



GROUPONE 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
General Liability					
B.I./P.D.					
Aggregate					
Products Liability					
B.I./P.D.					
Aggregate					
Automobile Liability					
B.I./P.D.					
Worker's Compensation					
Employer's Liability					
If U.S. Operations:					

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

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, how long have you known the applicant?		
Is the applicant financially sound?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you personally seen this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you recommend this applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the property for sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: _____

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: _____