

**Toronto Office:** 18 King St. E., Suite 903 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

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## APPLICATION – UMBRELLA LIABILITY INSURANCE

Name of Applicant: \_\_\_\_\_

Address of Applicant: Street \_\_\_\_\_

(Mailing address)

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Include Applicant's Website and/or email (if applicable): \_\_\_\_\_

### 1. FULL DESCRIPTION OF ALL OPERATIONS

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### 2. LIST OF ALL SUBSIDIARY AND AFFILIATED COMPANIES:

NAME OF COMPANY	DESCRIPTION OF OPERATIONS/PRODUCTS:	COUNTRY	ANNUAL GROSS REVENUE:
			\$
			\$
			\$
			\$

### 3. LENGTH OF TIME IN BUSINESS

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4. ARE ALL COMPANIES TO BE COVERED BY THIS INSURANCE?

Yes  No If No, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. REVENUES/RECEIPTS:

REVENUES/RECEIPTS:	CURRENT YEAR	ONE YEAR PRIOR	TWO YEAR'S PRIOR	THREE YEAR'S PRIOR
Canada	\$	\$	\$	\$
U.S.A.	\$	\$	\$	\$
Foreign	\$	\$	\$	\$
Total	\$	\$	\$	\$

6. LIMIT OF LIABILITY:

What limit is required? \$ \_\_\_\_\_ Self-insured retention amount required \$ \_\_\_\_\_

7. LIST ALL THIRD PARTY CLAIMS PAID OR OUTSTANDING DURING THE PAST FIVE YEARS

(Attach separate sheet if required):

DATE	DESCRIPTION	PAID	OUTSTANDING	EXPENSE	Status
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

8. AUTOMOBILE LIABILITY:

(a) State the number of owned/leased vehicles for each class listed below:

Private Passenger: \_\_\_\_\_

Light Commercial: \_\_\_\_\_

Heavy Trucks: \_\_\_\_\_

Tractors: \_\_\_\_\_

Trailers: \_\_\_\_\_

Buses \_\_\_\_\_

(please state the number of seats for each):

Total: \_\_\_\_\_

(b) Any inflammable, caustic or explosive substances carried?  Yes  No If Yes, please specify:

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(c) Any Long Haul operations?  Yes  No If Yes please specify and include any fuel tax reports (where applicable):

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**9. AVIATION:**

(a) Number and type of owned aircraft including seating capacity: \_\_\_\_\_

(b) Number and type of non owned aircraft including seating capacity: \_\_\_\_\_

(c) Any aircraft chartered with crew?  Yes  No If Yes, please specify: \_\_\_\_\_

(d) Does the Applicant ever use or operate any premises of any type for the purpose of an aircraft landing area?  Yes  No

If Yes, please specify: \_\_\_\_\_

(e) Please provide details of any underlying aviation policy: \_\_\_\_\_

**10. WATERCRAFT LIABILITY:**

Describe fully any watercraft owned or chartered by Applicant and state whether owned or non-owned:

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Does underlying policy provide coverage for the above?  Yes  No

**11. RAILROAD LIABILITY:**

Does Applicant operate a railroad, spur line or side track?  Yes  No If Yes, please specify: \_\_\_\_\_

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**12. NUCLEAR LIABILITY:**

Does the Applicant's operations involve the use of radioisotopes, or any other radioactive materials?  Yes  No

If Yes, please specify: \_\_\_\_\_

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13. ADVERTISING INJURY:

(a) Describe all radio, television, internet and publishing activities contemplated for the next twelve months:

(b) What is the Applicant’s advertising spend for the next twelve months \$ \_\_\_\_\_

(c) Does the Applicant have a contract with an Advertising agency?  Yes  No

If Yes, will they provide insurance to protect the Applicant’s interest?  Yes  No If Yes , please specify:

14. EMPLOYERS LIABILITY:

Payroll: \$ \_\_\_\_\_ Employee count: # \_\_\_\_\_

(a) Are all employees covered by Workmen’s Compensation Insurance?  Yes  No If No , please specify:

(b) Is Employer’s Liability carried for all employees not covered by Workmen’s Compensation Insurance?  Yes  No

If NO , please specify: \_\_\_\_\_

(c) Is Contingent Employer’s Liability carried for all employees covered by Workmen’s Compensation Insurance?  Yes  No

If No , please specify: \_\_\_\_\_

15. CONTRACTUAL LIABILITY:

Please state any unusual contractual obligations which the Applicant has entered into or any situation where the Applicant has agreed to assume another’s obligations:  None If other, please specify:

16. CARE, CUSTODY OR CONTROL:

List all premises occupied but not owned by the Applicant with an estimated value in excess of \$10,000.

17. PROFESSIONAL LIABILITY:

Please state if any of the following exposures exist: Please specify in detail if Yes:

(a) Hospital, clinic or first aid facility?  Yes  No \_\_\_\_\_

(b) Is individual liability of employed doctors or nurses covered?  Yes  No \_\_\_\_\_

(c) Does Applicant provide any consulting services to others for a fee?  Yes  No \_\_\_\_\_

(d) Does underlying policy cover any professional activities listed above?  Yes  No If No, please specify:

**18. PROTECTIVE LIABILITY:**

(a) Are independent contractors employed?     Yes     No

(b) Are Certificates of Insurance requested from independent contractors?     Yes     No    If Yes, what limit?

(c) Please state the annual cost of work performed by independent contractors: \_\_\_\_\_

**19. DOES THE PRIMARY POLICIES (EXCLUDING AUTO) PROVIDE COVERAGE FOR THE FOLLOWING:**

	YES	NO		YES	NO
Products Liability			Broad Form Completed Operations		
General Aggregate			Liquor Liability		
Defence cost in addition to limit			XCU Hazards		
Non owned automobile			Tenants Legal		
Employees as Insureds			World Wide Territory		
Cross Liability			Employee Benefits Liability		
Occurrence PD			Forest Fire Fighting Expense		
Personal Injury			Pollution Liability		
Broad Form PD			Punitive Damages		

**20. SCHEDULE OF UNDERLYING INSURANCE:**

COVERAGE	INSURER	POLICY PERIOD	LIMITS	GENERAL AGGREGATE (IF APPLICABLE)	POLICY NUMBER	ANNUAL PREMIUM

**21. EXISTING UMBRELLA COVERAGE:**

(a) Insurer: \_\_\_\_\_

(b) Limit: \_\_\_\_\_

(c) Expiry Date: \_\_\_\_\_

(d) Premium: \_\_\_\_\_

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_

FAX NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



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