
Description of Operations					
Annual Revenues		Annual Payroll	Number of Employees		
Web-Site Address					
2. List all subsidiary companies					
Name & Address	Description of Operations	Annual Revenues	Annual Payroll	No. Employees	
3. Foreign Exposures					
a) Any foreign operations/activities?    Yes    No    If yes, provide details:					
Description of Operations	Annual Revenues	Annual Payroll	No. Employees		
b) Any sales outside Canada?    Yes    No    If yes, provide details:					
Description of Operations	Annual Revenues	Covered by underlying policy?			
		Yes		No	
		Yes		No	
		Yes		No	
4. Limit of Liability					
a) Limit of Umbrella Coverage requested?    \$					
b) Amount of Retention of Self Insured Exposures? (Minimum \$10,000)    \$					
c) Name of prior Umbrella Insurer, Policy Number and Expiry date of policy:					
5. Underlying policies coverages					
a) Do the underlying policies provide the following coverages?					
Personal Injury	Yes	No	Employee as Insured	Yes	No
Blanket Contractual	Yes	No	Cross Liability	Yes	No
Protective Liability	Yes	No	Liquor Law Liability	Yes	No
Non-owned Automobile Liability	Yes	No	World-wide territory	Yes	No
Broad Form Property Damage	Yes	No	Blasting, Pile, Driving, Underpinning	Yes	No
Products Liability	Yes	No	Employee Benefit Liability	Yes	No
b) Do underlying policies contain any restrictive endorsements? If yes, please provide details.    Yes    No					

## 6. Protective Liability

- (a) Are independent contractors ever used?    Yes      No
- (b) Is yes, describe type of work they would be involved in:
- (c) Are certificates of liability insurance obtained from contractors?    Yes      No
- (d) Annual cost of sub-let work:    \$

## 7. Employers Liability

- (a) Is Workers Compensation insurance carried?    Yes      No
- (b) Are employees exempted from Workers Compensation Insurance?    Yes      No
- (c) Do underlying policies cover Employer's Liability?    Yes      No

## 8. Contractual Liability

Describe any contractual liability exposures assumed by the applicant:

## 9. Professional Liability

- (a) Medical: Does applicant operate a hospital, clinic or first aid facility?    Yes      No      If yes, describe:
- (b) Does applicant provide any consulting services to others for a fee?    Yes      No      If yes, describe:

## 10. Premises Occupied

(a) List all premises occupied but not owned by the applicant with an estimated value in excess of \$10,000. If none, please check

Location & Occupancy	% Occupied	Estimated value	Limit of Tenant's Legal Liability carried
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Is applicant held harmless by lessor for damage to the premises?    Yes      No

(b) List all other property in the care, custody or control of applicant (example, leased automobiles, electronic equipment, leased machinery)

Type of property	Location	Estimated value	Amount of Insurance carried
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(a) Describe any watercraft owned or chartered by applicant and state whether owned or non-owned.

(b) Does applicant maintain a waterfront facility?    Yes      No      If yes, describe

(c) Do underlying policies listed cover these exposures? Yes No

**12. Aviation Liability**

(a) Number and type of owned, leased or chartered aircraft including seating capacity:

(b) Do any employees fly their own or other aircraft on applicant's business? Yes No If yes, provide details:

(c) Does the applicant expect to own, lease or charter aircraft within the next 12 months? Yes No If yes, provide details:

**13. Advertising Liability**

(a) Describe all radio, television and publishing activities contemplated for the next 12 months:

(b) Are any unusual advertising activities such as contests, exhibitions etc contemplated? Yes No If yes, provide details:

(c) Estimated annual advertising expenditure? Advertising agency \$ Other? \$

(d) Do underlying policies cover these exposures? Yes No

(e) If the applicant is under contract with an advertising agency, has the agency's policy been endorsed to include the Additional interest of the applicant? Yes No

**14. Railroad Liability**

Does applicant operate an industrial railroad? Yes No

**15. Automobile Liability**

(a) State number and type of all owned and leased vehicles:

	Private Passenger	Light Trucks	Heavy trucks	Buses (State # of seats)	Vans (State # of seats)	Trailers
<b>Owned</b>						
<b>Short term leased</b>						
<b>Long term leased</b>						

(b) Do any vehicles ever go to the U.S.A.? Yes No If yes, provide details:

(c) Are any non-owned vehicles (other than leased vehicles) operated on behalf of applicants? if yes, provide details : Yes No

(d) Do underlying policies provide non-owned automobile coverages? Yes No

(e) Are all owned or leased vehicles covered under the policies listed in answer to Q.15 Yes No If no, explain details:

## 16. Radioactive Materials

Do the applicant's operations involve the use of radioisotopes of any other radioactive materials? Yes No If yes, provide details.

## 17. Losses

List all liability losses paid or now reserved (whether or not insured) in amounts greater than \$10,000 during the past five years.

Coverage	Date & Details of Accident	Paid	Reserved	Number of claimants

### SCHEDULE OF UNDERLYING INSURANCE

Type	Policy Limits	Insurer	Policy Number	Policy Period	Annual premium
General Liability **					
Employee Benefits Liability					
Tenant's Legal Liability					
Owned Automobile (Liability premium only)					
Non-Owned Automobile					
Watercraft					
(i) Owned					
(ii) Non Owned					
Professional Liability					
(i) Medical					
(ii) Other					
Advertising Liability					
Any other liability policy (describe)					

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 Company to assess, underwrite and price insurance products and related service, 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.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Title of Applicant

\_\_\_\_\_  
Broker

\_\_\_\_\_  
Signature of Applicant

\*\* General Liability: State which of the following applies :

- (i) Occurrence (ii) Claims Made \_\_\_  
 (iii) Single Aggregate  
 (iv) Aggregate Products/Completed Ops. Only

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