

COMMERCIAL UMBRELLA LIABILITY INSURANCE APPLICATION

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

Name Address Chy Province Postal Code Description of Operations Annual Revenues Annual Payroll Number of Employees Annual Revenues Annual Payroll Number of Employees Employees 2. List all subsidiary companies Annual Revenues Annual Revenues Payroll Employees 3. Foreign Exposures a) Any foreign operations of Operations Annual Revenues Annual Revenues Annual Payroll No. Employees a) Any foreign operations/activities? Yes No. If yes, provide details: Covered by undertuping policing? y Description of Operations Annual Revenues Covered by undertuping policing? No. a) Any sales outside Canada? Yes No. Yes No. Yes No. a) Link of Liability Description of Operations Annual Revenues Covered by undertuping policing? Yes No. a) Link of Liability Descripting of Operations Annual Revenues Covered by undertuping policing? No. Yes No. a) Link of Liability Unbrella Coverage requested? S No. Yes No. Yes	1. Name and address of	applicant							
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a) Limit of Umbrella Coverage requested? \$	4. Limit of Liabilitu								
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 Blanket Contractual Yes No Protective Liability Yes No Broad Form Property Damage Yes No Blasting, Pile, Driving, Underpinning Yes No	a) Limit of Umbrella Coverage r	equested? \$							
5. Underlying policies coverages a) Do the underlying policies provide the following coverages? Personal Injury Yes No Employee as Insured Yes No Image: State of the s	b) Amount of Retention of Self I	Insured Exposures? (Minimum \$10),000)	\$					
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a) Do the underlying policies provide the following coverages? Personal Injury Yes No Employee as Insured Yes No Image: State of the state of th	5. Underlying policies c	overages							
Blanket Contractual Yes No Cross Liability Yes No No Protective Liability Yes No Liquor Law Liability Yes No No Non-owned Automobile Liability Yes No World-wide territory Yes No No Broad Form Property Damage Yes No Blasting, Pile, Driving, Underpinning Yes No No Products Liability Yes No Employee Benefit Liability Yes No Image: No									
Blanket Contractual Yes No Cross Liability Yes No No Protective Liability Yes No Liquor Law Liability Yes No No Non-owned Automobile Liability Yes No World-wide territory Yes No No Broad Form Property Damage Yes No Blasting, Pile, Driving, Underpinning Yes No No Products Liability Yes No Employee Benefit Liability Yes No Image: No	Personal Iniuru	Yes	No		Emol	ouee as Insure	ed	Yes 🗖	No 🗖
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Products Liability Yes No Employee Benefit Liability Yes No	Non-owned Automobile Liabil	ity Yes	No		Worl	d-wide territor	y	Yes	No 🔽
	Broad Form Property Damage	Yes	No		Blast	ing, Pile, Drivir	ng, Underpinning	Yes	No
	Products Liability	Yes	No		Empl	oyee Benefit L	iability	Yes	No
	b) Do underluing policies cost	tain any costrictive ordercompote?	Ifuer	nloscor	orovido d	otails Voc	No		

6. Protective Liability			
(a) Are independent contractors ever used?	Yes No		
(b) Is yes, describe type of work they would t	e involved in:		
(c) Are certificates of liability insurance obtain	ned from contractors? Yes 🗌 No 📃		
(d) Annual cost of sub-let work: \$			
7. Employers Liability			
(a) Is Workers Compensation insurance carrie	ed? Yes 📃 No 📃		
(b) Are employees exempted from Workers C	ompensation Insurance? Yes 厂 No 🗍		
(c) Do underlying policies cover Employer's L	iability? 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 <u> </u> No <u> </u>	If yes, describe:	
(b) Does applicant provide any consulting ser	vices to others for a fee? Yes No	If yes, describe:	
10. Premises Occupied			
(a) List all premises occupied but not owned l			
Location & Occupancy	% Occupied	Estimated value	Limit of Tenant's Legal Liability carried
Is applicant held harmless by lessor for dama	age to the premises? Yes 📃 No 📃		
(b) List all other property in the care, custody Type of property	or control of applicant (example, leased	automobiles, and ma electronic ec	quipment, leased machinery)
			<u> </u>
(a) Describe any watercraft owned or chartere	u oy appucant and state whether OWNed		
(b) Does applicant maintain a waterfront facilit	y? Yes 🛄 No 🛄 If yes, describe	I	

(c) Do underlying policies l 12. Aviation Liability	isted cover these expos	sures? Yes 📃 No				
(a) Number and type of own	ed, leased or chartered	aircraft including s	eating capacity:			
(b) Do any employees fly th	eir own or other aircraf	ft on applicant's bus	siness? Yes 📃 No	If yes, provide details:		
(c) Does the applicant expec	t to own, lease or chart	er aircraft within th	e next 12 months? \	∕es No If yes, pro	vide details:	
13. Advertising Liabi	litu					
(a) Describe all radio, telev	-	ctivities contemplat	ed for the next 12 m	onths:		
(b) Are any unusual advertis	ing activities such as co	ontests, exhibitions	etc contemplated? `	/es 📃 No 📃 If yes, prov	vide details:	
(c) Estimated annual adver	(c) Estimated annual advertising expenditure? Advertising agency \$ Other? \$					
(d) Do underlying policies c						
(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						
		s No				
14. Railroad Liability	industrial railroad? Ye	s No No				
14. Railroad Liability Does applicant operate an	industrial railroad? Ye lity of all owned and leased	d vehicles:				
 14. Railroad Liability Does applicant operate an in 15. Automobile Liability 	industrial railroad? Ye lity		Heavy trucks	Buses (State # of seats)	Vans (State # of seats)	Trailers
 14. Railroad Liability Does applicant operate and 15. Automobile Liability (a) State number and type of 0 wned 	industrial railroad? Ye lity of all owned and leased Private	d vehicles:	-			Trailers
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14. Railroad Liability Does applicant operate an in 15. Automobile Liability (a) State number and type of O wned Short term leased Long term leased (b) Do any vehicles ever go	Industrial railroad? Ye	d vehicles:	trucks provide details:	(State # of seats)	(State # of seats)	Trailers
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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
		E OF UNDERLYING	-		
Туре	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 📃