



UMBRELLA COVERAGE APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Insured** (in full):

Insured is:

Corporation

Partnership

Individual

2. **Address** (Head Office):

Other Locations:

3. Full Description of all operations:

Are any operations conducted outside of Canada?
If Yes, describe:

Yes

No

Are all operations to be covered by this Insurance?
If No, explain:

Yes

No

4. Length of time in business: _____

5. Receipts/Revenues estimated for this year:

a) Canada: _____ b) U.S.A.: _____ c) Foreign: _____

Past Sales (last 5 years):

Year	Canada	U.S.A.	Foreign

Have any Products been discontinued and/or recalled in the past 5 years?

Yes No

If Yes, describe:

If you are involved in more than one product/operation, please provide breakdown in receipts:

Product or Operation

Receipts

_____	_____
_____	_____
_____	_____
_____	_____

6. **Employees/Payroll:**

Number

Payroll

Executive/Management

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are all employees covered under Workers' Compensation?

Yes No

If No, who is not covered?

Do underlying policies cover Employers' Liability?
If No, state exceptions:

Yes No

7. **Automobiles:**

Private Passengers: _____ Light Trucks: _____ Heavy Trucks: _____

Tractors: _____ Trailers: _____ Others: _____

Buses: _____ (capacity) _____ U.S. Vehicles: _____

Are any long haul operations involved? (over 100 miles) Yes No
If so, please state number of vehicles/frequency and radius of operations:

Are any hazardous goods carried? (ie. explosives/flammables) Yes No
If so, describe where and how often carried:

8. **Aircraft:**

Owned: Yes No Passenger Capacity & Type: _____
Non Owned: Yes No Passenger Capacity & Type: _____

Are aircraft chartered with crew? Yes No

Do Insured directors/officers/employees pilot aircraft? Yes No
State who, and experience:

Describe amount of usage time and distance flown:

Do you have any plans to buy/lease/charter any aircraft in the next year?
 If Yes, describe:

Yes No

State number, location, type and size of any private air strips or fields:

9. **Watercraft:**

Describe any owned or non-owned watercraft (ie. size/usage), and state whether owned or non-owned:

Are any watercraft facilities operated by the Insured?
 If Yes, describe:

Yes No

Do underlying policies cover these exposures?

Yes No

10. **Care, Custody or Control:**

List all real property (ie. buildings) belonging to other, which is in your care, custody or control
 (value over \$10,000):

Location	Occupied As	Est. Value	Limit of Insurance

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

Location	Occupied As	Est. Value	How Insured

11. **Contractual Liability:**

Please state any unusual contractual obligations which you have entered into, or any situation where you have agreed to assume another's obligations:

12. **Railroad:**

Do you operate a railroad? Yes No
If Yes, describe (length of track, number of crossings and how protected):

Do you have a sidetrack on your premises? Yes No
Is it in regular use? Yes No
Do underlying policies cover these exposures? Yes No

13. **Nuclear Liability:**

Do your operations involve the use of radioisotopes, or any other radioactive materials? Yes No
If Yes, describe:

14. **Protective Liability:**

Please describe any work (along with amounts) that will be performed by others for you during the coming year:

Do you require proof of insurance from such contractors/suppliers that perform work or services? Yes No

What limit of Liability do you require be provided: _____

15. Advertising:

State your annual expenditure in this area and advise what form of media is used (if expenditure is in excess of \$10,000):

Radio: _____ T.V.: _____ Publishing: _____
 Event Sponsorship: _____ Other: _____

Do you have a contract with an Advertising agency? Yes No
 If so, do they provide insurance to protect your interests? Yes No

16. Professional:

Please state if any of the following exposures exist:

First Aid Station _____ Hospital _____

State number of employed: 1) Nurse(s): _____
 2) Doctor(s): _____
 3) Others: _____

Does your firm provide any outside consulting or professional services? Yes No
 If Yes, please provide details:

17. Claims Experience:

List all third party losses that exceeded \$10,000 for the past 5 years:

Year	Description	Loss Payment	Expenses	Reserve	Status

18. **Underlying Insurance:**

List all policies that you are requesting to be scheduled on the Umbrella Policy:

Coverage	Limit	Insurer	Policy Period	Premium

19. Does your Primary CGL policy cover the following exposures?

- | | | | |
|----------------------|--|---------------------|--|
| Products | <input type="checkbox"/> Yes <input type="checkbox"/> No | Occurrence PD | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blanket Contractual | <input type="checkbox"/> Yes <input type="checkbox"/> No | Personal Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Protective | <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-Owned Auto | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Watercraft | <input type="checkbox"/> Yes <input type="checkbox"/> No | X C U Hazards | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Professional | <input type="checkbox"/> Yes <input type="checkbox"/> No | Liquor Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employees as Insured | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employers Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Advertisers' | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employee Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tenants Legal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Forest Fire | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| World Wide Territory | <input type="checkbox"/> Yes <input type="checkbox"/> No | Broad Form PD | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Does your policy exclude punitive damages, or restrict cover to compensatory damages? Yes No

Does your policy have a sub-limit on any coverage? Yes No
If Yes, describe:

Does your policy contain an annual aggregate on any coverage other than Operations? Yes No

Is any coverage on the underlying policies subject to a deductible? Yes No
If Yes, describe:

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

20. **Existing Umbrella Cover:**

- a) Insurer: _____
- b) Limit: _____
- c) Expiry Date: _____
- d) Premium: _____

21. Do any of the Underlying Insurance policies contain coverage for Cyber Risk? Yes No

If Yes please advise:

- 1) Type of Policy with Coverage: _____
- 2) Policy number: _____
- 3) Limit of Liability: _____

If standalone Cyber Policy carried:

- 1) Insurance Carrier: _____
- 2) Policy number: _____
- 3) Term of Policy _____

22. Please state what limits you require quotations for: _____

Please note: Standard Self-Insured Retention is \$10,000.00

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelintl.ca**