



## Commercial Umbrella Application

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

### 1. Please advise:

Full Name of all Insureds:	Name of Principals:
Mailing Address:	
Other Locations:	
Website:	

2. Insured is:      Corporation                  Partnership                  Individual

### 3. Describe business of Insured:

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

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

4. Number of years **in business**:

5. **Receipts/Revenues** estimated for this year:

a) Canada

b) USA

c) Foreign

Past Sales (last 5 years):

Year	Canada	USA	Foreign

6. Have any products been **discontinued and/or recalled** in the past 5 years? YES NO

If yes, please describe:

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

Product/Operation	Receipts

**8. Employees/Payroll**

Executive Management	
Number	Payroll

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, state exceptions:

**9. Underlying Policies**

Coverage	Insurer Policy No.	Inception	Expiry	Limit	Premium

**10. 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? (i.e. explosives/flammables) YES NO

If so, describe where and how often carried:

**11. 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

State who and experience:

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:

**12. Watercraft**

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

**13. 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	Estimated Value	Limit of Insurance

List all other property (i.e. leased equipment, property stored, rolling stock) belonging to others which is in your care, custody or control (value over\$10,000).

Location	Description	Estimated Value	How Insured

**14. 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:

**15. Railroad**

Do you operate a railroad?    YES    NO

If yes, 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

**16. Nuclear Liability**

Do your operations involve the use of radioisotopes, or any other radioactive materials? If yes, please describe:

**17. 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?

**18. 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  
Other Event Sponsorship

Do you have a contract with an Advertising Agency? YES NO

If so, do they provide insurance to protect your interests? YES NO

**19. Professional**

Please state if any of the following exposures exist:

State number of employed: Nurse(s): Doctor(s): Others:

Does your firm provide any outside consulting or professional services? YES NO

If yes, please provide details:

**20. Claims Experience**

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

Year	Description	Loss Payment	Expenses	Reserve	Status

**21. Underlying Insurance**

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

Coverage	Limit	Insurer	Policy Period	Premium

**22. 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:

### 23. Existing Umbrella Cover

- a) Insurer:
- b) Limit:
- c) Expiry Date:
- d) Premium:

24. Please state what **limits** you require quotations for:

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

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.

Signature(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 or email the application to **quotes@abexinsurance.com** or fax it to 1-855-821-7060.