



PERSONAL LINES UMBRELLA INSURANCE APPLICATION

BILLING

 BROKER/AGENT COMPANY

INSURANCE COMPANY	<input type="checkbox"/> QUOTE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	POLICY / BINDER NUMBER
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1. APPLICANT'S FULL NAME AND POSTAL ADDRESS	2. BROKERAGE/AGENCY INFORMATION
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CONTACT NUMBER(S)				BROKER CODE		CONTACT NAME		
TYPE	NO.	TYPE	NO.	PHONE NO.	FAX NO.			
PREFERRED DOCUMENT LANGUAGE	<input type="checkbox"/> ENGLISH		<input type="checkbox"/> FRENCH		CONTRACT NUMBER		SUB-CONTRACT NUMBER	
EMAIL ADDRESS				GROUP / PROGRAM NAME		GROUP ID		
WEBSITE ADDRESS				BROKER CLIENT ID		COMPANY CLIENT ID		

3. POLICY PERIOD

EFFECTIVE DATE	TIME	A.M. <input type="checkbox"/>	P.M. <input type="checkbox"/>	EXPIRY DATE	AT 12:01 A.M.	ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S POSTAL ADDRESS STATED HEREIN.
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4. APPLICANT DATA

INSURED NAME		CO-INSURED NAME	
OCCUPATION		OCCUPATION	
YEARS CONTINUOUSLY EMPLOYED	DATE OF BIRTH	YEARS CONTINUOUSLY EMPLOYED	DATE OF BIRTH
OCCUPANCY DATE		IF OCCUPANCY DATE IS LESS THAN 3 YEARS, PROVIDE PREVIOUS ADDRESS	
			POSTAL CODE

5. UNDERWRITING QUESTIONS (If yes to any of the following questions, please provide details in remarks.)

- 1) HAS ANY INSURANCE COMPANY DECLINED, CANCELLED, OR REFUSED ANY FORM OF INSURANCE IN THE PAST 6 YEARS? YES NO
- 2) DO ANY OF THE UNDERLYING POLICIES HAVE ANY COVERAGE RESTRICTIONS ADDED TO THE STANDARD WORDINGS? YES NO
- 3) DOES ANY DRIVER OF THE AUTOMOBILES HAVE A MAJOR OR SERIOUS (PRIOR 6 YEARS) DRIVING CONVICTION OR MORE THAN ONE MINOR CONVICTION IN PAST 3 YEARS? YES NO
- 4) HAS ANY DRIVER OF THE AUTOMOBILES HAD THEIR LICENCE SUSPENDED OR CANCELLED IN THE LAST 6 YEARS? YES NO
- 5) ARE THERE ANY OWNED PROPERTIES, AUTOMOBILES, WATERCRAFT OR RECREATIONAL VEHICLES NOT COVERED BY ANY OF THE LISTED UNDERLYING POLICIES? YES NO
- 6) DOES ANY MEMBER OF THE HOUSEHOLD OWN AN AIRCRAFT? YES NO
- 7) DO ANY MEMBERS OF THE HOUSEHOLD SERVE ON A BOARD OF DIRECTORS? YES NO
- 8) DO ANY OF THE PREMISES CONTAIN AN OFFICE OR BUSINESS OPERATION? HOME BUSINESS TYPE _____ YES NO
- 9) DOES ANY APPLICANT OWN AUTOMOBILES, PROPERTY OR WATERCRAFT THAT ARE LOCATED OUTSIDE OF CANADA? YES NO
COUNTRY _____
- 10) DOES ANY APPLICANT OWN AUTOMOBILES OR WATERCRAFT THAT ARE OPERATED OUTSIDE OF CANADA? DURATION _____ YES NO

6. OPERATOR INFORMATION (All operators of automobiles, watercraft or recreational vehicles)

OPERATOR #	NAME	LICENCE NUMBER	LICENCE TYPE	DATE OF BIRTH	DATE LICENSED

7. LIABILITY LOSS HISTORY

- 1) HAVE ANY OF THE APPLICANTS OR RESIDENTS OF THE HOUSEHOLD EXPERIENCED ANY LOSS WHICH HAS BEEN PAID IN AN AMOUNT OF \$5,000 OR MORE? YES NO
- 2) HAVE ANY OF THE APPLICANTS OR RESIDENTS OF THE HOUSEHOLD BEEN SUED FOR LIBEL OR SLANDER? YES NO
- 3) HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT OR ANY RESIDENT OF THE HOUSEHOLD IN THE PAST 5 YEARS? YES NO

DATE OF LOSS	OPERATOR #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER

8. UMBRELLA LIABILITY LIMIT REQUIRED (In excess of underlying insurance)

\$1,000,000 (minimum)
 \$2,000,000
 \$3,000,000
 \$4,000,000
 \$5,000,000

BASE PREMIUM \$ _____

9. AUTOMOBILE INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	INCL. SEF/OPCF 44 END'T (Y/N)	ADDITIONAL PREMIUM

10. HABITATIONAL INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	ADDITIONAL PREMIUM

11. TRAVEL TRAILER INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	# OF RISKS	ADDITIONAL PREMIUM

12. WATERCRAFT INSURANCE UNDERLYING POLICY INFORMATION (Owned and / or leased)

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	INSURANCE COMPANY	UNDERLYING POLICY LIABILITY LIMIT	RISK TYPE	LENGTH <input type="checkbox"/> FT <input type="checkbox"/> M	HORSE POWER	MAXIMUM SPEED IN (MPH)	ADDITIONAL PREMIUM

