

YARMOUTH MUTUAL UMBRELLA LIABILITY APPLICATION

1. Name of Applicant and all Affiliated Companies (Domestic and Foreign). Please list any Company websites.

2. Complete below for the Applicant and all other subsidiary and Affiliate Companies to be covered under the Policy.

DESCRIPTION OF OPERATION	ANNUAL SALES	NO. OF EMPLOYEES

3. Describe fully if Applicant has locations, conducts any operations or sells any products outside of Canada. State value of these sales and country.

4. List all premises, including values, occupied BUT NOT OWNED by the Applicant whose value exceeds \$10,000.

5. List all other property of others in the *Care, Custody or Control (CCC)* of the Applicant (include such property as computer equipment, leased automobiles, leased watercraft, leased machinery, material on assignment, property stored etc.) together with its estimated value if aggregate value of all CCC property is in excess of \$10,000.

DESCRIPTION OF PROPERTY	VALUE	HOW INSURED

6. **CONTRACTUAL LIABILITY** – Give details of written agreements. Attach wordings if Applicant assumes sole negligence under contract.

7. **MEDICAL MALPRACTICE** – Does Applicant employ any doctors, or nurses, or operate a hospital or clinic? If so, give details.

8. **EMPLOYER’S LIABILITY** – Is Workers Compensation Insurance carried in all provinces where Applicant operates? If not, list provinces where not carried.

9. **AIRCRAFT EXPOSURE** – Describe each owned aircraft and refer to the company.

Give details of any aircraft leased or chartered:

10. **WATERCRAFT EXPOSURE** – Describe each owned watercraft and refer to the company.

Are non-owned watercraft ever used?

11. **ADVERTISING EXPOSURE** – Give annual expenditure if over \$10,000

List all media used:

12. **PREVIOUS LOSS EXPERIENCE** – Give details, including type, of all losses incurred by Applicant in excess of \$5,000 whether insured or not during the past five years.

Describe the largest claim ever made against the Applicant:

13. **UNDERLYING INSURANCE** – List all liability and compensation policies to apply as primary or underlying insurance.

Note: All underlying coverage *must* be minimum \$1,000,000 and written by the same member company providing the umbrella policy, with the exception of auto or watercraft.

TYPE OF INSURANCE & POLICY #	INSURANCE COMPANY	POLICY PERIOD	LIMITS	ANNUAL LIABILITY PREMIUM
Personal				
Commercial General				
Automobile				
Automobile				
Farm				
Aircraft				
Watercraft				
Other				

14. Attach the completed underlying liability applications if applicable.

15. **LIMITS OF LIABILITY REQUESTED** \$ _____ Excess of Primary or Self-Insurance.

16. **Policy Period:** From _____ to _____ 12:01 a.m. Standard time at the postal address as stated.

CONSENT & DISCLOSURE

Where (a) an Applicant for this contract gives false particulars to the prejudice of the Insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery forfeited.

The Applicants have reviewed all parts and attachments of the application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of information.

I have provided information in this document and I may in the future provide further information. Some of the information may include, but is not limited to, credit information and claim history. I authorize my broker or insurance company to collect, use and disclose any of this information, subject to the law and to my broker's or insurance company's policy regarding the use of such information, for the purposes of communicating with me, assessing my application for insurance and underwriting policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose information is contained in this document have authorized that I agree to the above on their behalf.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required before Applicant may be bound by policy issued.

Signature _____

Date _____

Signature _____

Date _____

Name of Agent/Broker _____

Company _____