



CHUTTER

UNDERWRITING SERVICES

This Supplement 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.

This is a Supplement only. Have you completed the General Liability Application?

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

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.

Date

Signature