

Application for Umbrella Liability

Atlantic Marine Underwriters Inc.

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General Information

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

2. Applicant is Corporation Partnership Individual Other
3. Postal Address:

4. Other Locations:

5. Give complete description of all operations:

6. Annual Payroll _____ Annual Sales/Receipts _____ No. of Employees _____
7. Are any additional operations or locations anticipated during the policy period? YES NO
If yes, please explain _____
8. Are all locations and operations to be covered? YES NO
9. Policy Period Desired From _____ To _____
10. Limit of Liability a) _____ in excess of underlying or retained limit
 b) _____ retained limit (self insured retention – must not be less than \$10,000)

Previous Umbrella Carrier

1. Name of Carrier:

2. Has any carrier cancelled, declined or refused coverage in past 3 years? YES NO
If yes, please explain: _____

Description of Exposures

1. Automobile Liability
 - a) State number of units owned and leased and registered in the name of the Applicant
Private Passenger _____ Light Trucks _____ Heavy Trucks _____
Tractors _____ Trailers _____ Buses _____ (Seating Capacity _____)

- b) Are flammable, explosive or toxic 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) In which Province(s) are vehicles chiefly garaged? _____

2. General Liability

- a) Please indicate which of the following extensions are included in the underlying policy:
- | | |
|-----------------------------------|---------------------------------|
| Occurrence Property Damage | Employer's Liability |
| Broad Form Property Damage | Contingent Employer's Liability |
| Blanket Contractual Liability | Non-Owned Automobile |
| Personal Injury | Tenant's Fire Legal Liability |
| Employees as Additional Insured's | Blasting |
| Products/Completed Operations | Underpinning |
| Vendor's Endorsement | Collapse |

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

- c) Have any products been discontinued during the past 5 years? YES NO
If yes, explain products and reasons:

- d) Are any products used or installed in any aircraft or missile? YES NO
If yes, explain:

- e) Does Applicant have any sales in the U. S.? YES NO
Does Applicant have any sales to countries elsewhere? YES NO If yes, please advise:

AMOUNT	COUNTRY	PRODUCT DESCRIPTION

- f) Does Applicant sell or distribute products of any foreign manufacturers? YES NO
If yes, specify product and country of origin: _____

- g) Attach sales brochure or advertising material, if available

- h) List principal customers

List operations performed by independent contractors and percentage of total receipts.

3. Non-Owned Property – Care, Custody and Control

- a) List all leased real properties

LOCATION	OCCUPANCY	ESTIMATED VALUE
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List all other property in the care, custody or control of Applicant (include such property as electronic equipment, leased automobiles, machinery, material on consignment, under bailment, property stored, etc.)

LOCATION	OCCUPANCY	ESTIMATED VALUE
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4. Aircraft & Watercraft

- a) List and describe any owned, non-owned, leased or chartered aircraft and watercraft
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5. Worker's Compensation

- a) Are all employees covered by Worker's Compensation Board? YES NO If yes, explain
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- b) If not, is Employer's Liability carried on those employees not covered by Worker's Compensation Board? YES NO

6. Professional Liability

- a) Is there any professional or errors or omissions exposure? YES NO If yes, explain
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- b) Is there any incidental malpractice exposure? YES NO
If yes, is it covered by underlying policies? YES NO

7. Advertising Liability

- a) Is any advertising contemplated during the policy term? Yes NO
If yes, explain type and state expenditure
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-

- b) Is an advertising agency used? YES NO

8. Contractual Liability

a) Give details of agreement in which the applicant assumes the liability of others

9. Railroad Operations

a) Give details of any railroad owned, maintained or operated by applicant

Underlying Insurance

Type	Carrier	Policy No.	Policy Period	Policy Limits	Annual Prem.
Auto					
CGL					
N.O. Auto					
Employer's Liability					
Professional Liability					
Adv.? Liability					
Contractual Liability					
TLL					
Other N.O. Property					

1) Does any Policy Listed above contain:

A Deductible?	YES	NO
A reduced limit of liability for any exposure?	YES	NO
A territorial restriction, e.g. U. S. Products?	YES	NO
If "yes" to any of the above, provide details		

Loss History

1) Describe all losses paid or reserved over \$5,000 occurring during the past 5 years

Signature of Applicant _____

Date _____

Signature of Broker _____

Date _____