

PISTAGNESI-DOYON

Application Umbrella liability insurance

Name of Applicant: _____

Address of Applicant: Street _____

City _____

Province _____ Postal code _____

Website or email: _____

Effective policy period of _____ to _____

Amount of excess insurance required _____ \$

Current insurer _____

Premium _____ \$

1. Has an insurer cancelled or refused to insure you in the last 5 years?

Yes No If yes, please specify:

2. Full description of all operations:

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3. List of all subsidiary and affiliated companies:

Name of company	Description of operations/products	Country of incorporation	Annual gross revenue
			\$
			\$
			\$
			\$

4. Does the applicant operate or provide services to customers outside Canada?

5. Revenues/Receipts:

Revenues/Receipts	Estimate	Current year	Previous year
Canada	\$	\$	\$
U.S.A.	\$	\$	\$
*Additional countries	\$	\$	\$
Total	\$	\$	\$

*Name the additional countries: _____

a) **Aviation and watercraft liability** – As part of its activities, does the insured make use of:

Plane/aircraft: Yes No

If yes, please specify: _____

b) Watercraft: Yes No

If yes, please specify: _____

Pistagnesi-Doyon
420 Boulevard Charest Est, bureau 330
Québec, QC, G1K 8M4
(418) 523-4000

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6. Automobile liability – Indicate the number of vehicles owned or leased by the Applicant for each class listed below:

Vehicles	Number	Vehicles	Number
Private passenger		Tractors	
Light commercial		Trailers	
Heavy trucks		Buses (state the number of seats for each)	
Snowmobile/VTT		Total	

Any inflammable or explosive substances carried? Yes No If yes, please specify:

Is it used outside Quebec? Yes No If yes, please specify:

7. Employers liability:

Payroll: _____ Employee count: _____

Are all employees covered by CNESST? Yes No If yes, please specify:

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8. Contractual liability:

Please state any unusual contractual obligations which the Applicant has entered into or any situation where the Applicant has agreed to assume another's obligations: None If other, please specify:

9. Protective liability:

a) Does the Applicant use subcontractors? Yes No

b) Does he ask for proof of insurance? Yes No If yes, for which amount?

c) Annual cost of work done by subcontractors: _____

10. Schedule of underlying insurance:

Type of coverage	Insurer	Policy period	Limits	Policy N°	Annual premium

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11. List all claims paid or outstanding during the past five years:

(Attach separate sheet if required)

Date	Description	Paid	Outstanding	Expense	Status Open/Close
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The undersigned hereby acknowledge the truth of the statements contained herein.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

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