

## APPLICATION FOR INSURANCE COVERAGE

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Producer Name/Number:** \_\_\_\_\_

**Injury or Offense Period:**

From: \_\_\_\_\_

To: \_\_\_\_\_

**Claim Reporting Period:**

From: \_\_\_\_\_

To: \_\_\_\_\_

Injury or Offense Period is the period during which a covered injury or offense would have occurred.

Claim Reporting Period is the period during which the first report of the claim has been made to the insured or insurer.

**Coverage Requested:**

General Liability

Excess Liability

**To Include:**

General Liability

Automobile Liability

Employers' Liability

Other \_\_\_\_\_

Other \_\_\_\_\_

**Limits Requested:**

\_\_\_\_\_ Each Occurrence.

\_\_\_\_\_ Aggregate.

**Deductible Requested:**

\_\_\_\_\_ Each Occurrence.

Has any carrier ever cancelled or non-renewed any coverage of type under application? Yes \_\_\_ No \_\_\_

Applicant is: Corporation \_\_\_ Joint Venture \_\_\_ Partnership \_\_\_ Individual \_\_\_ Other(Describe): \_\_\_\_\_

Year established \_\_\_\_\_

Is the Applicant a subsidiary of another organization? Yes \_\_\_ No \_\_\_ If yes please explain.

## SCHEDULE 1

### UNDERLYING PRIMARY INSURANCE:

If requesting Excess Liability coverage, please complete the chart below for EACH year of the Injury or Offense Period. (additional copies of the chart may be attached to this application).

YEAR \_\_\_\_\_

Type of Insurance	General Liability	Products/Comp Oper	Pers./Adv. Injury	Auto Liab.	Employer's Liab.	Aircraft Liab.	Other	Other
Carrier								
Policy No.								
Policy Period								
Policy Type	<ul style="list-style-type: none"> <li>• Occurrence</li> <li>• Claims Made</li> </ul>	<ul style="list-style-type: none"> <li>• Occurrence</li> <li>• Claims Made</li> </ul>	<ul style="list-style-type: none"> <li>• Occurrence</li> <li>• Claims Made</li> </ul>				<ul style="list-style-type: none"> <li>• Occurrence</li> <li>• Claims Made</li> </ul>	<ul style="list-style-type: none"> <li>• Occurrence</li> <li>• Claims Made</li> </ul>
Retro Date								
Limits of Insurance	\$ Occurrence \$ Aggregate • per loc/project	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Accident	\$	\$	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate
Annual Premium								
Deductible/Retention	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate		\$	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate

Attach a copy of all primary policies, including endorsements.

Any product, work, accident, location, autos, drivers, etc. specifically excluded, uninsured or self-insured? Yes\_\_\_ No\_\_\_

Please explain if "yes".

Do defense/supplementary payments reduce the limits of insurance of any underlying insurance? Yes\_\_\_ No\_\_\_

Does GL include Broad Form Coverage? Yes\_\_\_ No\_\_\_ If no, why not?

Does Auto Liability include Broad Form Cargo Pollution Coverage? Yes\_\_\_ No\_\_\_

Description of operations during the Injury or Offense Period including a complete description of all subsidiaries (attach a separate listing if necessary and indicate any Joint Ventures for which coverage is sought):

1.
2.
3.
4.
5.

Please provide a description of any entities, subsidiaries, operations, products or services which have either been sold, divested or discontinued within the last 10 years (or during the injury or offense period for which coverage is requested). Include the year sold, discontinued or otherwise divested as well as the estimated product life and number of products estimated to still be operational and in use.

1. If coverage is sought for the conduct of an entity which has been sold, please note if coverage is being sought for the applicant or both the applicant and the sold entity.
2. Please provide details of any products or completed operations associated with the sold entities, and list those liabilities that have been assumed by the applicant.
3. If the liabilities have been assumed by others, please describe by whom and the extent for which they are liable.

**Any claims arising out of circumstances known to you, which otherwise would be likely to give rise to a claim under this policy, are excluded from coverage under any eventual insurance we may provide.**

**REMARKS**

Please further explain any "yes" answers to any previous questions or provide any other pertinent information below.

**THIS IS NOT A BINDER OF COVERAGE**

**THE STATEMENTS AND ANSWERS GIVEN ON THIS APPLICATION ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION.**

----- <i>Applicant's Name</i>	----- <i>Title</i>
----- <i>Applicant's Signature</i>	----- <i>Date</i>
----- <i>Producer's Name</i>	----- <i>Title</i>
----- <i>Producer's Signature</i>	----- <i>Date</i>

**SALES:** List sales history for each year of the Injury or Offense Period.

YEAR	U.S.A. SALES	CANADIAN SALES	OTHER SALES	TOTAL SALES

(Complete this section if requesting coverage for Auto Liability)

**AUTOS:** List # of units/year for each year of the Injury or Offense Period

TYPE OF UNIT										
Private Passenger										
Light Trucks										
Medium Trucks										
Heavy Trucks										
Extra Heavy Trucks/Tractors										
Buses										
Other										
<b>TOTAL</b>										



**AUTO** - Please explain all "yes" answers.

1. Explosives, caustics, waste, flammables or other hazardous cargo hauled? Yes\_\_\_ No\_\_\_
  
2. Has there ever been an Auto contractual exposure? Yes\_\_\_ No\_\_\_
  
3. Passengers carried for a fee? Yes\_\_\_ No\_\_\_
  
4. Any drivers not covered by Workers Compensation Insurance? Yes\_\_\_ No\_\_\_

**CONTRACTORS** - Please explain all "yes" answers.

1. Describe the types of work performed during the Injury or Offense Period (attach a job list including total revenues generated for each year of the Injury or Offense Period - at least five previous years).
  
2. Any work subcontracted? Yes\_\_\_ No\_\_\_ If yes, what type of work and amount?
  
3. Do any subcontractors carry Limits of Insurance of less than to those purchased by the Applicant? Yes\_\_\_ No\_\_\_  
If yes, what limits?
  
4. Any subcontractors not required to provide certificates of insurance? Yes\_\_\_ No\_\_\_
  
5. Any bridge, dam or tunnel work done? Yes\_\_\_ No\_\_\_
  
6. Any excavation, underground work or earth moving work done? Yes\_\_\_ No\_\_\_
  
7. Any marine work performed? Yes\_\_\_ No\_\_\_
  
8. Any jobs involving blasting? Yes\_\_\_ No\_\_\_
  
9. Any asbestos or other hazardous materials handled? Yes\_\_\_ No\_\_\_
  
10. Any Architects? Yes\_\_\_ No\_\_\_
  
11. Any Professional Engineers? Yes\_\_\_ No\_\_\_



**PRODUCTS** - Please explain all "yes" answers.

Attach copies of product brochures/catalogues used during the Injury or Offense Period.

1. Any products used in connection with aircraft, missiles, nuclear installations or watercraft? Yes\_\_\_ No\_\_\_
2. Any products explosive, flammable or poisonous? Yes\_\_\_ No\_\_\_
3. Any foreign products distributed in the U.S.A., or used as components in the Applicants products? Yes\_\_\_ No\_\_\_
4. Have any products manufactured, installed or distributed contained asbestos or lead? Yes\_\_\_ No\_\_\_
5. Expected life span of products: \_\_\_\_Years \_\_\_\_Months.
6. Any products discontinued or recalled? Yes\_\_\_ No\_\_\_

**POLLUTION** - Please explain all "yes" answers.

1. Has an E.P.A. or other regulatory agency (U.S.A. or otherwise) identification number been assigned to any applicant as a generator, transporter, storer, treater or disposer of hazardous waste? Yes\_\_\_ No\_\_\_
2. Any underground storage tanks at any location? Yes\_\_\_ No\_\_\_  
In the past? Yes\_\_\_ No\_\_\_
3. Any landfills or other waste facilities? Yes\_\_\_ No\_\_\_

**CARE, CUSTODY OR CONTROL PROPERTY DAMAGE**

<u>LOCATION</u>	<u>TYPE</u>	<u>VALUE</u>	<u>AREA SIZE OF BUILDING</u>	<u>OCCUPANCY/ DESCRIPTION</u>
_____	Real	\$ _____	_____	_____
-	Personal	-	-	-
		-	-	-
		-	-	-

**OTHER EXPOSURES** - Please explain all "yes" answers.

1. Owned Aircraft? Yes\_\_\_ No\_\_\_ Non-owned Aircraft? Yes\_\_\_ No\_\_\_
2. Owned Watercraft? Yes\_\_\_ No\_\_\_ Non-Owned Watercraft? Yes\_\_\_ No\_\_\_
3. Any Medical Professionals employed or health care facilities maintained? Yes\_\_\_ No\_\_\_
4. Any Independent Contractors employed? Yes\_\_\_ No\_\_\_
5. Any exposure under the U.S.A. Longshore and Harbor Workers' Compensation Act? Yes\_\_\_ No\_\_\_
6. Any exposure under the U.S.A. Federal Employer's Liability Act? Yes\_\_\_ No\_\_\_
7. Ownership, operation or maintenance of railroad or rail equipment? Yes\_\_\_ No\_\_\_
8. Any liability assumed under contract? Yes\_\_\_ No\_\_\_
9. Exposure to radioactive/nuclear or other hazardous materials? Yes\_\_\_ No\_\_\_
10. Any employees leased to or from an other employer? Yes\_\_\_ No\_\_\_
11. Any day care facilities operated or controlled? Yes\_\_\_ No\_\_\_

## LOSS PREVENTION/QUALITY CONTROL

1. Does the applicant currently have in place a formal Loss Prevention Program?  
Yes\_\_\_ No\_\_\_ If yes, attach a copy of the program or explain below.
  
2. Describe Quality Control procedures.
  
3. Does the applicant have in place a formal Recall Plan? Yes\_\_\_ No\_\_\_  
If yes, attach a copy of the program or explain below.
  
4. Have warning labels, manuals and advertising materials been reviewed by legal counsel? Yes\_\_\_ No\_\_\_
  
5. Describe how you identify your products from similar competition products at time of loss.
  
6. Describe how you identify the date of manufacture of your product at time of loss.
  
7. Describe your formal plans for handling complaints and claims.

## LOSS EXPERIENCE - Please explain any "yes".

Is the Applicant aware of any circumstances, injuries or offenses which have yet to result in a claim or suit being filed, including losses arising out of discontinued or sold operations or from products no longer manufactured? Yes\_\_\_ No\_\_\_

Has the Applicant had any settlements or judgments that are sealed and not disclosed within this application? Yes\_\_\_ No\_\_\_

Is the Applicant currently involved in any litigation or investigation by any governmental body? Yes\_\_\_ No\_\_\_

Please provide by separate attachment individual descriptions of any claim of U.S.A. \$10,000 or greater, including the date of loss, current disposition (open or closed) and any other pertinent details.