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K&K Insurance Brokers, Inc. Canada

UMBRELLA COVERAGE APPLICATION

Policy period required from: _____ (Year) to _____ (Year)

INSURED

1. Named Insured as it is to appear on policy: _____

2. Insured is: ❑Corporation ❑Partnership ❑Individual ❑Joint Venture
❑Other: _____

3. a) Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number (_____) _____ Fax Number (_____) _____
Web Site: _____

b) Address of Playing Field (if different than mailing):

_____
(Number) (Street) (City) (Prov.) (Postal Code)

BROKER

6. Name of Agent/Brokerage: _____

7. Contact Person: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: (_____) _____ Fax Number: (_____) _____
E-mail Address: _____

GENERAL INFORMATION

1. Full Description of all Operations: _____
_____
_____
_____

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

Are all operations to be covered by this insurance? If no, please explain: _____
_____

2. Length of Time in Business: _____

3. Receipts/Revenues Estimated for this Year:

a) Canada: $ _____ b) U.S.A.: $ _____ c) Foreign: $ _____

PAST SALES (last 5 years):

YEAR	CANADA	U.S.A.	FOREIGN

Have any products been discontinued and/or recalled in the past 5 years? ❑Yes ❑No

If yes, please describe: _____

If you are involved in more than one product/operation, please provide breakdown in receipts:

PRODUCT OR OPERATION	RECEIPTS

6. Employees/Payroll:

	NUMBER	PAYROLL
Executive/Management		

Are all employees covered under Workers' Compensation: ❑Yes ❑No

If no, who is not covered? _____

Do underlying policies cover Employers' Liability? ❑Yes ❑No

If no, please state exceptions: _____

7. Automobiles:

Private Passengers	_____	Light Trucks	_____	Heavy Trucks	_____
Tractors	_____	Trailers	_____	Others	_____
U.S. Vehicles	_____	Buses	_____	(Capacity)	_____

Are any long haul operations involved? (over 100 miles) ❑Yes ❑No

If so, please state number of vehicles/frequency and radius of operations: _____

Are any hazardous goods carried? (ie. Explosives/flammables) ❑Yes ❑No

If so, please describe where and how often carried: _____

8. Aircraft

Owned: ❑Yes ❑No Passenger Capacity & Type: _____

Non-Owned: ❑Yes ❑No Passenger Capacity & Type: _____

Are aircraft chartered with crew? ❑Yes ❑No

Do Insured directors/officers/employees pilot aircraft? ❑Yes ❑No

Please state who, and experience: _____

Please describe amount of usage time and distance flown: _____

_____

_____

Do you have any plans to buy/lease/charter any aircraft in the next year? ❑Yes ❑No

If yes, please describe: _____

_____

State number, location, type and size of any private air strips or fields

_____

_____

_____

9. Watercraft

Please describe any owned or non-owned watercraft (ie. Size/usage), and state whether owned or non-owned:

_____

_____

_____

Are any watercraft facilities operated by the Insured? ❑Yes ❑No

If yes, please describe: _____

_____

_____

_____

Do underlying policies cover these exposures? ❑Yes ❑No

10. Care, Custody or Control

List all real property (ie. Buildings) belonging to other, which is in your care, custody or control (value over $10,000)

LOCATION	OCCUPIED AS	EST. VALUE	LIMIT OF INSURANCE

List all other property (ie. Leased equipment, property stored, rolling stock) belonging to other which is in your care, custody or control (value over $10,000).

LOCATION	OCCUPIED AS	EST. VALUE	HOW INSURED

11. Contractual Liability

Please state any unusual contractual obligations which you have entered into, or any situation where you have agreed to assume another's obligations: _____

_____

_____

_____

12. Railroad

Do you operate a railroad? ❑Yes ❑No

If yes, please describe: (length of track, # of crossings and how protected) _____

Do you have a sidetrack on your premises? ❑Yes ❑No

Is it in regular use? ❑Yes ❑No

Do underlying policies cover these exposures? ❑Yes ❑No

13. Nuclear Liability

Do your operations involve the use of radioisotopes, or any other radioactive materials?

If yes, please describe: _____

14. Protective Liability

Please describe any work (along with amounts) that will be performed by others for you during the coming year:

Do you require proof of insurance from such contractors/suppliers that perform work or services? ❑Yes ❑No

What limit of Liability do you require be provided? _____

15. Advertising

State your annual expenditure in this area and advise what form of media is used (if expenditure is in excess of $10,000)

Radio	_____	T.V.	_____
Publishing	_____	Event Sponsorship	_____
Other	_____		

Do you have a contract with an Advertising agency? ❑Yes ❑No

If so, do they provide insurance to protect your interests? ❑Yes ❑No

16. Professional

Please state if any of the following exposures exist:

First Aid Station	_____	Hospital	_____
State number of employed	1.	Nurse(s)	_____
	2.	Doctor(s)	_____
	3.	Others	_____

Does your firm provide any outside consulting or professional services? ❑Yes ❑No

If yes, please provide details: _____

17. Claims Experience

List all third party losses that exceeded $10,000 for the past 5 years.

YEAR	DESCRIPTION	LOSS PAYMENT	EXPENSES	RESERVE	STATUS

18. Underlying Insurance

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

COVERAGE	LIMIT	INSURER	POLICY PERIOD	PREMIUM

19. Does your Primary CGL policy cover the following exposures?

	Yes	No		Yes	No
Products	☐	☐	Occurrence PD	☐	☐
Blanket Contractual	☐	☐	Personal Injury	☐	☐
Protective	☐	☐	Non-Owned Auto	☐	☐
Watercraft	☐	☐	X C U Hazards	☐	☐
Professional	☐	☐	Liquor Liability	☐	☐
Employees as Insured	☐	☐	Employers Liability	☐	☐
Advertisers'	☐	☐	Employee Benefits	☐	☐
Tenants Legal	☐	☐	Forest Fire	☐	☐
World Wide Territory	☐	☐	Broad Form PD	☐	☐

Does your policy exclude punitive damages, or restrict cover to compensatory damages? ❑Yes ❑No

Does your policy have a sub-limit on any coverage? ❑Yes ❑No

If yes, please describe: _____

Does your policy contain an annual aggregate on any coverage other than Products/Completed Operations? ❑Yes ❑No

Is any coverage on the underlying policies subject to a deductible? ❑Yes ❑No

If yes, please describe: _____

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

_____

_____

20. Existing Umbrella Cover

a) Insurer: _____

b) Limit: _____

c) Expiry Date: _____

d) Premium: _____

21. Please state what limits you require quotations for: _____

Please note: Standard Self-Insured Retention is $10,000.00

THE APPLICANT AGREES THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Date: 08/30/2011

Signature of Applicant: _____

Title: _____

Agent/Broker: _____

SUBMIT PRINT