



**GROUP ONE INSURANCE SERVICES**

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**www.grouponeis.com**

**COMMERCIAL EXCESS LIABILITY APPLICATION**

**BROKERAGE:**

Broker contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**INSURED:**     Individual     Partnership     Corporation     Joint Venture

Full Legal Name of Applicant: \_\_\_\_\_  
 Operating Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Risk Location: \_\_\_\_\_  
 Principal Owner(s): \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Has the principal or any active partner filed for bankruptcy?    Yes    No    If yes, provide details:

Insured is:    Owner    Tenant   Landlord's Name & Address: \_\_\_\_\_

Is the landlord to be added as an additional Insured on binding?    Yes    No

Loss Payee / Mortgagee / Additional Insured (include name & address):

1. \_\_\_\_\_
2. \_\_\_\_\_

**INSURANCE EXPERIENCE:**     New Business     Renewal

Existing Insurer: \_\_\_\_\_ Target Premium Required: \_\_\_\_\_

Renewal Offered:  Yes    No    If not, why? \_\_\_\_\_

Have you had any insurance refused or cancelled within the past 5 years?    Yes    No

If yes, please explain: \_\_\_\_\_

**LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:**

Date of Loss	Details of Loss	Amount Paid/Reserve	Open/Closed

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?  
 \_\_\_\_\_

**List Canadian and USA companies and subsidiaries to be covered and describe activities of each:**

Name of Company	Address	Annual Gross Payroll	Annual Revenue	Number of Employees	Activities

List any companies or operations for which coverage is not desired: \_\_\_\_\_

**Describe all foreign operations to be covered and give the following specific details:**

Name of Company	Address	Annual Gross Payroll (\$CAD)	Annual Revenue (\$CAD)	Number of Employees	Activities

**PRODUCTS – COMPLETED OPERATIONS LIABILITY - Past Sales/Revenues (last 3 years)**

Year	Canada (\$CAD)	USA (\$CAD)	Other (\$CAD)

Have any Products been discontinued and/or recalled in the past 5 years? Yes No

If yes, please describe: \_\_\_\_\_

**UNDERLAYING PRIMARY POLICIES SCHEDULE (Canada, USA, Foreign) - Identify all policies with General Aggregate Limit:**

Type of Policy	Limit	Policy #	Insurer	Policy Period	Annual Premium
<b>General Liability</b>					
B.I./P.D.					
Aggregate					
<b>Products Liability</b>					
B.I./P.D.					
Aggregate					
<b>Automobile Liability</b>					
B.I./P.D.					
<b>Worker's Compensation</b>					
Employer's Liability					
<b>If U.S. Operations:</b>					

Admiralty or Jones Act					
Federal Railroad Employees Act					
Longshoremen's & Harbor Act					
<b>Aircraft - Owned</b>					
B.I.					
P.D.					
Passenger Hazard					
<b>Aircraft – Non-Owned</b>					
B.I.					
P.D.					
Passenger Hazard					
<b>Watercraft – Owned</b>					
<b>Watercraft – Non-Owned</b>					
<b>Charter's Liability</b>					
<b>Professional/ Malpractice Liability</b>					
<b>Any Other Liability (specify):</b>					

**Does Your General Liability Policy cover the following exposures:**

- |                                 |  |                                 |  |
|---------------------------------|--|---------------------------------|--|
| Occurrence Property Damage      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire Fighting Expenses          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Personal Injury                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Liquor Law Liability            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Advertising Liability           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employee Benefits Liability     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employers Liability             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Professional Liability          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Broad Form Property Damage      | <input type="checkbox"/> Yes <input type="checkbox"/> No | XCU Hazards                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blanket Contractual             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Worldwide Territory             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tenants Legal Liability         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-Owned Automobile            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employees as Additional Insured | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sudden and Accidental Pollution | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are all of the above covered for the full General Liability Policy Limit? Yes No

If No, state the coverage(s) and Limit(s) carried: \_\_\_\_\_

Is your General Liability policy coverage restricted to compensatory damages or excludes punitive damages? Yes No

List deductible amounts, if any, shown in your underlying policies: \_\_\_\_\_

Give details of any special or unusual exclusions/restrictions contained in your underlying policies:

Does your General Liability policy contain any annual aggregate on any coverage other than Products/Completed Operations?

Yes No If yes, please specify: \_\_\_\_\_

**CONTRACTUAL LIABILITY**

Describe any Contractual Liability exposure including sole negligence agreements (insured or not insured) under underlying policies which are other than the following types of written agreements: Lease of Premises, Easement Agreement, Agreement required by Municipal Ordinance, Sidetrack Agreement, or Elevator and Escalator Maintenance Agreement.

If applicant is involved in any Joint Ventures, supply brief details and confirm fully covered under primary insurance.

**OWNERS OR CONTRACTORS PROTECTIVE LIABILITY**

Any Independent Contractors employed? Yes No

If yes, give details: \_\_\_\_\_

Are applicant's employees engaged in new construction or demolition work? Yes No

If yes, describe locations and operations: \_\_\_\_\_

Do underlying policies listed on page 2 cover these exposures without exception? Yes No

If no, please explain: \_\_\_\_\_

**PRODUCTS – COMPLETED OPERATIONS LIABILITY**

List by classification, all products manufactured, sold, handled or distributed by the applicant.

Products or Related Groups of Products (Attached Brochures)	Annual Revenue (\$CAD)		
	Canada	USA	Other

What portion of Sales is derived from repair, installation, servicing or other operations away from the premises of the applicant?

\_\_\_\_\_ %

If any, please provide a brief description of such operations: \_\_\_\_\_

Do underlying policies listed on page 2 cover these exposures without exception? Yes No

If No, please explain: \_\_\_\_\_

**AUTOMOBILE LIABILITY**

	Number of Units	Average Annual Mileage (km)	% Travel <100 km	% Travel 100-250 km	% Travel >250 km	% Travel to USA
Private Passenger						
Commercial						
Truck						
Tractors						
Trailers						
Tankers						
Van, Pick-Ups, etc						
Other (describe)						

Give details of any automobiles engaged in the transportation of volatile, caustic or explosive substances:

\_\_\_\_\_

\_\_\_\_\_

Do underlying policies listed on page 2 cover these exposures without exception?  Yes  No  
 If No, explain: \_\_\_\_\_

\_\_\_\_\_

Does the Automobile policy listed on page 2 include a Blanket Fleet Endorsement?  Yes  No

**WATERCRAFT LIABILITY**

Type	# Owned	# Leased	# Chartered

Please provide details of area of operation and purpose used: \_\_\_\_\_

\_\_\_\_\_

Does applicant maintain a crew or waterfront facility?  Yes  No  
 If Yes, give details: \_\_\_\_\_

\_\_\_\_\_

Do underlying policies listed on page 2 cover these exposures without exception?  Yes  No  
 If No, please explain: \_\_\_\_\_

\_\_\_\_\_

**AIRCRAFT LIABILITY**

Type	# Owned	# Rented	# Borrowed	# Leased	# Chartered	Average Hours flown annually

Number of known pilots among officers and employees who fly on company business: \_\_\_\_\_

Is there a policy in force with regard to use of aircraft by employees?  Yes  No

Is any aircraft used for other than non-commercial transportation of people?  Yes  No

**RAILROAD LAIBILITY**

Does the applicant operate a railroad?  Yes  No If yes, give details: \_\_\_\_\_

**ADVERTISING LIABILITY**

Method of Advertising	Annual Expenditure

Is an advertising agency used?  Yes  No

**EMPLOYERS LIABILITY**

Worker's Compensation Classification	Number of Employees

**PROFESSIONAL LIABILITY (Other than Incidental Medical Malpractice)**

Do you carry Professional Liability Insurance?  Yes  No

If yes, attach a copy of application, primary policy and any endorsements.

**MALPRACTICE LIABILITY (Please complete the Professional Liability Application)**

Does Applicant operate a hospital or first aid facility?  Yes  No

If yes, give details: \_\_\_\_\_

Number of Doctors employed: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Number of Nurses employed: Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Do underlying policies listed on page 2 cover these exposures without exception?  Yes  No

If No, give details: \_\_\_\_\_

**CARE, CUSTODY AND CONTROL**

List all "Leased Premises" in applicants Care, Custody or Control with total values insured over \$25,000.

Location	Occupancy	Estimated Value	Is Liability Assumed?

List all "Any Other Property" in applicants Care, Custody or Control with total values insured over \$25,000.  
 (i.e. leased equipment, property stored, rolling stock)

Location	Occupancy	Estimated Value	Is Liability Assumed?

**NUCLEAR EXPOSURE**

Describe activities involving operations requiring licensing by the Atomic Energy Control Board or any other nuclear energy activity.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BROKER DECLARATION**

Is this account NEW to your office?    Yes    No    If no, how long have you known the applicant? \_\_\_\_\_  
 Is the applicant financially sound?    Yes    No    Have you personally seen this property?    Yes    No  
 Do you recommend this applicant?    Yes    No    Is the property for sale?    Yes    No

Comments: \_\_\_\_\_  
 \_\_\_\_\_

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Broker/Producer & Brokerage: \_\_\_\_\_

**DISCLAIMER**

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application for insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of insurance.

The policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract:
  - a) Provides false or erroneous information to the prejudice of the insurer; or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The insured contravenes a term of the Contract or commits a fraud; or
3. The insured willfully makes a false statement in respect of a claim under the Contract.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_