



Frank Cowan Company Limited  
75 Main Street North  
Princeton, ON N0J 1V0  
www.frankcowan.com  
1-800-265-4000  
T/ (519) 458-4331 F/ (519) 458-4366

## UMBRELLA LIABILITY APPLICATION - HOSPITAL

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

### GENERAL INFORMATION

Name of Applicant, including all subsidiary companies, domestic and foreign:

Applicant is:      A Corporation       A Partnership       An Individual       or Other

Address :

Other Locations:

Give complete description of all operations:

Annual Payroll      \$ \_\_\_\_\_      Annual Sales/Receipts      \$ \_\_\_\_\_      No. of Employees      \_\_\_\_\_

Are any additional operations or locations anticipated during the policy period?      Yes       No

If yes, explain:

Are all locations and operations to be covered?      Yes       No       If no, explain:

Policy period desired:      From \_\_\_\_\_      To \_\_\_\_\_

Limit of Liability:      a) \_\_\_\_\_ in excess of underlying or retained limit.  
   b) \_\_\_\_\_ retained limit (self insured retention – must not be less than \$10,000.)

### PREVIOUS UMBRELLA CARRIER

a) Name of Carrier:

b) Has any carrier cancelled, declined or refused coverage in past 3 years?

Yes  No  If yes, explain:

## DESCRIPTION OF EXPOSURES

### AUTOMOBILE LIABILITY

a) State number of units owned and leased and registered in the name of the Applicant:

Private Passenger \_\_\_\_\_ Light Trucks \_\_\_\_\_ Heavy Trucks \_\_\_\_\_  
 Tractors \_\_\_\_\_ Trailers \_\_\_\_\_ Buses \_\_\_\_\_ (Seating Capacity \_\_\_\_\_)

- b) Are flammable, explosive or toxic materials hauled? Yes  No  If yes, explain:
- c) Are any units engaged in long haul (over 100 miles)? Yes  No  If yes, explain and state number of units:
- d) In which Province(s) are vehicles chiefly garaged?

### GENERAL LIABILITY

a) Does the underlying policy have the following extensions?

	YES	NO		YES	NO
Occurrence Property Damage .....	<input type="checkbox"/>	<input type="checkbox"/>	Employer's Liability .....	<input type="checkbox"/>	<input type="checkbox"/>
Broadform Property Damage .....	<input type="checkbox"/>	<input type="checkbox"/>	Contingent E.L. ....	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Contractual Liability .....	<input type="checkbox"/>	<input type="checkbox"/>	Non-Owned Automobile .....	<input type="checkbox"/>	<input type="checkbox"/>
Personal Injury .....	<input type="checkbox"/>	<input type="checkbox"/>	Tenant's Fire Legal Liability .....	<input type="checkbox"/>	<input type="checkbox"/>
Employees as Additional Insureds .....	<input type="checkbox"/>	<input type="checkbox"/>	Blasting .....	<input type="checkbox"/>	<input type="checkbox"/>
Products/Completed Operations .....	<input type="checkbox"/>	<input type="checkbox"/>	Underpinning .....	<input type="checkbox"/>	<input type="checkbox"/>
Vendor's Endorsement .....	<input type="checkbox"/>	<input type="checkbox"/>	Collapse .....	<input type="checkbox"/>	<input type="checkbox"/>

- b) Describe specifically the Products and/or Completed Operations and give sales for each:
- c) Have any products been discontinued during the past 5 years? Yes  No  If yes, list products and reasons:
- d) Are any products used or installed in any aircraft or missile? Yes  No  If yes, explain:
- e) Does applicant have any sales to the U.S.? Yes  No  Does applicant have any sales to countries elsewhere?  
 Yes  No  If yes, Amount \_\_\_\_\_ Country and Product description: \_\_\_\_\_
- f) Does applicant sell or distribute products of any foreign manufacturers? Yes  No   
 If yes, specify product and country of origin:
- g) Attach sales brochure or advertising material if available.
- h) List principal customers:
- i) List operations performed by independent contractors. State percentage of total receipts:

**NON-OWNED PROPERTY – CARE, CUSTODY AND CONTROL**

a) List all leased real properties:

**LOCATION**

**OCCUPANCY**

**ESTIMATED VALUE**

b) List all other property in the care, custody or control of applicant.

(Include such property as electronic equipment, leased automobiles, machinery, material on consignment, under bailment, property stored, etc.):

**LOCATION**

**TYPE**

**ESTIMATED VALUE**

**AIRCRAFT AND WATERCRAFT:**

List and describe any owned, non-owned, leased or chartered aircraft and watercraft:

**WORKER'S COMPENSATION:**

a) Are all employees covered by Workplace Safety and Insurance Board?

Yes

No

If no, explain:

b) If not, is Employer's Liability carried on those employees not covered by Workplace Safety and Insurance Board?

Yes

No

**PROFESSIONAL LIABILITY:**

a) Is there any professional or errors or omissions exposure?

Yes

No

If yes, explain:

b) Is there any incidental malpractice exposure? If yes, is it covered by underlying policies?

**ADVERTISING LIABILITY:**

a) Is any advertising contemplated during the policy term?

Yes

No

If yes, explain type and state expenditure.

b) Is an advertising agency used?

Yes

No

**CONTRACTUAL LIABILITY:**

Give details of agreements in which the applicant assumes the liability of others:

**RAILROAD OPERATIONS:**

Give details of any Railroad owned, maintained or operated by applicant:

**UNDERLYING INSURANCE**

TYPE	CARRIER	POLICY NO.	POLICY PERIOD	POLICY LIMITS	ANNUAL PREMIUM
Auto					
C.G.L.					
Non-Owned Auto					
Employer's Liability					
Professional Liability					
Advertising Liability					
Contractual Liability					
Tenants' Legal Liability					
Other Non-Owned Property					

Does any Policy listed above contain:

- 1. A Deductible? Yes  No
- 2. A reduced limit of liability for any exposure? Yes  No
- 3. A territorial restriction, e.g., U.S. products? Yes  No

If yes to any of the above, provide details:

**LOSS HISTORY**

Describe all losses paid or reserved over \$ 5,000. occurring during the past 5 years:

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## HOSPITAL LIABILITY QUESTIONNAIRE AND SCHEDULE OF WARRANTIES

A. Name of Hospital \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**B. PREMISES COVERAGE**

Location \_\_\_\_\_  
 Construction \_\_\_\_\_ Age of Building \_\_\_\_\_  
 Total Floor Area \_\_\_\_\_ square feet.  
 Number and Type of Elevators \_\_\_\_\_  
 Is a Nurses' Residence operated by the Hospital? \_\_\_\_\_  
 If yes, Location \_\_\_\_\_  
 Area \_\_\_\_\_ square feet.  
 Description and Location of Other \_\_\_\_\_  
 Premises owned and/or occupied by the Hospital \_\_\_\_\_

**C. PROTECTIVE COVERAGE**

Anticipated Cost of Construction over next 3 Years \_\_\_\_\_  
 Will Contractors be required to file Proof of Adequate Public Liability Insurance with the Hospital? \_\_\_\_\_

**D. MALPRACTICE COVERAGE**

<p><b>1. Number of Beds Maintained</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Medical/ Surgical</td> <td style="width: 33%; text-align: center;">ICU/RCU</td> <td style="width: 33%; text-align: center;">Palliative Care</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p><b>3. Number of Bassinets Maintained</b></p> <p>_____</p> <p><b>5. Number of Outpatients per year</b></p> <p>_____</p>	Medical/ Surgical	ICU/RCU	Palliative Care	_____	_____	_____	<p><b>2. Average Number of Beds used by Patients during last Fiscal Year</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Medical/ Surgical</td> <td style="width: 33%; text-align: center;">ICU/RCU</td> <td style="width: 33%; text-align: center;">Palliative Care</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p><b>4. Average Number of Bassinets used by Patients during last Fiscal Year</b></p> <p>_____</p>	Medical/ Surgical	ICU/RCU	Palliative Care	_____	_____	_____
Medical/ Surgical	ICU/RCU	Palliative Care											
_____	_____	_____											
Medical/ Surgical	ICU/RCU	Palliative Care											
_____	_____	_____											

6. Number of Salaried Persons employed by the Hospital in each of the following Classifications:

- |               |       |                      |       |  |       |
|---------------|-------|----------------------|-------|--|-------|
| a) Physicians | _____ | e) Externes          | _____ | i) Pharmacists                                     | _____ |
| b) Surgeons   | _____ | f) Psychiatrists     | _____ | j) Graduate Nurses                                 | _____ |
| c) Dentists   | _____ | g) X-Ray Technicians | _____ | k) All other Nurses<br>including<br>Student Nurses | _____ |
| d) Internes   | _____ | h) Laboratory Techn. | _____ | i) Paramedics                                      | _____ |

7. Is home care service provided by the hospital? \_\_\_\_\_

8. Does the hospital provide ambulance services? \_\_\_\_\_

9. Are the following Patients treated:

- |                 |       |               |       |           |       |
|-----------------|-------|---------------|-------|-----------|-------|
| a) Communicable | _____ | b) Tubercular | _____ | c) Mental | _____ |
|-----------------|-------|---------------|-------|-----------|-------|

10. Is X-Ray used for  
Diagnosis? \_\_\_\_\_ Treatment? \_\_\_\_\_

11. Number of physicians employed by the Hospital using X-Ray, Infra-Red Ray, Diathermy or Quartz Lamp for:

- |                            |       |                    |       |
|----------------------------|-------|--------------------|-------|
| a) Diagnosis and Treatment | _____ | b) Treatment Alone | _____ |
|----------------------------|-------|--------------------|-------|

12. Number of Technicians: \_\_\_\_\_

(The term "Technician" refers to persons giving or assisting in giving X-Rays, Infra-Red Ray, Diathermy or Quartz Lamp or Radium Treatment, Laboratory Technicians, Pharmacists and Ambulance Drivers employed by the Hospital).

13. Are Radium Treatments given by the Hospital? \_\_\_\_\_

14. Number of Radiologists administering Radium Treatment \_\_\_\_\_

15. Does the Hospital own   
borrow   
or rent  radium?

16. Details of other Radioisotopes used by the Hospital:

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

E. PARTICULARS OF ALL CLAIMS IN THE PAST 5 YEARS:

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

Date: \_\_\_\_\_ Signed \_\_\_\_\_

Title \_\_\_\_\_