



Chutter Underwriting Services

Excess / Umbrella Application

This application is not intended to restrict or limit in any way a complete and full declaration of all information. All questions must be answered completely. Please do not leave any question unanswered. If the space provided is insufficient please attach details on a separate sheet, although fields will expand for certain questions. Use Tab to navigate cells and Enter within cells.

Name of Applicant.

List all of the companies and operating names to be insured.

Mailing address including postal code of Applicant.

List all temporary, leased and owned locations of Applicant.

Provide a full description of all operations including operations performed, service provided, and products handled.

List the number of years in operation.

List the years of experience of the principals.

Indicate the total Gross Payroll (excluding benefits) forecast for the next 12 months.

Indicate the total number of employees on staff (including principals).

Full time

Part time

Are all employees covered by Workers Compensation? Yes No

If no, state all exceptions.

Please provide your website address.

Does your website accurately reflect your current operations? Yes No

If no, please elaborate.

Provide full details on the total Gross Revenue forecast to be generated during the next 12 months. Split the Gross Revenue by type of operations/sales and destination country (indicate if other than in Canadian currency).

What was your total Gross Revenue for the past 12 months?

Canada USA Foreign

Is there any work committed to sub-contractors or independent contractors? Yes No

Type of work and annual cost?

Are all sub-contractors and independent contractors required to provide evidence of CGL Insurance to the Applicant?

Yes No

If yes, provide the minimum limit.

Are the sub-contractors required to add the Applicant as an Additional Insureds under the sub-contractors CGL Insurance?

Yes No

Has the Applicant been involved in similar operations under a different name(s)? Yes No

If yes, please provide names(s).

Have any insurer declined, cancelled or refused to renew the Applicant's Liability Insurance in the past 3 years?

Yes No

If yes, provide details.

Have there been any liability incidents, claims or losses (whether insured or not) that have occurred during the past 5 years? (if the operation is new or less than 5 years old, we still require a 5 year history based on past experience)

Yes No

If yes, provide all details including the date of loss, type of damage (BI/PD), details of the circumstance and damage/injuries, payments to third parties, expense paid, and if not yet resolved any outstanding reserves. All amounts should shown before an deductible/reimbursement is applied.

If there have been any incidents, claims or losses, please provide commentary on any steps taken to prevent reoccurrence including implemented Lose Prevention techniques.

List the top 3 principal customers/clients and their operations.

List all insured vehicles to be insured through a CGL.

List all watercraft to be insured through the CGL.

Do you own or lease any railcars? Yes No

If yes, provide details such as the # of cars, area travelled and if leased the type of Service Agreement.

Are there any operations or known sales, directly or indirectly, outside of Canada. Yes No

If yes, list the details of the operations or sales including the dollar amount generated and the destination country.

Do you have any USA or Foreign locations? Yes No

If yes, provide details.

Have you completed, as applicable, one of the following Chutter supplements?

Contractors Supplement	Yes	No
Product Supplement	Yes	No
Excess/Umbrella Supplement	Yes	No



Chutter Underwriting Services

Name of all Insureds to be listed on the Excess a/o Umbrella Policy.

List all Primary/Underlying Policies

(including any special coverages/sub-limits) to be declared for which excess liability coverage is required (e.g. CGL, Automobile, Garage Automobile, Employers' Liability, Employee Benefits, Forest Fire Fighting Expense). With respect to Auto TPL premiums, do not include premiums for Accident Benefits, Uninsured and Underinsured Automobile or Direct Compensation - Property Damage. The excess auto does not apply to these coverages.

Type of Policy/Coverage	Insurer	Limit	Policy Period	Annual Liability Premium
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Do these policies cover all companies listed above? Yes No

If no, please explain.

Is the CGL a premium adjustable policy? Yes No

If yes, does the deposit premium show above reflect 100% of the premium base on Gross Revenue declared? Yes No

Primary CGL Coverages - Do the primary policies (each CGL) afford the following coverages? If yes, check box.

Product Liability	<input type="checkbox"/>	Blasting, Pile Driving, Underpinning	<input type="checkbox"/>
Completed Operations Liability	<input type="checkbox"/>	Damage to Underground Property	<input type="checkbox"/>
Blanket Contractual (Non-reporting)	<input type="checkbox"/>	Owned Watercraft over 26'	<input type="checkbox"/>
Protective Liability	<input type="checkbox"/>	Non-Owned Watercraft over 26'	<input type="checkbox"/>
Non-Owned Automobile (full limit)	<input type="checkbox"/>	Owned Aircraft Liability	<input type="checkbox"/>
Industrial First Aid	<input type="checkbox"/>	Non-Owned Aircraft Liability	<input type="checkbox"/>
Marketplace Liability	<input type="checkbox"/>	Pollution Liability - Products/Completed Operations	<input type="checkbox"/>

Professional Liability
 Employee as Additional Insureds
 Cross Liability/Severability of Interest
 Loss of Use without Property Damage
 Occurrence Property Damage
 Contingent Employer's Liability
 Personal Injury
 Broad Form Property Damage
 Broad Form Completed Operations
 Broad Form Products

Pollution Liability - Products/Completed Operations/Hostile Fire
 Pollution Liability - Named Perils (attach form)
 Pollution Liability - Time Element (attach form)
 Pollution Liability - S + A (attach form)
 World Wide with No Restrictions
 Wrap Up Liability/Joint Ventures
 Liquor Law Liability
 Advertisers Liability
 Employee Benefits Liability
 Forest Fire Fighting Expense

Do any policies listed above contain a deductible or provide a reduced limit of liability for any exposures?

Yes No

If yes, please explain.

Are any special coverage's beyond that given in a bureau or standard form provided?

Yes No

If yes, please explain.

Does any policy listed above contain a Products and Completed Operations Aggregate?

Yes No

If yes, what is the amount?

Do any policies/coverage's listed above contain a General Annual Aggregate?

Yes No

If yes, specify each policy a/o coverage and the amount.

Do all policies listed above provide an insuring agreement on a "to pay on behalf of" basis?

Yes No

Are any policies a/o coverage's listed above provided on a Claims Made basis?

Yes No

If yes, provide details.

Do any policies listed above restrict coverage to Defense Costs within or equal to the limit?

Yes No

If yes, provide details.

Do any policies listed above contain the following exclusions? If yes, check box.

Fungus/Mould	Asbestos	Terrorism
Pollution - Total	Cyber Data	Health Hazard
Lead	USA Restriction	Silica

Give details of any special exclusions, limitations, or warranties other than exclusions printed in the policy form itself or already listed above.

None As listed below

Do any policies listed above exclude punitive damages or restrict coverage to compensatory damages?

Yes

No

PROFESSIONAL

a) Do any operations involve professional services, consulting or inspection services provided to others for a fee? If so, describe.

b) Do any companies employ doctors, nurses, engineers or lawyers or operate a hospital or first aid facility? If so, describe duties.

c) Do underlying policies listed cover these exposures? Yes No

If no, explain.

WATERCRAFT

a) List all watercraft specifying if owned, leased or chartered, passenger a/o cargo capacity, type of cargo, use, area of operation a/o navigation limits and size.

b) Is Protection and Indemnity coverage purchased? If so, give details.

c) Describe all other marine exposures, such as non-owned watercraft (other than leased) and waterfront facilities.

d) Do underlying policies listed cover these exposures? Yes No

If no, explain.

AIRCRAFT

a) List all aircraft including owned or leased, use, type, area of operation, and seating capacity.

b) Are any aircraft chartered with a pilot throughout the year? If so, describe use, type, area of operation, seating capacity and the annual cost.

c) Do any employees fly their own or non-owned aircraft on company business? Yes No

If yes, describe.

d) Do any companies operate or maintain landing strips or hangers? If so, describe.

e) Do underlying policies listed cover these exposures? Yes No

 If yes, is passenger liability included? Yes No

f) Do you perform any work at airports? Yes No

If yes, provide details.

RAILROAD

a) Do any companies operate a railroad? If so, provide mileage, types and number of owned rolling stock, number of grade crossings and protection, average number of non-owned rolling stock handled per week.

b) Do locomotives ever operate on a mainline railroad? Yes No

If yes, describe extent.

c) How many private railway crossings exist?

d) How many sidetrack agreements are in place?

e) Do you own or lease any railcars? Yes No

If yes, provide details such as # of cars, area travelled and if leased the type of Service Agreement.

f) Do underlying policies listed cover these exposures? Yes No

If no, note exceptions.

ADVERTISING

a) Separately describe all radio, television and publishing (including trade magazine) activities contemplated for the next 12 months.

b) Annual advertising expenditures

 i) Advertising Agency

 (please advise if applicant is included as an Additional Insured under agency's primary policies or protected by a Hold Harmless agreement)

ii) Other

e) Do underlying policies listed cover these exposures? Yes No

If yes, for what limit?

AUTOMOBILE

a) State the number of automobiles owned or leased in the company name. (show separately for each province or state.) If there is more than one Automotive Policy listed in the supplement, please indicate which autos are insured through which Automotive Policy.

Province or State
Private Passenger
Light Trucks (5,000 kgs or less)
Medium Trucks (22,000 kgs or less)
Heavy Trucks
Buses
Tankers
Tractors (Highway)
Trailors
Others - Specify

b) Are any motor vehicles used for transporting explosives, munitions, corrosives, flammable and non-flammable gas, flammable liquid, poison, radioactive materials, or hazardous waste? If so, describe.

c) Are any long haul operations performed (over 400kms one way)? If so, state radius of operations and number of units involved.

d) Are all owned or leased vehicles covered under the Automotive Policies listed in the Primary/Underlying Policies?

Yes No

If no, explain.

e) Do any of the vehicles travel into the USA? Yes No

If yes, provide details including # of units, type and annual kms.

f) For any Automobile policies listed in this supplement have you declared only the third party liability portion of the premium? (Do not include premiums for Accident Benefits, Uninsured and Underinsured Automobile or Direct Compensation - Property Damage. The Excess Automobile coverage - SPF No. 7 - does not apply to these coverages)

Yes

No

LOSS HISTORY

Are there any losses over \$10,000 in the past 5 years that have not been declared on the primary application? (i.e. Automobile TPL, Garage Auto, etc.)

Yes

No

If yes, provide details.

BROKER INFORMATION

Name:

Address:

Contact Person:

Email Address:

Phone #:

Fax #:

Is this a current client of your office? Yes No

What is the current renewal date?

Who is the current insurer?

Expiring Premium?

Expiring Limit?

Expiring Deductible

Liability Coverage and Limit required?

Target Premium?

Date

Signature