



**Anderson
McTague
& ASSOCIATES**

Extra Strength Underwriting.

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Canada

Umbrella Liability Application

1 - General Information

Name of Applicant, including all subsidiary companies, domestic and foreign:

Applicant is: A Corporation A Partnership An Individual or Other

Principal Address: _____

Other locations (include country): _____

Give complete description of all operations: _____

Canada: Annual Sales/Receipts \$ _____ Annual Payroll \$ _____ # of Employees: _____

USA: Annual Sales/Receipts \$ _____ Annual Payroll \$ _____ # of Employees: _____

Foreign: Annual Sales/Receipts \$ _____ Annual Payroll \$ _____ # of Employees: _____

Are any additional operations or locations anticipated during the policy period? Yes No

If yes, explain: _____

Are all locations to be covered? Yes No If no, explain: _____

Policy period desired: From _____ To _____

Limit of Liability: a) _____ in excess of underlying or retained limit

b) _____ retained limit (self insured retention – must not be less than \$10,000)

2 - Previous Umbrella Carrier

a) Name of Carrier: _____

b) Has any carrier cancelled, declined, or refused coverage in the past 3 years? Yes No

If yes, explain: _____

3 - Description of Exposures

A. Automobile Liability

a) State the number of units owned and leased and registered in the name of the Applicant:

Private Passenger _____ Light Trucks _____ Heavy Trucks _____

Tractors _____ Trailers _____ Busses _____ (Seating Capacity _____)

b) Are flammable, explosive, toxic, or hazardous materials hauled? Yes No If yes, explain: _____

c) Are any units engaged in long haul (over 100 miles)? Yes No If yes, explain and state number of units: _____

d) Provide amount of USA mileage: _____

e) In which Province(s) are vehicles chiefly garaged? _____

B. General Liability

a) Does the underlying policy have the following extensions?

			Limit
Occurrence Property Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Broadform Property Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Blanket Contractual Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Personal Injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Employees as Additional Insureds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Products/Completed Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Vendor's Endorsement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Employer's Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Contingent E.I.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Non-Owned Automobile	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Tenant's Fire Legal Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Blasting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Underpinning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Collapse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

b) Describe specifically the Products and/or Completed Operations and given sales for each:

c) Have any products or operations been discontinued (include for all past and present entities)? Yes No

If yes, list products and reasons: _____

d) Are any products used or installed in any aircraft or missile? Yes No If yes, explain:

e) Does applicant sell or distribute products manufactured outside of North America? Yes No

If yes, specify product and country of origin, and quality control checks in place: _____

f) Attach sales brochure, advertising materials or website address if available.

g) List principal customers: _____

h) List operations performed by independent contractors. State percentage of total receipts:

Is coverage for Real or Personal Property required? Yes No If yes, please provide the applicable information below

C. Non-Owned Property - Care Custody or Control

a) List all leased properties

Location	Occupancy	Estimated Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) List all personal property in the care, custody or control of applicant.

(Include such properties as electronic equipment, machinery, material on consignment, under bailment, property stored, etc...)

Location	Occupancy	Estimated Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is coverage for this personal property provided under a separate policy? Yes No

If yes, please describe: _____

D. Aircraft and Watercraft

List and describe and owned, non-owned, leased or chartered aircraft and watercraft:

E. Workers Compensations

a) Are all employees covered by Workers Compensation Board? Yes No

If no, explain: _____

b) If not, is Employer's Liability required for those employees not covered by

Workers Compensation Board? Yes No

F. Professional Liability

a) Is there any professional or errors or omissions exposure? Yes No If yes, explain:

b) Is there any incidental malpractice exposure? Yes No If yes, is it covered by underlying policies?

G. Advertising Liability

a) Is any advertising contemplated during the policy term? Yes No

If yes, explain type and state expenditure: _____

b) Is an advertising agency used? Yes No

If yes, is the insured added to their policy as an additional insured? _____

H. Contractual Liability

Give details of agreements in which the applicant assumes the liability of others:

I. Railroad Operations

Give details of any Railroad owned, maintained or operated by applicant:

4 - Underlying Insurance

Type	Carrier	Policy #	Policy Period	Policy Limits Per Occurrence	Policy Limits Aggregate	Annual Premium
Auto						
C.G.L.						
Non-Owned Auto						
Employer's Liability						
Professional Liability						
Advertising Liability						
Contractual Liability						
Tenant's Legal Liability						
Other / Non-Owned Property						

