

**EXCESS / UMBRELLA PROGRAM – APPLICATION**

**GENERAL BUSINESS INFORMATION:**

1. Name of Insured: \_\_\_\_\_
2. Mailing Address of Insured: \_\_\_\_\_
3. Description of Operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Website: \_\_\_\_\_
5. Years in business (if under 5 years, please provide details regarding the applicant's experience history): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRODUCTS INFORMATION:**

Name of Each Product or Completed Operations	Description of each Product or Completed Operations	End use of Each Product or Completed Operations	Quality Control test/ procedures Performed	Revenues derived from Each:
				Canada: \$  US: \$  ROW: \$
				Canada: \$  US: \$  ROW: \$

1. Does the insured import any products from outside of North America?  Yes  No
2. If **yes**, does the insured request for proof of insurance valid in Canada from Product Provider? If answer is no, please provide details regarding quality control tests/ procedures performed by component part manufacturer, and insured before the product is sold to suppliers.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Do any of the applicant's revenues stem from installation?  Yes  No  
 If **yes** to above, what percentage? \_\_\_\_\_ %  
 If **yes** to (3) describe qualifications of employees/ contractors/ sub-contractors performing installation  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLAIMS HISTORY:**

1. Please provide details of any claims from the past 5 years or if the applicant is aware of any situation, fact or circumstance which may give rise to a claim (attach details if answer anything other than **none**. **Include – Description of Loss, amount paid (net of deductible).**)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Details of Underlying Policies**

Type of Policy	Policy Period	Limits of Coverage	Annual Premium	Insurer	Policy Number
CGL		\$	\$		
Employee Benefits		\$	\$		
Employee Benefits Liability		\$	\$		
Auto		\$	\$		
Umbrella		\$	\$		

Excess		\$	\$		

**Auto Policy Details**

Vehicle Make and Model	Description of Use

**Contractor Specific Questions**

- Does the insured hire any subcontractors  Yes  No
- If so, does the insured require that all subs carry their own insurance?  Yes  No  
If so, what limit is required? \$ \_\_\_\_\_
- Please provide details of projects completed by the insured in the last year including: revenues, length of project, and percentage of work completed by sub-contractors.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Provide details of insured's qualifications and certifications.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION / CONSENT**

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Broker Email: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizcommercial@premiergroup.ca](mailto:newbizcommercial@premiergroup.ca) \*\***  
**Vancouver - T 604 669 5211 F 604 669 2667**