

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					

Name & Address	Description of Operations	Annual Revenues	Annual Payroll	No. Employees

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 <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/>	No <input type="checkbox"/>	Employee as Insured	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blanket Contractual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cross Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Protective Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Liquor Law Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Non-owned Automobile Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	World-wide territory	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Broad Form Property Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Blasting, Pile, Driving, Underpinning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Products Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Employee Benefit Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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**

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, and ma electronic equipment, leased machinery)

Type of property

Location

Estimated value

Amount of Insurance carried

(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
Owned	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Short term leased	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long term leased	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(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?

If yes, provide details. Yes ☐ No ☐

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

Broker

Name/Title of Applicant

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