



**UMBRELLA LIABILITY INSURANCE APPLICATION**

**Part I: General Information**

- 1. Name of Applicant: \_\_\_\_\_
Principal(s): \_\_\_\_\_
2. Address of Applicant: \_\_\_\_\_
3. The Applicant Is: [ ] Individual [ ] Partnership [ ] Corporation [ ] Joint Venture [ ] Other
4. Website Address: \_\_\_\_\_
5. Years in Business: \_\_\_\_\_ Years of Experience: \_\_\_\_\_
6. Is the Applicant directly or indirectly associated with, controlled by, or owned by any other entity? [ ] YES [ ] NO
7. Does the Applicant directly or indirectly own, control or have liability for any other entity? [ ] YES [ ] NO
8. Has the Applicant's name or form of business entity changed, or has any other entity been purchased by, merged with, or consolidated into the Applicant? If yes, please provide details. [ ] YES [ ] NO

**Part II: Exposure and Operations Information**

- 1. What percentage of your projects have a signed contract prior to the commencement of services? \_\_\_\_\_
2. How do you evaluate clients before entering into a contract? \_\_\_\_\_
3. How do you evaluate your contracts? \_\_\_\_\_
4. Who has the authority to sign contracts? \_\_\_\_\_

5. Please provide the breakdown in revenues, payroll and number of employees:

Table with 4 columns: Year, Revenues (\$), Payroll (\$), Employees (#). Rows include Current/Projected, Expiring, and First Year Prior.

- 6. Are all employees covered under WSIB: [ ] YES [ ] NO
If no, please provide details between different types of occupation/number of employees/payroll: \_\_\_\_\_

# of Full Time: \_\_\_\_\_ # of Part Time: \_\_\_\_\_ # of Clerical: \_\_\_\_\_ Total Payroll: \_\_\_\_\_

7. Please indicate the approximate percentage of the total gross revenues derived from the following categories of clients:

Table with 4 columns: Category, %, Category, %. Rows include Commercial, Industrial, Contractors, Federal Government, Local/Municipal Government, and Owners who act as their own contractors.



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:

- Advertising Liability
- Broad Form Property Damage
- Employee Benefits Liability
- Non-Owned Aircraft Liability
- Personal Injury/Advertising Liability
- Tenant's Legal Liability
- Broad Form Completed Operations
- Contingent Employer's Liability
- Employer's Liability
- Non-Owned Automobile Liability
- Products/Completed Operations
- Watercraft Liability
- Broad Form Products
- Contractual Liability
- Forest Fire Fighting Expenses
- Occurrence Property Damage
- Professional Liability
- 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.