



[Casualty Application]

## UMBRELLA/EXCESS LIABILITY APPLICATION



**cansURE**

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# UMBRELLA/EXCESS LIABILITY APPLICATION FORM

## PART 1 GENERAL INFORMATION

1.1 Name of Applicant, including all subsidiary companies, domestic and foreign:

Website Address:

1.2 Applicant is:  Corporation  Partnership  Individual  Other

1.3 Postal Address:

1.4 Other Locations:

1.5 Give complete description of all operations :

No. years in business:

No. years experience:

Split in revenue – On premises

Versus off premises:

1.6 Annual Payroll Annual Sales/Receipts No. of Employees

1.7 Are any additional operations or locations anticipated during the policy period?  Yes  No  
If yes, please explain:

1.8 Are all locations and operations to be covered?  Yes  No

1.9 Policy period desired From To

1.10 Limit of Liability (a) in excess of underlying or retained limit

(b) retained limit (self insured retention – must not be less than \$10,000)

## PART 2 PREVIOUS UMBRELLA CARRIER

2.1 Name of Carrier:

2.2 Has any carrier cancelled, declined or refused coverage in past 3 years?  Yes  No  
If yes, please explain:



**PART 3 DESCRIPTION OF EXPOSURES**

3.1 AUTOMOBILE LIABILITY

(a) State number of units owned and leased and registered in the name of the Applicant

|                   |              |                  |
|-------------------|--------------|------------------|
| Private Passenger | Light Trucks | Heavy Trucks     |
| Tractors          | Trailers     | Buses            |
|                   |              | Seating Capacity |

(b) Are flammable, explosive or toxic materials hauled?  Yes  No  
If yes, please explain:

(c) Are any units engaged in long haul (over 100 miles)?  Yes  No  
If yes, explain and state number of units:

(d) In which Province(s) are vehicles chiefly garaged?

3.2 GENERAL LIABILITY

(a) Please indicate which of the following extensions are included in the underlying policy:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Occurrence Property Damage    | <input type="checkbox"/> Employees as Additional Insureds | <input type="checkbox"/> Contingent Employer's Liability |
| <input type="checkbox"/> Broad Form Property Damage    | <input type="checkbox"/> Products/Completed Operations    | <input type="checkbox"/> Non-Owned Automobile            |
| <input type="checkbox"/> Blanket Contractual Liability | <input type="checkbox"/> Vendor's Endorsement             | <input type="checkbox"/> Tenant's Fire Legal Liability   |
| <input type="checkbox"/> Personal Injury               | <input type="checkbox"/> Employer's Liability             | <input type="checkbox"/> Blasting                        |
| <input type="checkbox"/> Underpinning                  | <input type="checkbox"/> Collapse                         |  |

(b) Describe specifically the Products and/or Completed Operations and give sales for each

(c) Have any products been discontinued during the past 5 years?  Yes  No  
If yes, list products and reasons:

(d) Are any products used or installed in any aircraft or missile?  Yes  No  
If yes, explain:

(e) Does Applicant have any sales to the U.S.?  Yes  No

Does Applicant have any sales to countries elsewhere?  Yes  No  
If yes, please advise:

| Amount | Country | Product Description |
|--------|---------|---------------------|
|        |         |                     |
|        |         |                     |
|        |         |                     |

(f) Does Applicant sell or distribute products of any foreign manufacturers?  Yes  No  
If yes, specify product and country of origin:

(g) Attach sales brochure or advertising material, if available

3.1 (h) List principal customers

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(i) List operations performed by independent contractors and percentage of total receipts.

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3.3 NON-OWNED PROPERTY – CARE, CUSTODY AND CONTROL

(a) List all leased real properties

| Location | Occupancy | Estimated Value |
|----------|-----------|-----------------|
|          |           |                 |
|          |           |                 |
|          |           |                 |

(b) List all other property in the care, custody or control of Applicant (include such property as electronic equipment, leased automobiles, machinery, material on consignment, under bailment, property stored, etc.)

| Location | Occupancy | Estimated Value |
|----------|-----------|-----------------|
|          |           |                 |
|          |           |                 |
|          |           |                 |

3.4 AIRCRAFT AND WATERCRAFT

(a) List and describe any owned, non-owned, leased or chartered aircraft and watercraft

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3.5 WORKER'S COMPENSATION

(a) Are all employees covered by Worker's Compensation Board?  Yes  No  
If No, explain:

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(b) If not, is Employer's Liability carried on those employees not covered by Worker's Compensation Board?  Yes  No

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3.6 PROFESSIONAL LIABILITY

(a) Is there any professional or errors or omissions exposure?  Yes  No  
If Yes, explain:

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(b) Is there any incidental malpractice exposure?  Yes  No  
If Yes, is it covered by underlying policies:

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3.7 ADVERTISING LIABILITY

(a) Is any advertising contemplated during the policy term?  
If Yes, explain type and state expenditure  Yes  No

(b) Is an advertising agency used?  Yes  No

3.8 CONTRACTUAL LIABILITY

(a) Give details of agreements in which the applicant assumes the liability of others

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3.9 RAILROAD OPERATIONS

(a) Give details of any Railroad owned, maintained or operated by applicant

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**PART 4 UNDERLYING INSURANCE**

4.1

| Type                | Carrier | Policy No. | Policy Period | Policy Limits | Annual Prem |
|---------------------|---------|------------|---------------|---------------|-------------|
| Auto                |         |            |               |               |             |
| CGL                 |         |            |               |               |             |
| N.O. Auto           |         |            |               |               |             |
| Employer's Liab.    |         |            |               |               |             |
| Prof Liab.          |         |            |               |               |             |
| Adv. Liab.          |         |            |               |               |             |
| Contractual Liab.   |         |            |               |               |             |
| TLL                 |         |            |               |               |             |
| Other N.O. Property |         |            |               |               |             |

4.2 Does any Policy listed above contain

(a) A Deductible?  Yes  No

(b) A reduced limit of liability for any exposure?  Yes  No

(c) A territorial restriction, e.g. U. S. Products?  Yes  No

If yes to any of the above, provide details

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**PART 5 LOSS HISTORY**

5.1 Describe all losses paid or reserved over \$5,000 occurring during the past 5 years

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**NOTICE TO APPLICANT:**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

**Applicants Signature:**

**Position:**

**Please Print Name:**

**Date:**