



UMBRELLA APPLICATION

Name of Applicant: _____

Address (Head Office): _____

Company Website: _____

Indicate Business Type:
_____ Corporation _____ Partnership _____ Individual _____ Joint Venture _____ Franchise _____ Other

Provide a fully detailed description of ALL the Professional activities that the applicant undertakes:

of Years in Operation # of Years at present location # of locations

If you are presently insured, are renewal terms being offered? _____ Yes _____ No
If No, please elaborate why: _____

Estimated gross revenue for:

- A) The previous twelve (12) months or last fiscal year: \$ _____
B) The next twelve (12) months or next fiscal year: \$ _____

Estimated annual payroll & head count:

Table with 2 columns: Category and Amount. Rows include Clerical & Administrative, Salesmen (In and Out), Plant, Installation or erection, Servicing, and Warehouse.

Are all employees covered under WSIB? _____ YES _____ NO

If "No", please list numbers by job description and estimated payroll:

Description _____ Payroll \$ _____

Do underlying policies cover Employers' Liability? _____ YES _____ NO

Do your operations involve the use of radioisotopes, or any other radioactive materials? _____ YES _____ NO

If yes, describe _____

Do you require proof of insurance from such contractors/suppliers that perform work or services? _____ YES
_____ NO

What limit do you require of your sub-contractors? _____

Automobiles / Fleet Information

| | | | | | |
|----------------------|--|--------------|--|--------------|--|
| Private Passenger | | Light Trucks | | Heavy Trucks | |
| Tractors | | Trailers | | Others | |
| Buses | | | | | |

Does the Applicant Own or Use Aircraft? _____ Yes _____ No

If yes, Is the Aircraft Owned _____ Yes _____ No

Passenger Capacity & Type: _____

If Non-Owned, please indicate _____ Yes _____ No

Passenger Capacity & Type: _____

Are Aircraft chartered with crew? _____ Yes _____ No

Does the Applicant Own or Use Watercraft? _____ Yes _____ No

Describe any owned and/or non-owned watercraft (length and usage): _____

CLAIMS EXPERIENCE

Please provide 5 year claims experience (Attach separate sheets as necessary)

| Date | Description | Reserve Amount | Paid | Expense | Status – Open / Closed |
|------|-------------|----------------|------|---------|------------------------|
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | |

UNDERLYING INSURANCE

List all policies that you are requesting to be scheduled on the Umbrella Policy:

| Coverage | Limit | Insurer | Policy Period | Premium |
|----------|-------|---------|---------------|---------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

***Copies of all Underlying Coverage Binders and/or Policy Declarations will be required prior to Binding**

Does your primary CGL policy cover the following exposures?

| | Yes | No | | Yes | No |
|-----------------------------------|-----|----|-------------------------------|-----|----|
| Products and Completed Operations | | | Occurrence PD | | |
| Blanket Contractual | | | Non-Owned Auto | | |
| Protective | | | X C U Hazards | | |
| Watercraft | | | Liquor Liability | | |
| Professional Liability | | | Employers Liability | | |
| Employees as Insured | | | Employee Benefits | | |
| Advertising or Personal Injury | | | Forest Fire Fighting Expenses | | |
| Tenants Legal Liability | | | Broad Form PD | | |
| World Wide Territory | | | Waiver of Subrogation | | |
| Failure to Perform | | | | | |

EXISTING UMBRELLA COVERAGE:

Current Insurer: _____

Limit: \$ _____

Expiry Date: _____

Current Premium: \$ _____

COVERAGE'S REQUIRED:

Please indicate limit(s) of liability required : \$ _____

Self Insured Retention is **\$10,000**.

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: _____