Umbrella Liability
Application

Effective Date (yyyy/mm/dd):	Term: 1 year

Broker Information

Agency:	Requested by:
Telephone:	Fax:
Email:	

Applicant Information

Insured no. 1	Insured no. 2
Name of Insured:	Name of Insured:
Occupation:	Occupation:
Employer:	Employer:
Date of Birth (yyyy/mm/dd):	Date of Birth (yyyy/mm/dd):

Insured Address:

Street   Apt. Number   City   Province/State   Postal Code/ Zip Code   Country

Insured(s) Telephone: (home):   (work):   (mobile):

Umbrella Liability Coverage

Coverage level: ☐ $1M   ☐ $2M   ☐ $3M   ☐ $4M   ☐ $5M $%$M

	Number	Address(s) / details
Total number of dwellings in Canada		
Total number of automobiles ▶ Automobile schedule on p. 2 is also required		
Total number of recreational vehicles (excluding motorcycles)		
Automobile: family protection endorsement / underinsured motorist protection plan	Yes No	
Total number of watercraft (up to 26ft non-powered or up to 50 hp if powered)		
Total number of watercraft (over 26 ft non-powered or over 50 hp if powered) (excluding jet propelled or capable of speeds in excess of 60 mph)		

Primary Policy Liability Limit: _____

Previous Insurer ► this section is only required if this is a new application

Umbrella liability: (if applicable)

Policy No.:   Insurer's Name:

Loss(es) – Umbrella Liability (last 5 years)

	Date (yyyy/mm/dd)	Amount	Description
1.		$	
2.		$	
3.		$	

Automobile schedule ► this section is only required if there are any changes to the information below

1.	Please provide details for any additional driver(s):*If more than four persons, please use an additional form*		
Name		**Date of Birth (yyyy/m/dd)**	**Driving Experience (years)**

2.	Have you, or any authorized driver, been involved in any automobile accidents in the past 6 years?	Yes ☐ No
	If yes, please provide details:	
3.	In the past 3 years, have you, or any authorized driver, been convicted of any infractions while driving?	Yes ☐ No
	If yes, please provide details:	

_____   _____

Signature   Date