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Renewal Application Commercial Umbrella Liability Insurance

Commercial Excess Umbrella Liability Insurance

Submitting Broker, please complete the following to assist us in processing this submission:										
Name of Brokerage:										
Nan	ne of Broker Conta	et:								
Bro	kerage Address: _			City:		_ Postal Code:				
For renewal purposes only: Policy Number: ISN (Client's Number):										
	ase use a separate stion number.	sheet of paper if the	here is inadequate	e space to answer	a question and i	dentify the answe	r by stating the			
1.	Named Insured:									
2.	Mailing Address: As per expiring policy									
3.	Provide a complete description of all operations:									
4.	Describe any major changes in your locations, operations or products during the last 12 months:									
5.	Do the underlying policies listed below cover all your locations, operations/completed operations and products? YES NO									
	If no, please descr	If no, please describe:								
6.	Gross Sales/Recei	Gross Sales/Receipts for the last 12 months or last fiscal year:								
	Canada: \$ United States: \$ Other Foreign: \$									
7.	Gross Sales/Receipts estimated for the coming policy term:									
	Canada: \$ United States: \$ Other Foreign: \$									
8. Schedule of underlying liability insurance:										
	Туре	Insurer	Policy No.	Policy Period D/M/Y	Policy Limits Per Occurrence	Policy Limits - Aggregate	Annual Liability Premium			
	Auto									
	CGL									
	Non-owned Auto									

Other (specify)

9. Automobile Liability

(a) State the number of vehicles owned, leased and registered in your name ("location" refers to the jurisdiction in which the vehicle is primarily used):

Local is defined as within 80 km (50 miles). Short haul is defined as over 80 km to 400 km (50-250 miles). Long haul is defined as over 400 km (250 miles).

	Type of Auto	Advise Radius of Operation in Kilometres	Location: Canada (excludin Manitoba, Saskatchewan and Quebec)	Location:	Location: USA
	Private Passenger				
	Light Trucks (gross vehicle weight of 4,500 kg or less)				
	Medium Trucks (gross vehicle weight of 4,501 kg to 11,000 kg)	Local Short haul Long haul			
	Heavy Trucks	Local Short haul Long haul			
	Tractor Trailer Units	Local Short haul Long haul Canada Long haul USA			
	Buses (provide size and details on a separate sheet)	Local Short haul Long haul			
(c)	Any U.S. mileage or U.S. If yes, please describe:	registered vehicles?			YES 🗌 NO 🗌
10. (a)	Does the underlying CGL Extension Advertising Injury Blasting (by subs only Broad Form Completed C Broad Form Products Broad Form Property Dar Collapse (by subs only Contingent Employer's L Contractual Liability Employee Benefits Employees as Additional Employer's Liability Forest Fire Fighting Expe Non-owned Automobile Occurrence Property Dar Personal Injury Products/Completed Oper Professional Exclusion De or Amended	Yes Yes	Expo No	ertising raft Operations raft Products	Yes
	Tenants' Legal Liability	Yes \square			

	Underpinning (by subs only □) Yes □ No □ Vendor's Endorsement Yes □ No □ Worldwide Territory Yes □ No □				
(b)	If any of the Exposures listed in the right-hand column above exist, please provide full details:				
(c)	Does the underlying CGL policy:				
	(i) Have defence costs included within the limits? YES \[\sum NO \[\]				
	(ii) Indicate the type and amount of policy aggregates:				
	General aggregate applicable to all policy coverages:				
	(iii) State the form of coverage:				
(d)	Do the underlying policies contain any restrictive endorsements such as a warranty or added exclusion? YES NO If yes, please attach a copy of the wording or endorsement.				
(e)					
	If yes, please list coverages and applicable sublimits:				
	if yes, please list coverages and applicable sublimits.				
12 13	mit of liability desired: \$				
12. L1	mit of Hability desired: \$				
INFO	LICANT'S CONSENT TO THE TRANSMISSION OF THE DRMATION CONTAINED IN THE APPLICATION FORM y acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted or Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.				
• co	ver, I authorize Victor Insurance Managers Inc., its insurers or service providers to: nduct verification, using outside sources, of the information contained in the Application form, in attached documentation d in subsequently provided documentation;				
• in	the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for e purposes of investigating, defending, negotiating or settling any claims, as required.				
For mo	re information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.				
DEC	LARATIONS AND SIGNATURE				
	derstood and agreed that the completion of this Application does not bind the insurers to sell, nor does it obligate the ant to purchase the insurance.				

Signature of Applicant

Extension

Date (dd/mm/yyyy)