



# Umbrella Liability Application

ABEX Affiliated Brokers Exchange Inc.  
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Broker Name:	Contact:
Address:	
Policy Number (for renewal purposes only):	Broker Code:

## 1. Applicant Details

Full Name(s) of all Insureds:
Address:
Age(s):
Occupation(s):

- a. Have you had a personal insurance policy declined, cancelled or refused in the last 5 years? Yes    No
- b. Have you or any member of your household been sued for libel and slander? Yes    No
- c. Is the principal location outside of Canada? Yes    No
- d. Is the applicant involved in professional media activities or high profile occupation such as broadcasting, advertising, journalism, writing, professional entertainer? Yes    No
- e. Do you personally own any commercial or public use vehicles? Yes    No
- f. Do you own any aircraft? Yes    No

## 2. Required Coverage

Proposed Effective Date:

Required Limit:

Please provide details of your current Umbrella Liability insurance.

	Expiry Date	Limit	Deductible	Premium	Insurer
Current					

### 3. Underlying Policy Information

a. Please advise details on all underlying liability policies:

Named Insured	Insurance Company Name	Policy Number	Coverage type (auto, home, etc) & location (CAN, US, etc)	Expiry Date	Policy Liability Limits

b. Do any of the above policies have any special restrictions, reduced limits of liability or eliminate coverage with respect to any insured exposure?      Yes      No

### 4. Automobile, Motorcycles & Recreational Vehicles

a. How many of the following are owned, leased or regularly used by the Applicant or members of his/her household and for which coverage is required under this policy:

Automobiles

Motorcycles

Motor Homes

Snowmobiles

All-Terrain Vehicles

Trail Bikes

Go Karts

Other

- |  |     |    |
|--|-----|----|
| b. Do the underlying Automobile Policies cover all vehicles?   | Yes | No |
| c. Is Family Protection Endorsement/Uninsured Motorist Protection required?  | Yes | No |
| d. Has the applicant or members of his/her household had more than one at-fault accident in the past 3 years?  | Yes | No |
| e. Has the applicant or members of his/her household had less than 5 years driving experience?   | Yes | No |
| f. Has the applicant or members of his/her household had any convictions for dangerous driving, impaired driving, drug use or criminal negligence in the past 5 years? | Yes | No |
| g. Are any of the vehicles to be insured located outside Canada?   | Yes | No |

**5. Residential Locations**

- |  |     |    |
|--|-----|----|
| a. Number of Canadian Residential locations owned by the applicant:  |     |    |
| b. How many of these are rental units and for which coverage is required under this policy?  |     |    |
| c. Does the applicant have any foreign residences for which coverage is required under this policy?  | Yes | No |
| d. Number of foreign residential policies?   |     |    |
| e. Location of Foreign Residences:   |     |    |
| f. Does the insured regularly spend more than 4 months a year in their foreign residences?   | Yes | No |
| g. Does the underlying personal liability insurance coverage all locations?  | Yes | No |
| h. This Personal Umbrella Liability Policy does not cover business, professional or farm exposures; however, we will provide excess liability coverage for incidental office type exposures at your residence. Is there any business or professional exposure other than incidental office exposure at your residence? | Yes | No |

**6. Watercraft**

- |   |     |    |
|---|-----|----|
| a. Does the applicant own or operate Watercraft and for which coverage is required under this policy? | Yes | No |
|---|-----|----|

Please provide details in table below:

Type	Length	H.P.	Maximum Speed

- b. Do the underlying policies cover all watercraft? Yes No
- c. Are any of the watercraft outside of Canadian waters? Yes No
- d. Are the above watercraft used solely for private & pleasure purposes? Yes No
- e. Are any of the above watercraft chartered or rented to others, or used to carry passengers or goods for compensation? Yes No
- f. Are any of the above powered watercraft used for racing, speed tests or parasailing, or powered by jet propulsion? Yes No
- g. Are any of the above watercraft registered in a company name? Yes No

## 7. Loss Information

Has the applicant or any resident of the household experienced any liability loss in the last 5 years which has been paid or reserved in an amount of \$50,000 or more?

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we 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.

Singature(s) of All Named Insured(s) (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.  
Coverage is only given upon written confirmation of binding from ABEX.**

### This Section is For Broker Use Only

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\* If clicking on Submit button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer, email the application to quotes@abexinsurance.com or fax it to 1-855-821-7060.