

# EXCESS AND BUMBERSHOOT LIABILITIES

## APPLICATION

### **IMPORTANT NOTES :**

*The questions contained in this Application are designed to give the Insurance Company sufficient information regarding your business to offer to you an insurance quotation. It cannot always cover every aspect and it is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions.*

*If you have insufficient space to answer any questions, please attach a separate sheet.*

*If you require assistance in completing this Application, Treacy Insurance Brokers Ltd will be pleased to assist you.*

*This Application must be signed and dated by an Officer, Partner or Owner of the company applying for the coverage.*

*Please provide a copy of :*

- Your Corporate Brochure;*
- Any documents or contracts addressing, increasing or extending your liability and/or damages in the event of a claim and/or lawsuit.*

*Information contained in this Application will be used to obtain insurance quotations on your behalf. It will be released to Insurance Companies and/or other insurance intermediaries such as insurance agents, insurance brokers or Managing General Agents for the purpose of obtaining on your behalf insurance quotations or to other parties as may be required by law. Treacy Insurance Brokers Ltd confirms that it will maintain the confidentiality of this information while also complying with its obligations under the B.C. Personal Information Protection Act ("PIPA"). By signing this Application you give Treacy Insurance Brokers Ltd permission to release this Application and the information contained herein to the foregoing mentioned parties at this time and at any time in the future unless we receive specific written notification from you not to do so.*

1. Name of Applicant and all Affiliated Companies Domestic or Foreign:

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(If more room is needed, please attach a separate page)

2. Mailing Address or P.O. Box Address:

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3. Please check appropriate box(es):    Corporation    Partnership    Joint Venture    Individual

4. COMPANY INFORMATION (If more room is needed, please attach a separate page)

	Name of Entity	Description of Operation	Area of Activity	Years in Business
A	<hr/>	<hr/>	<hr/>	<hr/>
B	<hr/>	<hr/>	<hr/>	<hr/>
C	<hr/>	<hr/>	<hr/>	<hr/>
D	<hr/>	<hr/>	<hr/>	<hr/>
E	<hr/>	<hr/>	<hr/>	<hr/>

5. REVENUES AND PAYROLLS (If more room is needed, please attach a separate page)

	Name of Entity	Estimated Gross Revenues	Estimated Payroll	Number of Employees
A	<hr/>	<hr/>	<hr/>	<hr/>
B	<hr/>	<hr/>	<hr/>	<hr/>
C	<hr/>	<hr/>	<hr/>	<hr/>
D	<hr/>	<hr/>	<hr/>	<hr/>
E	<hr/>	<hr/>	<hr/>	<hr/>

NON-MARINE EXPOSURES (If more room is needed, please attach a separate page)

6. List all premises occupied but NOT OWNED by the applicant with value in excess of \$25,000.

	Description	% Occupied	Estimated Value	80% Building Fire Rate
A	_____	_____	_____	_____
B	_____	_____	_____	_____
C	_____	_____	_____	_____
D	_____	_____	_____	_____
E	_____	_____	_____	_____

7. Please provide details of Personal Property in Applicants care, custody or control where values exceed \$25,000.

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

8. Contractual Liability

Give details of written agreements other than those automatically covered by M&C policy:

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

9. Products Liability

List Products:

A Manufactured: \_\_\_\_\_

B Sold: \_\_\_\_\_

C Distributed: \_\_\_\_\_

10. Professional Liability / Malpractice

Give details of any activities which might involve malpractice and/or errors and omissions exposures:

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

11. Railroad Operations

Give details of any railroads owned, maintained or operated by Applicant:

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

12. Automobile Exposure

List the number of private passenger autos: \_\_\_\_\_

List the number of commercial vehicle passenger autos: \_\_\_\_\_

List the number of other commercial vehicles: \_\_\_\_\_

List the number and type of other vehicles, licensed or not licensed for public road use (earthmovers, bulldozers, cranes, forklifts, etc.):

	Operating Radius (miles)	Cargoes Carried
TRUCKS	_____	_____
TRACTORS	_____	_____
TRAILERS	_____	_____
TANKERS	_____	_____
VANS	_____	_____
PICKUPS	_____	_____
OTHER (specify type)	_____	_____
OTHER (specify type)	_____	_____
OTHER (specify type)	_____	_____
OTHER (specify type)	_____	_____
OTHER (specify type)	_____	_____

13. Does the Assured have a program to monitor employee driving records and drug, alcohol or other substance abuse?

YES  NO

If YES, please describe:

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

14. Workman's Compensation

A Is Statutory Workman's Compensation carried?

YES  NO

B If not, is applicant a qualified self insurer?

YES  NO

C Is any excess Workman's Compensation Insurance carried?

YES  NO

D What is Employer's Liability Limit? \_\_\_\_\_

15. Aircraft Exposure

Does the Assured own, lease or charter aircraft?

YES  NO

A Describe owned aircraft: \_\_\_\_\_

B Describe leased or chartered aircraft: \_\_\_\_\_

16. Advertising Exposure

A Describe methods and expenditures: \_\_\_\_\_

B Is an Advertising Agency used?

YES  NO

17. Does applicant do any blasting or use explosives?

YES  NO

If yes, describe:

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

18. Are there any underground or above ground storage tanks, chemical or petroleum pipelines, or does the Assured own, operate or manage any garbage or refuse site(s) or operate any facility for hazardous waste treatment or storage or have any facilities which have been designated by any government authority as contaminated with hazardous or material or toxic substance?

YES  NO

If YES, please provide details:

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

NON-MARINE LIABILITY LOSSES

(5 year history; over \$5,000.)

Date of Loss	Description	Amount Paid (Including Expense)	Total Outstanding (Including Expense)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MARINE EXPOSURES

19. List below any landing, pier or wharf leased or operated by the applicant where non-owned vessels come under the care, custody or control of the applicant.

	Location	Estimated Annual Vessel Days	Type of Operation	Estimated Gross Receipts
A	_____	_____	_____	_____
B	_____	_____	_____	_____
C	_____	_____	_____	_____
D	_____	_____	_____	_____
E	_____	_____	_____	_____

(If more room is needed, please attach a separate page)

20. Describe below any marine terminal or stevedore operation of the applicant:

	Location	Type of Operation	Gross Receipts
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____
D	_____	_____	_____
E	_____	_____	_____

(If more room is needed, please attach a separate page)

21. Describe below any shipbuilding, shiprepairing, or barge or tank cleaning operation of the applicant:

	Location	Type of Operation	Gross Receipts
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____
D	_____	_____	_____
E	_____	_____	_____

(If more room is needed, please attach a separate page)

22. Does the applicant engage in any gas freeing?

YES  NO

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

23. Does the applicant ever charter or lease vessels?

YES  NO

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

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

24. Does the applicant own, operate or charter any private pleasure craft?

YES  NO

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

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

25. Does the applicant have exposure under the Longshoreman's and Harbor Worker's Act?

YES  NO

Number of Employees

Payroll, if Any

Type of Work Performed

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

26. Schedule all commercial vessels the applicant owns, leases, charters or operates. If more room is needed, please attach a separate page.

LIMITS INSURED BY UNDERLYING / PRIMARY INSURANCE

Name	Type of Vessel	Number of Crew	Hull (including Increased Value)	P&I	Collision Liability	Tower's Liability
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**MARINE LIABILITY LOSSES**  
 (5 year history; over \$5,000.)

Date of Loss	Description	Amount Paid (Including Expense)	Total Outstanding (Including Expense)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If more room is needed, please attach a separate page)

27. Provide Schedule of all underlying insurance policies (marine and non-marine), including self insured and/or captive programs:

Type of Coverage	Insurance Carrier	Policy Period	Policy Limits	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If more room is needed, please attach a separate page)



28. Are all Entities that are to be named as Assureds on this policy also Assureds on all underlying policies?

YES  NO

If NO, please indicate exceptions:

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29. What Limits of Liability are desired for Bumbershoot Coverage? \_\_\_\_\_

30. Do any underlying policies have Aggregate Limits, annual or otherwise?

YES  NO

If YES, specify which policies, indicate limit and indicate if subject to reinstatement:

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31. Do any underlying coverage policies have time limits for discovery or coverage?

YES  NO

If YES, indicate which policies and the limitation:

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32. Are any underlying policies written on a "Claims-Made" basis?

YES  NO

If YES, specify which policies:

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33. Are there any aspects of this Assured's operations which require special underwriting attention (such as manuscripted wording(s) or deletion of standard exclusions)?

YES  NO

If YES, please explain and provide a copy of any and all Primary Policies that have been so altered:

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34. Are all known exposures / operations of this Assured covered by one or more of the underlying policies?

YES  NO

If there are any uninsured exposures, please indicate and explain:

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35. Does the Assured carry any form of Directors and Officers Liability Insurance?

YES  NO

If YES, please provide details:

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36. Does the Assured carry any form of Professional Liability Insurance?

YES  NO

If YES, please provide details:

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37. Are there any exclusions or limitations in any underlying policies that are not found in the standard ISO Comprehensive General Liability or SP23 Protection and Indemnity forms?

YES  NO

If YES, please provide details:

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38. Please list all insurances carried by this Assured which include coverage for Pollution Liability:

Type of Coverage	Insurance Carrier	Policy Period	Policy Limits
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

39. Does Protection and Indemnity insurance carried by this Assured include coverage for Jones Act Crew Liability?

YES  NO

40. Does Protection and Indemnity insurance carried by this Assured include coverage for Pollution Liability?  
YES  NO

41. What information is conveniently recorded and made available by this Assured for reporting purposes:

Gross Receipts? .....YES  NO

Payroll? .....YES  NO

Ship Calls? .....YES  NO

Tonnes of Cargo Handled?....YES  NO

Insurance Premium Costs? ...YES  NO

Loss / Claim Information? .....YES  NO

Other, Please Specify.....

42. What is a convenient date for this insurance to attach? \_\_\_\_\_ To expire? \_\_\_\_\_

43. If available, please provide a copy of the most recent Annual Report or financial statement, along with brochures, a map of the Assured's facilities, and a copy of the Assured's standard business contract(s).

44. Use this space to let us know anything else which is relevant to the Assured's operation which has not already been addressed or requires additional information:

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All information is accurate and complete to the best of my knowledge.

Signed by the Assured ..... date .....

Signed by the Broker ..... date .....