



Excess Liability Application

ABEX Affiliated Brokers Exchange Inc.
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| Brokerage: | Broker contact: | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|---|----------------|----------------|----------------|--------|----------------|-------|--|----|----|----|----|----|----|----|--|----|----|----|--|--|--|----|----|
| Broker address: | Email: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Broker code: | Policy Number (for renewal purposes only): | Effective Date: | | | | | | | | | | | | | | | | | | | | | | | | |
| Full names of all Insureds: (including subsidiaries) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Names of Principals: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company structure: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other locations (please list and describe): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Underwriting Details | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Provide details of your current Excess Liability insurance: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiry Date: | Limit: | Deductible: Premium: Insurer: | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Describe the Company's operations, including website address. (If no website, attach brochure or company literature along with this form): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are any operations conducted outside of Canada? If YES, please describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Number of years the Company has been in business: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. What are your sales/revenues estimated for this year? Canada: \$ U.S.A: \$ Foreign: \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. PRODUCTS AND/OR OPERATIONS a) Describe products manufactured, sold, handled or distributed and give estimated annual sales for each product per country: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th rowspan="2">PRODUCTS OR RELATED GROUPS OF PRODUCTS (ATTACH BROCHURE)</th><th colspan="3">ANNUAL REVENUE</th></tr><tr><th>CANADA</th><th>U.S.A.</th><th>OTHER</th></tr></thead><tbody><tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr><tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr><tr><td></td><td>\$</td><td>\$</td><td>\$</td></tr></tbody></table> | | | PRODUCTS OR RELATED GROUPS OF PRODUCTS (ATTACH BROCHURE) | ANNUAL REVENUE | | | CANADA | U.S.A. | OTHER | | \$ | \$ | \$ | | \$ | \$ | \$ | | \$ | \$ | \$ | | | | | |
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| | CANADA | U.S.A. | OTHER | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | |
| b) Have any products been discontinued and/or recalled in the past five (5) years? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please describe: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Are all Insureds, including subsidiaries, to be covered by this insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. SCHEDULE OF UNDERLYING INSURANCE List all General Liability, Automobile Liability, Auto Garage Liability, Workers Compensation, Environmental Impairment Liability and all Property policies applicable to property of others in your care, custody or control: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>INSURER</th><th>POLICY NO.</th><th>POLICY PERIOD</th><th>TYPE OF POLICY</th><th>LIMITS</th><th>ANNUAL PREMIUM</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td>\$</td><td>\$</td></tr><tr><td></td><td></td><td></td><td></td><td>\$</td><td>\$</td></tr><tr><td></td><td></td><td></td><td></td><td>\$</td><td>\$</td></tr></tbody></table> | | | INSURER | POLICY NO. | POLICY PERIOD | TYPE OF POLICY | LIMITS | ANNUAL PREMIUM | | | | | \$ | \$ | | | | | \$ | \$ | | | | | \$ | \$ |
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| | | | | \$ | \$ | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$ | \$ | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$ | \$ | | | | | | | | | | | | | | | | | | | | | |

8. Does the underlying CGL policy contain a "General Aggregate" limit for non product/completed operations losses? ☐ YES ☐ NO
Please list both the per occurrence limit and the General Aggregate limit:

9. Does your primary CGL policy cover the following exposures?

| | YES | NO | | YES | NO |
|-------------------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|
| Products | <input type="checkbox"/> | <input type="checkbox"/> | Occurrence PD | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Injury | <input type="checkbox"/> | <input type="checkbox"/> | Tenants Legal | <input type="checkbox"/> | <input type="checkbox"/> |
| Advertisers | <input type="checkbox"/> | <input type="checkbox"/> | Non-owned Auto | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Benefits Liability | <input type="checkbox"/> | <input type="checkbox"/> | Non-owned Aircraft | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability | <input type="checkbox"/> | <input type="checkbox"/> | Watercraft | <input type="checkbox"/> | <input type="checkbox"/> |
| XCU Hazards | <input type="checkbox"/> | <input type="checkbox"/> | Employers Liability | <input type="checkbox"/> | <input type="checkbox"/> |
| Pollution Exclusion (Absolute, S&A, | <input type="checkbox"/> | <input type="checkbox"/> | Forest Fire | <input type="checkbox"/> | <input type="checkbox"/> |
| Hostile Fire etc. - specify below) | | | Defense Cost Exclusive | <input type="checkbox"/> | <input type="checkbox"/> |

10. Does your policy have a sub-limit on any coverage? ☐ YES ☐ NO
If YES, please describe:

11. Is any coverage on the underlying subject to a deductible? ☐ YES ☐ NO
If YES, please provide details:

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

13. Limit of Excess Coverage desired: \$

14. WATERCRAFT LIABILITY
State the number, type and use and whether or not owned, leased or chartered watercraft:

Do underlying policies listed cover these exposures? ☐ YES ☐ NO
If NO, please specify:

15. RAILWAY LIABILITY ☐ YES ☐ NO
a) Does Applicant operate an industrial railway?
If YES, please give full details including length of track (in km), type quantity of rolling stock owned by Applicant, number of crossings, with warning devices used, and the average weekly quantity of non-owned rolling stocks:

b) Do locomotives owned by Applicant operate on a mainline of a railroad? ☐ YES ☐ NO
If YES, please describe in detail:

16. AVIATION LIABILITY

a) Does Applicant expect to own, lease or charter aircraft within the next twelve (12) months? ☐ YES ☐ NO
If YES, please give details:

b) Are there any of the Insured's products used in any type of aircraft? ☐ YES ☐ NO

17. ADVERTISING LIABILITY

a) Describe all radio, television and publishing activities contemplated for the next twelve (12) months.

b) To what extent do underlying policies listed cover these exposures?

18. EMPLOYER'S LIABILITY

- a) Is Workers Compensation Insurance carried in all Provinces where the company operates?

☐ YES ☐ NO

If not, please give description of employees not covered by Workers Compensation:

- b) Do underlying policies cover Employer's Liability in all those Provinces where Workers Compensation Insurance is not provided?

☐ YES ☐ NO

If NO, please note exceptions:

19. OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY

- a) Are independent contractors employed?

☐ YES ☐ NO

Trades:

- b) Are Certificates of Insurance requested from independent contractors?

☐ YES ☐ NO

Limit:\$

- c) State percentage of work performed by independent contractors %:

20. PREVIOUS LOSS EXPERIENCE

- a) List all claims, insured or not, paid or reserved during the past five (5) years and state total amount of each claim:

| DATE | CIRCUMSTANCES | COVERAGE INVOLVED | AMOUNT PAID | AMOUNT RESERVED | NO. OF CLAIMANTS |
|------|---------------|-------------------|-------------|-----------------|------------------|
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |

21. Has any Insurer cancelled, or declined to renew any form of liability insurance for the Applicant?

☐ YES ☐ NO

If YES, please give details:

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 a different browser or email the application to **quotes@abexinsurance.com**