



8. Does the Applicant engage in any of the following:
- a) Design/build activities? YES NO
 - b) Manufacture, sale, leasing or distribution of any product? YES NO
 - c) Real estate development? YES NO
 - d) Waste management or waste brokering activities? YES NO
9. Have there been any significant changes to the business strategy within the past 12 months? YES NO
10. Have there been any significant changes to the Applicant's management within the past 12 months? YES NO
11. Has the Applicant filed for bankruptcy within the last five (5) years? YES NO

Automobile Liability

12. Please state the number and type of owned and/or leased automobiles:

Automobile Type	# of Vehicles	Automobile Type	# of Vehicles
Private Passenger (PP)	_____	Light Commercial Vehicle (LCV)	_____
Medium Commercial Vehicle (MCV)	_____	Heavy Commercial Vehicle (HCV)	_____
Tractors	_____	Buses	_____
Straights	_____	Shunts	_____
Trailers	_____		

13. Are flammable, explosive, toxic or hazardous materials hauled? YES NO

If yes, please describe: _____

14. Is there any USA mileage or USA registered vehicles? YES NO

If yes, please describe: _____

Aircraft

15. Does the Applicant expect to own, lease or charter aircraft within the next twelve (12) months? YES NO

If yes, please describe: _____

16. Are any of the Applicant's products used in any type of aircraft? YES NO

Watercraft

17. Please state the number, type and use and whether or not owned, leased or chartered watercraft:

18. Does the underlying policy cover these exposures? YES NO

If no, please describe: _____

Advertising Liability

19. Is any advertising contemplated during the policy period? YES NO

If yes, please describe: _____

20. Is an advertising agency used? YES NO

If yes, is the Applicant added to their policy as an additional insured? YES NO

Contractual Liability

21. Please provide details of agreements in which the Applicant assumes the liability of others:



Employer's Liability

22. Are all employees covered by workers' compensation? YES NO

If no, please describe: _____

If not, is Employer's Liability provided for those employees not covered by workers' compensation? YES NO

Professional Liability

23. Is there any professional or errors & omissions exposure? YES NO

If yes, please describe: _____

Railroad Operations

24. Please provide details of any railroads owned, maintained or operated by the Applicant:

Part IV: Underlying Insurance

1. Does the underlying CGL policy contain a General Aggregate limit for non-product/completed operations losses? YES NO

2. Does the underlying CGL policy cover the following exposures:

- | | | |
|--|--|--|
| <input type="checkbox"/> Advertising Liability | <input type="checkbox"/> Broad Form Completed Operations | <input type="checkbox"/> Broad Form Products |
| <input type="checkbox"/> Broad Form Property Damage | <input type="checkbox"/> Contingent Employer's Liability | <input type="checkbox"/> Contractual Liability |
| <input type="checkbox"/> Employee Benefits Liability | <input type="checkbox"/> Employer's Liability | <input type="checkbox"/> Forest Fire Fighting Expenses |
| <input type="checkbox"/> Non-Owned Aircraft Liability | <input type="checkbox"/> Non-Owned Automobile Liability | <input type="checkbox"/> Occurrence Property Damage |
| <input type="checkbox"/> Personal Injury/Advertising Liability | <input type="checkbox"/> Products/Completed Operations | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Tenant's Legal Liability | <input type="checkbox"/> Watercraft Liability | <input type="checkbox"/> XCU Exposures |

3. Does the underlying CGL policy have a sub-limit on any coverage? YES NO

If yes, please describe: _____

4. Please provide all details on any special or unusual endorsements, exclusions or warranties on the underlying CGL policy:

5. Please list all General Liability, Automobile Liability, Auto Garage Liability, Workers' Compensation and Professional Liability policies applicable to the Applicant:

Type of Policy	Insurer	Policy Number	Policy Period	Limit of Liability	Deductible	Total Premium
General Liability						
Non-Owned Auto						
Commercial Auto						
Garage Auto						
Employer's Liability						
Professional Liability						
Other						

6. Does the General Liability listed above cover all the Named Insureds listed in question #1 above? YES NO



Part IV: Limits of Insurance

1. Commercial Umbrella Liability

Limit of Liability:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$8,000,000
	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$25,000,000	<input type="checkbox"/>	
Self-Insured Retention	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/>

Part V: Claims History Information

1. Has the Applicant ever been subject to any claim by any client or third party? YES NO

If yes, please provide details including dates, quantum and status of claim: _____

2. Has the Applicant ever been formally or informally disciplined by any regulatory agency due to a professional standard misconduct? YES NO

If yes, please provide details including dates and status of the action: _____

3. Does the Applicant have any knowledge of any claims or reasonable foreseeable potential claims arising from any contracting operations and/or any professional services rendered by the Applicant? YES NO

If yes, please provide details: _____

Part VI: Broker Information

Name of Brokerage: _____

Brokerage Address: _____

Name of Broker Contact: _____

Is this account NEW to your office? YES NO

Part VII: Declaration

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

Signature of Applicant: _____ Date: _____



NOTE: Underwriters will rely upon complete responses given in this Application Form and any Supplementary Application Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf. We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.