

FARM UMBRELLA LIABILITY APPLICATION – CANADA ONLY

1. General Information

- a) Name of Applicant, including all subsidiary companies:

- b) Principal Address: _____
- c) Other Locations (include country): _____

- d) Are all locations and operations to be covered? Yes No
 If No, explain: _____
- e) Farm Operations: Hay (excluding Hobby Farms) Seeds/grains
 Cattle, poultry or hogs
 Other (please provide details) _____
- f) Canadian Operations/Sales only? Yes No Annual Sales/Receipts \$ _____
- g) Policy period desired: From _____ To _____
- h) Limit of Liability: in excess of underlying or retained limit \$ _____
 SIR Retention (minimum \$10,000) \$ _____

2. Description of Exposures

- a) **Farm Automobile Liability** (complete if coverage over auto policy required)
- i. State number of units owned and leased and registered in the name of the applicant:
 Private Passenger _____ Light/Heavy Trucks _____
 Tractors _____ Trailers _____
- ii. Are livestock hauled? Yes No
 If Yes, does insured have an active policy in place for livestock hauling? Yes No
- iii. Confirm only Canadian mileage Yes No
 If No, explain: _____
- b) **Farm Liability**
- i. Does the underlying policy have the following extensions or restrictions?
- | | | | |
|-------------------------------|--|----------------------------|--|
| Occurrence Basis | <input type="checkbox"/> Yes <input type="checkbox"/> No | General Aggregate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Products/Completed Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bodily Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property Damage | <input type="checkbox"/> Yes <input type="checkbox"/> No | Horse Boarding or Training | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Advertising Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employer's Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Employees as Additional Insureds Yes No Tenant's Legal Liability Yes No
 Non-Owned Automobile Yes No Vendor's Endorsement Yes No
 Watercraft Liability Yes No Custom Farming Yes No

Non-Owned Livestock Yes No Limit: _____
 Limited Pollution Yes No Limit: _____
 Forest & Prairie Fire Fighting Yes No Limit: _____

Voluntary Compensation for Residence Employees/Contingent Employer's Liability Yes No
this policy excludes Employer's Liability

A reduced limit of liability for any exposure? Yes No
 If Yes, provide details:

A territorial restriction, i.e. custom farming? Yes No
 If Yes, provide details:

ii. Is there any professional or errors or omissions exposure? (i.e. Seedman's E&O) Yes No
 If Yes, is it covered by underlying policies? Yes No

iii. Underlying Insurance

Type	Carrier	Policy #	Policy Period	Policy Limits – Per Occurrence	Policy Limits – Aggregate	Deductible – Per Occurrence	Annual Premium
Auto							
Farm Liability							
Non-Owned Auto							
Professional Liability							
Tenant's Legal Liability							
F.F.F.E Liability							
Ltd. Poll Liability							

3. Previous Umbrella Carrier

- a) Name of Carrier: _____
- b) Has any carrier cancelled, declined or refused coverage in the past 3 years? Yes No
If Yes, explain: _____

4. Loss History

- a) Describe all losses paid or reserved over \$10,000 occurring during the past 5 years

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Signature: _____
(Named Insured)

Date: _____

Name: _____
(Please Print)

Submitted by: _____
(Name of Producer/Broker)

Date: _____