

**INSTRUCTIONS**  
 This is a supplement only. Have you completed the General Liability Application? All questions must be answered completely.  
 If the space provided is insufficient, attach details on a separate sheet.

**SECTION A — UNDERLYING POLICIES**

NAME OF ALL INSUREDS TO BE LISTED ON THE EXCESS AND/OR UMBRELLA POLICY

**LIST ALL PRIMARY / UNDERLYING POLICIES**

Include any special coverages / sub-limits (e.g. CGL, Automobile, Garage Auto, Employers' Liability, Employee Benefits, Forest Fire Fighting Expense).

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 shown reflect 100% of the premium based on gross revenue declared?  Yes  No  N/A

## SECTION B — PRIMARY CGL COVERAGES

Do the primary policies (each CGL) afford the following coverages? Check the box where afforded.

- |   |   |
|---|---|
| <input type="checkbox"/> 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 Ops     |
| <input type="checkbox"/> Professional Liability                     | <input type="checkbox"/> Pollution Liability - Prod/Comp Ops/Hostile Fire |
| <input type="checkbox"/> Employee as Additional Insureds            | <input type="checkbox"/> Pollution Liability - Named Perils               |
| <input type="checkbox"/> Cross Liability / Severability of Interest | <input type="checkbox"/> Pollution Liability - Time Element               |
| <input type="checkbox"/> Loss of Use without Property Damage        | <input type="checkbox"/> Pollution Liability - S + A                      |
| <input type="checkbox"/> Occurrence Property Damage                 | <input type="checkbox"/> World Wide with No Restrictions                  |
| <input type="checkbox"/> Contingent Employer's Liability            | <input type="checkbox"/> Wrap Up Liability / Joint Ventures               |
| <input type="checkbox"/> Personal Injury                            | <input type="checkbox"/> Liquor Law Liability                             |
| <input type="checkbox"/> Broad Form Property Damage                 | <input type="checkbox"/> Advertisers Liability                            |
| <input type="checkbox"/> Broad Form Completed Operations            | <input type="checkbox"/> Employee Benefits Liability                      |
| <input type="checkbox"/> Broad Form Products                        | <input type="checkbox"/> Forest Fire Fighting Expense                     |

**SECTION C — POLICY TERMS, AGGREGATES & EXCLUSIONS**

Do any policies listed contain a deductible or provide a reduced limit of liability for any exposures?  Yes  No

IF YES, PLEASE EXPLAIN

Are any special coverages beyond that given in a bureau or standard form provided?  Yes  No

IF YES, PLEASE EXPLAIN

Does any policy listed contain a Products and Completed Operations Aggregate?  Yes  No

IF YES, WHAT IS THE AMOUNT?

Do any policies / coverages contain a General Annual Aggregate?  Yes  No

IF YES, SPECIFY EACH POLICY / COVERAGE AND THE AMOUNT

Do all policies listed provide an insuring agreement on a 'to pay on behalf of' basis?  Yes  No

Are any policies / coverages listed provided on a Claims Made basis?  Yes  No

IF YES, PROVIDE DETAILS

Do any policies listed restrict coverage to defense costs within or equal to the limit?  Yes  No

IF YES, PROVIDE DETAILS

DO ANY POLICIES LISTED CONTAIN THE FOLLOWING EXCLUSIONS? (CHECK ALL THAT APPLY)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fungus / Mould    | <input type="checkbox"/> Asbestos        | <input type="checkbox"/> Terrorism     |
| <input type="checkbox"/> Pollution - Total | <input type="checkbox"/> Cyber Data      | <input type="checkbox"/> Health Hazard |
| <input type="checkbox"/> Lead              | <input type="checkbox"/> USA Restriction | <input type="checkbox"/> Silica        |

DETAILS OF ANY SPECIAL EXCLUSIONS, LIMITATIONS, OR WARRANTIES NOT ALREADY LISTED

Do any policies listed exclude punitive damages or restrict coverage to compensatory damages?  Yes  No

**SECTION D — SPECIAL EXPOSURES****PROFESSIONAL**

DO ANY OPERATIONS INVOLVE PROFESSIONAL / CONSULTING / INSPECTION SERVICES PROVIDED TO OTHERS FOR A FEE? DESCRIBE.

DO ANY COMPANIES EMPLOY DOCTORS, NURSES, ENGINEERS, LAWYERS, OR OPERATE A HOSPITAL / FIRST AID FACILITY? DESCRIBE DUTIES.

Do underlying policies listed cover these professional exposures?  Yes  No

**WATERCRAFT**

LIST ALL WATERCRAFT (OWNED/LEASED/CHARTERED, CAPACITY, CARGO TYPE, USE, NAVIGATION LIMITS, SIZE)

IS PROTECTION AND INDEMNITY COVERAGE PURCHASED? GIVE DETAILS. DESCRIBE OTHER MARINE EXPOSURES.

Do underlying policies listed cover these watercraft exposures?  Yes  No

**AIRCRAFT**

LIST ALL AIRCRAFT (OWNED/LEASED, USE, TYPE, AREA OF OPERATION, SEATING CAPACITY)

Are any aircraft chartered with a pilot throughout the year?  Yes  No

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

**SECTION D — SPECIAL EXPOSURES (continued)**

Do any companies operate or maintain landing strips or hangars?  Yes  No

Do you perform any work at airports?  Yes  No

IF YES, PROVIDE DETAILS

**RAILROAD**

Do any companies operate a railroad?  Yes  No

Do locomotives ever operate on a mainline railroad?  Yes  No

Do you own or lease any railcars?  Yes  No

RAILROAD DETAILS (MILEAGE, ROLLING STOCK, GRADE CROSSINGS, SIDETRACK AGREEMENTS, RAILCAR DETAILS)

Do underlying policies listed cover these railroad exposures?  Yes  No

**ADVERTISING**

DESCRIBE ALL RADIO, TELEVISION AND PUBLISHING ACTIVITIES CONTEMPLATED FOR THE NEXT 12 MONTHS

ANNUAL ADVERTISING EXPENDITURES — ADVERTISING AGENCY

ANNUAL ADVERTISING EXPENDITURES — OTHER

Do underlying policies listed cover advertising exposures?  Yes  No

**SECTION E — AUTOMOBILE & LOSS HISTORY**
**AUTOMOBILE — NUMBER OWNED OR LEASED IN THE COMPANY NAME (BY PROVINCE / STATE)**

VEHICLE TYPE	PROVINCE / STATE	NUMBER
Private Passenger		
Light Trucks (5,000 kg or less)		
Medium Trucks (22,000 kg or less)		
Heavy Trucks		
Buses		
Tankers		
Tractors (Highway)		
Trailers		
Others (specify)		

Are any motor vehicles used for transporting explosives, munitions, corrosives, flammable / non-flammable gas, flammable liquid, poison, radioactive materials, or hazardous waste?

Yes  No

Are any long haul operations performed (over 400 km one way)?

Yes  No

Do any of the vehicles travel into the USA?

Yes  No

PROVIDE DETAILS FOR ANY AUTO EXPOSURES MARKED YES (UNITS, TYPE, ANNUAL KM)

**LOSS HISTORY**

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

Yes  No

IF YES, PROVIDE DETAILS

SIGNATURE

DATE