

UMBRELLA LIABILITY INSURANCE APPLICATION

FOR PURPOSES OF THE INSURANCE COMPANIES ACT (CANADA), THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS INAPPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

1) Name of Company: _____
(including subsidiaries)

Company structure: Individual Corporation Partnership Other _____

2) Number of years the Company has been in business: _____

3) Head Office Address: _____

Other locations (please list and describe): _____

Please describe the Company's operations: _____

Are any operations conducted outside of Canada? If YES, please describe: _____

4) What are your sales/revenues estimated for this year?

Canada: _____ U.S.A. _____ Foreign: _____

5) Past sales/revenues (last 3 years):

Year	Canada	U.S.A.	Foreign
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

6) PRODUCTS AND/OR OPERATIONS

a) Describe products manufactured, sold, handled or distributed and give estimated annual sales for each product per country:

Products or Related Groups of Products (attach brochure)	Annual Revenue		
	Canada	U.S.A.	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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b) Have any products been discontinued and/or recalled in the past 5 years? YES NO
 If YES, please describe: _____

7) Are all Companies listed in question # 1 to be covered by this insurance? YES NO
 If NO, please explain: _____

8) Square Footage Occupied:
 Head Office _____ Loc #1 _____ Loc #2 _____ Loc #3 _____

9) SCHEDULE OF UNDERLYING INSURANCE

List all General Liability, Automobile Liability, Auto Garage Liability, Workers Compensation, Environmental Impairment Liability and all Property policies applicable to property of others in your care, custody or control:

Insurer	Policy No.	Policy Period	Type of Policy	Limits	Annual Premium
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

10) Does the underlying CGL policy contain a "General Aggregate" limit for non product/completed operations losses? YES NO
 Please list both the per occurrence limit and the General Aggregate limit: _____

11) Does your primary CGL policy cover the following exposures?

	YES	NO		YES	NO
Products	<input type="checkbox"/>	<input type="checkbox"/>	Employees as Insured	<input type="checkbox"/>	<input type="checkbox"/>
Personal Injury	<input type="checkbox"/>	<input type="checkbox"/>	Occurrence PD	<input type="checkbox"/>	<input type="checkbox"/>
Advertisers	<input type="checkbox"/>	<input type="checkbox"/>	Tenants Legal	<input type="checkbox"/>	<input type="checkbox"/>
Protective	<input type="checkbox"/>	<input type="checkbox"/>	Non-owned Auto	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Contractual	<input type="checkbox"/>	<input type="checkbox"/>	Non-owned Aircraft	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>	Watercraft	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	Occurrence PD	<input type="checkbox"/>	<input type="checkbox"/>
XCU Hazards	<input type="checkbox"/>	<input type="checkbox"/>	Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>
Worldwide Coverage	<input type="checkbox"/>	<input type="checkbox"/>	Employers Liability	<input type="checkbox"/>	<input type="checkbox"/>
Pollution Exclusion, specify	<input type="checkbox"/>	<input type="checkbox"/>	Forest Fire	<input type="checkbox"/>	<input type="checkbox"/>
Errors & Omissions	<input type="checkbox"/>	<input type="checkbox"/>	Broad Form PD	<input type="checkbox"/>	<input type="checkbox"/>
Pollution: Absolute, S&A, Hostile Fire etc. (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Defense Cost Exclusive	<input type="checkbox"/>	<input type="checkbox"/>

12) Does your policy coverage restrict cover to compensatory damages? YES NO

13) Does your policy have a sub-limit on any coverage? YES NO
 If YES, please describe: _____

14) Is any coverage on the underlying subject to a deductible? YES NO
 If YES, please describe: _____

15) Give details of any special or unusual exclusion/restriction in your primary policy: _____

16) Existing Umbrella Coverage:
 Insurer: _____
 Limit: _____
 Expiry Date: _____
 Premium: _____

- 17) a) Limit of Umbrella Coverage desired: \$ _____
- b) Does the Applicant now carry, or has the Applicant ever carried, excess liability insurance? YES NO
 If YES, please give name of carrier and details of coverage, limits, premiums, etc. _____

18) AUTOMOBILE LIABILITY

a) State the number and type of owned and/or leased automobiles:

	Quebec	Ontario	Other Provinces
Private Passenger:			
Light Commercial:			
Heavy Commercial:			
Tractors:			
Trailers:			
Tankers:			
Buses:			
Others:			

- b) If any of the above are engaged in the following, state number and type:
- i) Long Haul (over 100 miles) operations: _____
 Operating into the U.S.: _____
 - ii) Transportation of explosives, munitions, corrosives, liquefied petroleum gasses (including butane or propane), radioactive materials, or other hazardous commodities: _____
 - iii) Transportation of gasoline and/or fuel oil: _____
 Transportation of fuel oil only: _____
- c) Do underlying policies cover all these exposures? YES NO
 If NO, please note exceptions: _____

19) WATERCRAFT LIABILITY

State the number, type and use and whether or not owned, leased or chartered watercraft: _____

Do underlying policies listed cover these exposures? YES NO
 If NO, please specify: _____

20) RAILWAY LIABILITY

- a) Does Applicant operate an industrial railway? YES NO
 If YES, please give full details including length of track (in km), type quantity of rolling stock owned by Applicant, number of crossings, with warning devices used, and the average weekly quantity of non-owned rolling stocks: _____
- b) Do locomotives owned by Applicant operate on a mainline of a railroad? YES NO
 If YES, please describe in detail: _____
- c) Do underlying policies listed cover these exposures? YES NO
 If NO, please explain: _____

21) AVIATION LIABILITY

- a) Does Applicant expect to own, lease or charter aircraft within the next twelve (12) months? YES NO
 If YES, please give details: _____
- b) Are there any of the Insured's products used in any type of aircraft? YES NO

22) ADVERTISING LIABILITY

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

- b) Are there any unusual advertising activities, such as contests, exhibits, etc. contemplated? YES NO
If YES, please describe: _____
- c) Estimated annual advertising expenditure: Advertising Agency \$_____ Others \$_____
- d) To what extent do underlying policies listed cover these exposures? _____
- e) If the Applicant is under contract with advertising agencies, have agencies' policies been endorsed to include the additional interest of the Applicant? YES NO
If YES, to what extent? _____

23) EMPLOYER'S LIABILITY

- a) Is Workers Compensation Insurance carried in all Provinces where the company operates? YES NO
If not, please give description of employees not covered by Workers Compensation: _____
- b) Do underlying policies cover Employer's Liability in all those Provinces where Workers Compensation Insurance is not provided? YES NO
If NO, please note exceptions: _____

24) CONTRACTUAL LIABILITY

- a) Describe any contractual liability exposures assumed by the Applicant other than the following types of written agreements: Lease of Premises, Easement Agreement, Agreement required by Municipal Ordinance, Railway Sidetrack Agreement or Elevator & Escalator Maintenance Agreement. _____

25) OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY

- a) Are independent contractors employed? YES NO
Trades: _____
- b) Are Certificates of Insurance requested from independent contractors? YES NO
Limit: \$_____
- c) State the annual cost of work performed by independent contractors: \$_____

26) PROFESSIONAL LIABILITY

- State whether the Applicant:
- a) employs any physicians, dentists or nurses, or maintains a hospital or first aid station YES NO
 - b) performs any professional engineering, surveying or architectural services for others YES NO
 - c) performs any professional, legal or accounting services for others YES NO
 - d) performs any other professional services for others (not stated above) YES NO

If the answer to any of the above questions is YES, please provide full details: _____

27) CARE, CUSTODY AND CONTROL

- a) List all leased real properties with values over \$10,000:

Location	Occupied As	Estimated Value	Limit of Insurance

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b) List all other property (i.e. leased equipment, property stored, rolling stock) belonging to others which is in your care, custody or control (value over \$10,000):

Location	Description	Estimated Value	How Insured

28) PREVIOUS LOSS EXPERIENCE

a) State the total number and amount of claims for the past three (3) years: _____

b) List all claims, insured or not, paid or reserved during the past five (5) years and state total amount of each claim:

Date	Circumstances	Coverage Involved	Amount Paid	Amount Reserved	No. of Claimants
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

29) Has any Insurer cancelled, or declined to renew any form of liability insurance for the Applicant? YES NO
If YES, please give details: _____

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Creechurch's related or affiliated companies and service providers.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

WARRANTY STATEMENT

The undersigned warrants that to the best of their knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to issue this insurance. However, should the Insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

QUEBEC RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____