



# **Commercial Umbrella Liability Policy**

## **Application**

A.M. Fredericks Underwriting Management Ltd

1. Name of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

2. a) Mailing Address: \_\_\_\_\_

b) Main locations of operations: \_\_\_\_\_

3. List Canadian and U.S.A. Companies and subsidiaries to be covered and describe activities of each:

Name & Address	Annual Gross Payroll	Annual Revenue	Number of Employees	Activities
a)				
b)				
c)				
d)				
e)				

4. List any Companies or operations for which coverage is not desired: \_\_\_\_\_  
 \_\_\_\_\_

5. Period of time Applicant has been in business: \_\_\_\_\_

6. Describe all foreign operations to be covered and give the following specific details:

Name of Company	Country	Description of Operations	Annual Payroll	Annual Revenue	Number of Employees
a)					
b)					
c)					
d)					

7. Underlying Primary Policies Schedule (Canada, U.S.A., Foreign) – identify all policies with General Aggregate limit

Type of Policy & Limit	Policy Number	Insurer	Policy Period	Annual Premium
a) General Liability B.I./P.D. _____ Annual Aggregate _____				
b) Products Liability B.I./P.D. _____ Annual Aggregate _____				
c) Automobile Liability B.I./P.D. _____				
d) Workmen's Compensation Employers Liability _____ IF U.S. OPERATIONS: Admiralty or Jones Act _____				

Type of Policy & Limit	Policy Number	Insurer	Policy Period	Annual Premium
Federal Railroad Employees Act _____				
Longshoremen's & Harbor Act _____				
e) Aircraft – Owned _____				
B.I. _____				
P.D. _____				
Passenger _____				
Aircraft - Non-Owned				
B. I. _____				
P.D. _____				
Passenger _____				
f) Watercraft – Owned _____				
Non-Owned _____				
g) Charterers Liability _____				
h) Professional/ Malpractice Liability _____				
i) Any other Liability(specify) _____				

**8. Does General Liability include:**

	YES	NO		YES	NO
1) General Aggregate Limit	<input type="checkbox"/>	<input type="checkbox"/>	14) Specific Hazards of:		
2) Occurrence P.D.	<input type="checkbox"/>	<input type="checkbox"/>	Collapse	<input type="checkbox"/>	<input type="checkbox"/>
3) Personal Injury	<input type="checkbox"/>	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	<input type="checkbox"/>
4) Advertising Liability	<input type="checkbox"/>	<input type="checkbox"/>	Pile Driving	<input type="checkbox"/>	<input type="checkbox"/>
5) Employers' Liability	<input type="checkbox"/>	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input type="checkbox"/>
6) Broad Form P.D.	<input type="checkbox"/>	<input type="checkbox"/>	Blasting	<input type="checkbox"/>	<input type="checkbox"/>
7) Blanket Contractual	<input type="checkbox"/>	<input type="checkbox"/>	Explosion	<input type="checkbox"/>	<input type="checkbox"/>
8) Tenants Legal Liability	<input type="checkbox"/>	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	<input type="checkbox"/>
Broad Form	<input type="checkbox"/>	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>
9) Fire Fighting Expense	<input type="checkbox"/>	<input type="checkbox"/>	15) Worldwide Territory	<input type="checkbox"/>	<input type="checkbox"/>
10) Property in Applicants Care			16) Non-Owned Automobile	<input type="checkbox"/>	<input type="checkbox"/>
Custody or Control	<input type="checkbox"/>	<input type="checkbox"/>	17) Sudden and Accidental		
11) Liquor Law Liability	<input type="checkbox"/>	<input type="checkbox"/>	Pollution	<input type="checkbox"/>	<input type="checkbox"/>
12) Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>	18) Restrict Coverage to		
13) Employees as Additional			Compensatory Damages	<input type="checkbox"/>	<input type="checkbox"/>
Insureds	<input type="checkbox"/>	<input type="checkbox"/>	19) A restriction or exclusion		
			for Punitive Damages	<input type="checkbox"/>	<input type="checkbox"/>

Are **all** of the above covered for the full General Liability policy limit? Yes  No

If No, state the coverage(s) and the limit(s) carried. \_\_\_\_\_

**9. Contractual Liability** Describe any Contractual Liability exposure including sole negligence agreements insured or not insured under underlying policies which are other than the following types of written agreements: Lease of Premises, Easement Agreement, Agreement required by Municipal Ordinance, Sidetrack Agreement, or Elevator and Escalator Maintenance Agreement. \_\_\_\_\_

10. If Applicant is involved in any Joint Ventures, supply brief details and confirm fully covered under primary.

\_\_\_\_\_  
\_\_\_\_\_

11. **Owners or Contractors Protective Liability**

a) If Independent Contractors are employed, give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) If the Applicant's employees are engaged in new construction or demolition work, describe locations and operations:

\_\_\_\_\_

c) Do underlying policies listed (Item 7.) cover these exposures without exception? Yes  No

If No, please explain: \_\_\_\_\_

\_\_\_\_\_

12. **Products - Completed Operations Liability**

a) List by classification, all products manufactured, sold, handled or distributed by the Applicant.

Products	Annual Sales

b) What portion of Sales is derived from repair, installation, servicing or other operations away from the premises of the Applicant and give a brief description of such operations, if any. \_\_\_\_\_

\_\_\_\_\_

c) Are these exposures covered by underlying policies? If not, specify. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. **Automobile Liability**

a) Number and type of owned and/or leased automobiles

	<u>No. of Units</u>	<u>Average Annual Mileage</u>	<u>% of Travel to the USA</u>
Private Passenger	_____	_____	_____
Commercial	_____	_____	_____
Trucks	_____	_____	_____
Tractors	_____	_____	_____
Trailers	_____	_____	_____
Tankers	_____	_____	_____
Vans, Pick-ups, etc.	_____	_____	_____

b) Give details of any automobiles engaged in the transportation of volatile, caustic or explosive substance.

\_\_\_\_\_

\_\_\_\_\_

c) Does the underlying policy include a Blanket Fleet Endorsement? Yes  No

d) Give area of operation of commercial vehicles – (less than 100 km) (100-250 km) (250-500 km) or (more than 500km)

\_\_\_\_\_

e) Are these exposures covered by underlying policies? If not ,explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. Watercraft Liability**

a) Number and type and whether or not owned, leased or chartered watercraft: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Area of operation and purpose used? \_\_\_\_\_

\_\_\_\_\_

c) Does Applicant maintain a crew or waterfront facility? If yes, give details: \_\_\_\_\_

\_\_\_\_\_

d) Do underlying policies listed cover these exposures? If not, explain. \_\_\_\_\_

\_\_\_\_\_

**15. Aircraft Liability**

a) Number and type and whether or not owned, rented, borrowed, leased or chartered aircraft: \_\_\_\_\_

\_\_\_\_\_

b) Number of known pilots among officers and employees who fly on company business and state extent aircraft may be used (annual hourly exposure) and whether a specific policy is in force with regard to use of aircraft by employees: \_\_\_\_\_

\_\_\_\_\_

c) Is any aircraft used for other than non-commercial transportation of people? Yes  No

**16. Railroad Liability**

Does the applicant operate a railroad? If so, give details: \_\_\_\_\_

\_\_\_\_\_

**17. Advertisers Liability:**

a) Methods of Advertising and amount of expenditure. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Is an advertising agency used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18. Employers Liability.**

Number and classification of employees not under Provincial Workmens Compensation Acts. \_\_\_\_\_

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19. **Professional Liability** (other than Incidental Medical Malpractice)  
 Attach copy of application, primary policy and any endorsements.

20. **Malpractice Liability**

a) Does Applicant operate a hospital or first aid facility? If yes, describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) Number of doctors employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

c) Number of nurses employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

d) Are these exposures covered by underlying policies? \_\_\_\_\_

21. **Care, Custody and Control**

a) List all leased premises in applicants Care, Custody or Control with values over \$25,000.

Location	Occupancy	Estimated Values	80% co-insurance fire rate	Is Liability Assumed?
I)				
II)				
III)				
IV)				
V)				

b) List any other property in applicants Care, Custody or Control with values over r \$25,000.

Location	Occupancy	Estimated Values	Is Liability Assumed?
I)			
II)			
III)			
IV)			
V)			

22. **Loss Experience**

Give details of all-third party losses, insured or not, exceeding \$10,000., incurred in the past 5 years:

Description of Accident	Date	Amount Paid		Amount Outstanding		# of Claimants
		B.I.	P.D.	B.I.	P.D.	

23. Describe activities involving operations requiring licensing by the Atomic Energy Control Board or any other nuclear energy activity. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## **Our Privacy Policy and Commitment to Protecting Your Privacy**

A.M. Fredericks Underwriting Management Ltd values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

### **How We Use and Disclose Your Information**

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

### **What We Will NOT Do With Your Information**

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

### **We Strive to Protect Your Personal Information**

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

**Your Privacy Choices** You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

**If You Need More Information**

For more information about our privacy policies and procedures, please contact our Privacy Officer, Anthony Fredericks at:

A.M. Fredericks Underwriting Management Ltd.  
201-339 Westney Rd. S.  
Ajax, Ontario  
L1S 7J6  
Tel: 905-428-1269 Ext 109  
Fax: 905-428-3977

Our Insurers privacy contacts are as follows:

Director of Compliance Echelon General Insurance Company 1550 Enterprise Road, Suite 310 Mississauga, Ontario L4W 4P4 <b>Tel No: 905-564-9215 Ext. 7912</b> <b>Fax No: 905-565-7992</b>	Corporate Compliance Officer Kingsway General Insurance Company 5310 Explorer Drive, Suite 200 Mississauga, Ontario L4W 5H8 <b>Tel No: 905-629-7888 Ext. 8843</b> <b>Fax No: 905-629-5008</b>
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Applicant acknowledges receipt of and agrees to the Privacy Disclosure and Consent provisions contained in this form.

***I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.***

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

**QUESTIONS TO BE ANSWERED BY BROKER**

1. Do you know the Applicant personally? \_\_\_\_\_  
If so, for how long? \_\_\_\_\_
2. Did you receive the order direct from the Applicant? \_\_\_\_\_  
If no, from whom and why? \_\_\_\_\_
3. Do you handle other Insurance for Applicant? \_\_\_\_\_
4. Do you recommend this risk in every respect? \_\_\_\_\_
5. Is this risk a renewal to your Office? \_\_\_\_\_  
If so, how long have you placed insurance on this risk? \_\_\_\_\_

**DATE:** \_\_\_\_\_

**BROKER'S SIGNATURE:** \_\_\_\_\_