



EXCESS LIABILITY INSURANCE APPLICATION

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS INAPPLICABLE.

1) Name of Applicant (including subsidiaries): _____
 (please show complete name as you wish it to appear on the policy)

Company structure: Individual Corporation Partnership Other _____

2) Head Office Address: _____

Other locations (please list and describe): _____

Web Site Address: _____

Please describe the Company's operations: _____

Are any operations conducted outside of Canada? If YES, please describe: _____

3) Number of years the Company has been in business: _____

4) What are your sales/revenues estimated for this year?

Canada: _____ U.S.A. _____ Foreign: _____

5) Past sales/revenues (last 3 years):

Year	Canada	U.S.A.	Foreign
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

6) PRODUCTS AND/OR OPERATIONS

a) Describe products manufactured, sold, handled or distributed and give estimated annual sales for each product per country:

Products or Related Groups of Products (attach brochure)	Annual Revenue		
	Canada	U.S.A.	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

b) Have any products been discontinued and/or recalled in the past 5 years? YES NO
If YES, please describe: _____

7) Are all Companies listed in question #1 to be covered by this insurance? YES NO
If NO, please explain: _____

8) SCHEDULE OF UNDERLYING INSURANCE

List all General Liability, Automobile Liability, Auto Garage Liability, Workers Compensation, Environmental Impairment Liability and all Property policies applicable to property of others in your care, custody or control:

Insurer	Policy No.	Policy Period	Type of Policy	Limits	Annual Premium
				\$	\$
				\$	\$
				\$	\$

9) Does the underlying CGL policy contain a "General Aggregate" limit for non product/completed operations losses?

Yes _____ No _____

Please list both the per occurrence limit and the General Aggregate limit: _____

10) Does your primary CGL policy cover the following exposures?

	YES	NO		YES	NO
Products	<input type="checkbox"/>	<input type="checkbox"/>	Employees as Insured	<input type="checkbox"/>	<input type="checkbox"/>
Personal Injury	<input type="checkbox"/>	<input type="checkbox"/>	Occurrence PD Tenants	<input type="checkbox"/>	<input type="checkbox"/>
Advertisers	<input type="checkbox"/>	<input type="checkbox"/>	Legal	<input type="checkbox"/>	<input type="checkbox"/>
Protective	<input type="checkbox"/>	<input type="checkbox"/>	Non-owned Auto	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Contractual	<input type="checkbox"/>	<input type="checkbox"/>	Non-owned Aircraft	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>	Watercraft	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	Occurrence PD Liquor	<input type="checkbox"/>	<input type="checkbox"/>
XCU Hazards Worldwide	<input type="checkbox"/>	<input type="checkbox"/>	Liability Employers	<input type="checkbox"/>	<input type="checkbox"/>
Coverage Pollution	<input type="checkbox"/>	<input type="checkbox"/>	Liability Forest Fire	<input type="checkbox"/>	<input type="checkbox"/>
Exclusion, specify Errors & Omissions	<input type="checkbox"/>	<input type="checkbox"/>	Broad Form PD	<input type="checkbox"/>	<input type="checkbox"/>
Pollution: Absolute, S&A, Hostile Fire etc. (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Defense Cost Exclusive	<input type="checkbox"/>	<input type="checkbox"/>

11) Does your policy coverage restrict cover to compensatory damages? YES NO

12) Does your policy have a sub-limit on any coverage? YES NO
If YES, please describe: _____

13) Is any coverage on the underlying subject to a deductible? YES NO
If YES, please provide: _____

14) Give details of any special or unusual exclusion/restriction in your primary policy: _____

- 15) a) Limit of Excess Coverage desired: \$ _____
- b) Does the Applicant now carry, or has the Applicant ever carried, excess liability insurance? YES NO
If YES, please give name of carrier and details of coverage, limits, premiums, etc. _____
- 16) WATERCRAFT LIABILITY
State the number, type and use and whether or not owned, leased or chartered watercraft: _____
- Do underlying policies listed cover these exposures? YES NO
If NO, please specify: _____
- 17) RAILWAY LIABILITY
- a) Does Applicant operate an industrial railway? YES NO
If YES, please give full details including length of track (in km), type quantity of rolling stock owned by Applicant, number of crossings, with warning devices used, and the average weekly quantity of non-owned rolling stocks: _____
- b) Do locomotives owned by Applicant operate on a mainline of a railroad? YES NO
If YES, please describe in detail: _____
- c) Do underlying policies listed cover these exposures? YES NO
If NO, please explain: _____
- 18) AVIATION LIABILITY
- a) Does Applicant expect to own, lease or charter aircraft within the next twelve (12) months? YES NO
If YES, please give details: _____
- b) Are there any of the Insured's products used in any type of aircraft? YES NO
- 19) ADVERTISING LIABILITY
- a) Describe all radio, television and publishing activities contemplated for the next twelve (12) _____
- b) Are there any unusual advertising activities, such as contests, exhibits, etc. contemplated? YES NO
If YES, please describe: _____
- c) Estimated annual advertising expenditure: Advertising Agency \$ _____
Others \$ _____
- d) To what extent do underlying policies listed cover these exposures? _____
- e) If the Applicant is under contract with advertising agencies, have agencies' policies been endorsed to include the additional interest of the Applicant? YES NO
If YES, to what extent? _____

20) EMPLOYER'S LIABILITY

- a) Is Workers Compensation Insurance carried in all Provinces where the company operates? YES NO
 If not, please give description of employees not covered by Workers Compensation: _____
- b) Do underlying policies cover Employer's Liability in all those Provinces where Workers Compensation Insurance is not provided? YES NO
 If NO, please note exceptions: _____

21) CONTRACTUAL LIABILITY

- a) Describe any contractual liability exposures assumed by the Applicant other than the following types of written agreements: Lease of Premises, Easement Agreement, Agreement required by Municipal Ordinance, Railway Sidetrack Agreement or Elevator & Escalator Maintenance Agreement. _____

22) OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY

- a) Are independent contractors employed? YES NO
 Trades: _____
- b) Are Certificates of Insurance requested from independent contractors? YES NO
 Limit: \$ _____
- c) State percentage of work performed by independent contractors: _____ %

23) PREVIOUS LOSS EXPERIENCE

- a) State the total number and amount of claims for the past three (3) years: _____
- b) List all claims, insured or not, paid or reserved during the past five (5) years and state total amount of each claim:

Date	Circumstances	Coverage Involved	Amount Paid	Amount Reserved	No. of Claimants
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

- 24) Has any Insurer cancelled, or declined to renew any form of liability insurance for the Applicant? YES NO
 If YES, please give details: _____

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 by TCB Underwriters Ltd.

THE UNDERSIGNED HEREBY ACKNOWLEDGES 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 APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: _____

Dated: _____

Print full Name and Title / Position: _____

BROKER NAME: _____

BROKERAGE NAME: _____

BROKERAGE ADDRESS: _____

BROKER PHONE NUMBER: _____ **BROKER FAX NUMBER:** _____

BROKER EMAIL: _____