

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 <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details:				
Description of Operations	Annual Revenues	Annual Payroll	No. Employees	

b) Any sales outside Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/>	

4. Limit of Liability	
a) Limit of Umbrella Coverage requested? \$	<input type="text"/>
b) Amount of Retention of Self Insured Exposures? (Minimum \$10,000) \$	<input type="text"/>
c) Name of prior Umbrella Insurer, Policy Number and Expiry date of policy:	<input type="text"/>

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

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- (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? Yes No If yes, provide details :

(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

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