



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

<b>3. POLICY PERIOD</b>									
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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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<b>4. APPLICANT DATA</b>									
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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

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

<b>6. OPERATOR INFORMATION (All operators of automobiles, watercraft or recreational vehicles)</b>									
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OPERATOR #	NAME	LICENCE NUMBER	LICENCE TYPE	DATE OF BIRTH	DATE LICENSED

<b>7. LIABILITY LOSS HISTORY</b>									
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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



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**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

### 13. PREMIUM SUMMARY

1. BASE PREMIUM	
2. AUTOMOBILE	
3. HABITATIONAL	
4. TRAVEL TRAILER	
5. WATERCRAFT	
<b>TOTAL ESTIMATED POLICY PREMIUM</b>	
<b>TAXES (IF APPLICABLE) _____%</b>	
<b>TAX EXEMPT? Y/N</b>	
<b>ADDITIONAL CHARGES (IF APPLICABLE) _____%</b>	
DESCRIPTION _____	
<b>TOTAL ESTIMATED COST</b>	

### 14. REMARKS

### 15(A). FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that:

• **For all provinces and territories except Quebec:** If I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

• **For Quebec:** I am bound to represent all the facts known to me which are likely to materially influence an insurer in the setting of the premium, the appraisal of the risk or the decision to cover it. The same applies to the Insured if the Insurer requires it. Any misrepresentation or concealment of relevant facts by me or the Insured nullifies the contract, even in respect of losses not connected with the risk so misrepresented or concealed.

• **For all provinces and territories:** Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

### 15(B). PERSONAL INFORMATION CONSENT

I have provided personal information in this document and otherwise (e.g., by telephone) and I may in the future provide further information relating to this application and/or any policy issued as a consequence of this application. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or the Insurer to collect, use and disclose any of this personal information, subject to my broker's or the Insurer'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, analyzing my broker or the Insurer's business results such as evaluating claims results and setting insurance rates, and when otherwise permitted or required by law. If I apply for a premium payment plan, I also authorize the broker and the Insurer to obtain and use my credit report for that purpose. I declare that all individuals whose personal information is contained in this document have authorized me to agree to the above on their behalf. I may obtain a copy of or ask questions about my broker's and the Insurer's personal information policies by contacting their respective privacy officers.

Les Parties ont convenu que cette proposition et les documents connexes soient rédigés en anglais. The Parties have specifically agreed that this application and any attachments to this application be drawn in the English language.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE

### 16. BROKER / AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	SINCE WHAT DATE HAVE YOU KNOWN THE APPLICANT?	HAVE YOU BOUND THIS RISK? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS BELOW:		
BROKER / AGENT NAME (Please Print)	SIGNATURE OF BROKER / AGENT	DATE