

Personal Umbrella Liability Application	
BROKER NAME	
BROKER CODE	POLICY NUMBER
POLICY PERIOD FROM _____ TO _____ at 12:01 A.M. standard time at the address of the insured as stated herein	
Customer I.D. Number	

Name of Applicant
Street or Route and Box No.
City, Province and Postal Code

Applicant's Occupation:	Spouse Occupation:
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Schedule of Underlying Insurance (minimum limit required is \$1,000,000):				
Type	Policy No.	Carrier / Company	Expiry Date	Limits
Automobile (Liability Section):				
Personal Liability:				
Watercraft				
Others: (Describe)				

Limit of Insurance:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
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	Premium(s)
1. Number of Residences occupied or used: _____	\$
2. Number of Automobiles (including recreational vehicles licensed for road use) owned, leased or regularly used by the named applicant and his or her spouse: _____	\$
3. Does the Automobile Policy (or policies) include the Family Protection Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If so, do you wish the coverage in the Umbrella Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5. Are any recreational or other "off road" vehicles (including snowmobiles, ATV, etc.) owned or operated by the applicant and insured on an underlying policy? If yes, how many? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6. Watercraft – Is coverage required for: (a) Outboards up to 100 hp <input type="checkbox"/> Yes <input type="checkbox"/> No \$ (b) Outboards over 100 hp <input type="checkbox"/> Yes <input type="checkbox"/> No \$ (c) Sailboats over 26 feet (7.9 metres) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ (d) Personal watercraft <input type="checkbox"/> Yes <input type="checkbox"/> No \$ (e) Inboards, Inboard/Outboards up to 26 feet (7.9 metres) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ (f) Inboards, Inboard/Outboards over 26 feet (7.9 metres) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ (g) Other watercraft Describe: _____	
7. Basic Insurance: Are there any automobiles or watercraft which are not covered by present insurance policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Business: Is coverage desired for: (a) Incidental Business - office, school, studio, conducted at insured location <input type="checkbox"/> Yes <input type="checkbox"/> No \$ (b) Canadian Home Business Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No \$ (c) Premises Liability <input type="checkbox"/> Yes <input type="checkbox"/> No \$ (d) Day Care Liability <input type="checkbox"/> Yes <input type="checkbox"/> No \$	
9. Loss History: Has the applicant or any resident of the household experienced any loss which has been paid or reserved in an amount of \$10,000 or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Premium	\$

A COMPLETED APPLICATION WITH SIGNATURE MUST BE SENT TO THE COMPANY, PLEASE CONTINUE OVERLEAF.

PAYMENT METHODS

IMPP (Please complete form #8008 and attach with application)

Direct Bill: One Pay Three Pay

Broker Bill

CONSENT AND DISCLOSURE

Where (a) the Applicant(s) 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 Applicant(s) contravenes a term of the contract or commits a fraud; or (c) the Applicant(s) wilfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

The Applicant(s) have reviewed all parts and attachments of this 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 this information.

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

Applicant(s) Signature

Date

REMARKS