

EXCESS LIABILITY APPLICATION

BROKER INFORMATION

Brokerage		Broker Contact	
Email		Telephone	

APPLICANT INFORMATION

Full Name of Applicant					
Is the Applicant?	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other
Mailing Address					
City					
Province					
Postal Code					
Primary Contact					
Role					
Email					
Telephone		Website			
Description of Business Operations					
Date of Incorporation					
Years in Business		Years of Experience			
Details of any predecessor companies					
Coverage Effective Date					
Quote Required date					

OPERATIONS

Please provide full description of all your operations:

LIST OF ALL SUBSIDIARIES AND AFFILIATED COMPANIES

Name of Company	Description of operations/products	Country	Annual Gross Revenue
			\$
			\$
			\$
			\$

REVENUES/RECEIPTS

Revenues/Receipts	Current Year	One Year Prior	Two Year's Prior	Three Year's Prior
Canada	\$	\$	\$	\$
U.S.A.	\$	\$	\$	\$
Foreign	\$	\$	\$	\$
Total	\$	\$	\$	\$

LIMIT OF LIABILITY REQUESTED

Coverages	Limit Requested	Self-Insured Retention
Umbrella/Excess Liability Limit		

CLAIMS

Please provide 5 year claims experience including details of any incidents or events known to the applicant that may give rise to a claim.

Have there been any losses in the last 5 years (insured or uninsured):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any of the losses resulted in legal action within the last 5 years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resulted in you incurring a loss of damage to the premises you want insured:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware of any incidents which may result in claims against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes describe below		

Date of Claim	Description	Claim Amounts		Open or Closed
		Reserved	Paid	

AUTOMOBILE LIABILITY

State the number of owned/leased vehicles for each class listed below. (please state the number of seats for each)

Please separate Canada and USA automobile schedule

Private Passenger	
Light Commercial	
Heavy	
Tractors	
Trailers	
Buses	
Total	

Any inflammable, caustic or explosive substances carried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details		
Any Long-Haul operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify and include and fuel tax reports		

AVIATION

Number and type of owned aircraft including seating capacity		
Number and Type of non-owned aircraft including seating capacity		
Any aircraft chartered with crew:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify		
Does the Applicant ever use or operate any premises of any type for the purpose of an aircraft landing area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify		
Please provide details of any underlying aviation policy		

WATERCRAFT LIABILITY

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

Does underlying policy provide coverage for the above?

☐ Yes

☐ No

RAILROAD LIABILITY

Does applicant operate a railroad, spur line or side track?

☐ Yes

☐ No

If yes, please specify

NUCLEAR LIABILITY

Does applicant's operations involve the use of radioisotopes, or any other radioactive materials?

☐ Yes

☐ No

If yes, please specify

ADVERTISING INJURY

Describe all radio, television, internet and publishing activities contemplated for the next 12 months:

What is the Applicant's advertising spend for the next twelve months

\$

Does the Applicant have a contract with an Advertising agency?

☐ Yes

☐ No

If yes, please specify

EMPLOYERS LIABILITY

Payroll	\$	Employee Count	#
Are all employees covered by Workmen's compensation Insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please specify			
Is Employer's Liability carried for all employees not covered by Workmen's compensation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please specify			
Is Contingent Employer's Liability carried for all employees covered by Workmen's Compensation Insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please specify			

CONTRACTUAL LIABILITY

Please state any unusual obligations which the Applicant has entered into or any situation where the Applicant has agreed to assume another's obligations:	<input type="checkbox"/> None

CARE, CUSTODY OR CONTROL

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

PROFESSIONAL LIABILITY

Please state if any of the following exposures exist: Please Specify in detail if yes:

Hospital, Clinic or first aid facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is individual liability of employed doctors or nurses covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant provide any consulting services to others for a fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does underlying policy cover any professional activities listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please specify	

PROTECTIVE LIABILITY

Are independent contractors employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Certificates of Insurance requested from independent contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what limit?	\$	
Please state the annual cost of work performed by independent contractors	\$	

DOES THE PRIMARY POLICIE(S) (EXCLUDING AUTO) PROVIDE COVER FOR THE FOLLOWING

Products Liability	<input type="checkbox"/>	Broad Form Completed Operations	<input type="checkbox"/>
General Aggregate	<input type="checkbox"/>	Liquor Liability	<input type="checkbox"/>
Defence cost in addition to limit	<input type="checkbox"/>	XCU Hazards	<input type="checkbox"/>
Non owned automobile	<input type="checkbox"/>	Tenants Legal	<input type="checkbox"/>
Employees as insureds	<input type="checkbox"/>	Worldwide Territory	<input type="checkbox"/>
Cross liability	<input type="checkbox"/>	Employee Benefits Liability	<input type="checkbox"/>
Occurrence PD	<input type="checkbox"/>	Forest Fire Fighting Expense	<input type="checkbox"/>
Personal Injury	<input type="checkbox"/>	Pollution Liability	<input type="checkbox"/>
Broad Form PD	<input type="checkbox"/>	Punitive Damages	<input type="checkbox"/>

SCHEDULE OF UNDERLYING INSURANCE

Coverage	Insurer	Policy Period	Limits	General Aggregate	Policy Number	Annual Premium

EXISTING UMBRELLA COVERAGE

Insurer	
Limit	
Expiry Date	
Premium	

PREVIOUS INSURANCE

Is this a new layer/additional limits		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please complete below			
Past Insurer			
Policy Number			
Expiry Date			
Expiring Premium	\$	Expiring Limit	\$
Is the present insurance Claims Made?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, state the retroactive date:			
Has the policy been cancelled/declined/refused to renew in the past 5 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe:			

PRIVACY

The Intermediary, if providing Probitas 1492 with personal information about individuals, will comply with all relevant obligations under the Canadian Privacy Act, including having made or making the individual(s) aware that their personal information will be disclosed to Probitas 1492 and handled in accordance with Probitas' 1492 Privacy Policy (<https://probitas1492.com/privacy-policy-probitas-Canada/>)

I authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, and claims history.

IMPORTANT NOTICE

By signing this form, you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. Probitas 1492 will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data.

Date:		Applicant Signature:	
Name:		Position:	

Additional Information

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This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided