



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 - MUNICIPAL

Name of Applicant: _____

Address: _____

Policy Period Desired: From: _____ To: _____

Limit of Liability: a) \$ _____ in excess of underlying or retained limit
 b) \$ 10,000.00 retained limit

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:

GENERAL LIABILITY:

- (a) Present Population: _____
- (b) Indicate which of the following departments or activities are administered directly by applicant:

Department:

- Garbage Collection _____
- Fire Fighting (indicate if volunteer or paid) _____
- Police _____
- Streets, Roads or Sidewalk Maintenance _____
- Sewer Work _____
- Hydro Operations _____
- Water Distribution _____
- Gas Utilities _____
- Other _____

- (c) Does applicant own or operate any of the following?:

Number

- Parks _____
- Arenas or Stadiums _____
- Bleachers or Grandstands (Total No. of Seats) _____
- Beaches _____
- Swimming Pools _____
- Wading Pools _____
- Libraries _____
- Golf Courses _____
- Other _____

(d) Does the applicant own/operate any of the following?:

Number

Day Care

Health Unit

Home for the Aged

Similar Facility

If yes, provide details including:

Number

Beds

Physicians

Nurses employed

Other

(e) Does the applicant operate a waterworks?

Yes

No

If yes,

Total population serviced

Number of Pumping Stations

Number of Water Treatment Plants

Estimated yearly gallons used

(f) Does the applicant own/operate/maintain sewage disposal plants?

Yes

No

If yes, how many and locations (attach separate list)

Total population serviced

What part of work – laying of sewers, removal of seepage, etc. is

(a) undertaken directly by the applicant

(b) performed by independent contractors

(g) What other services are provided? Give details:

PROFESSIONAL LIABILITY:

Indicate the number of professionals employed by the Applicant:

Doctors, Dentist, Practioners

Nurses

Lawyers

Accountants

Engineers or Architects

Building Inspectors

Other

These are EMPLOYEES of the applicant who work for and on behalf of the applicant only. They do not engage in work for a third party.

AIRCRAFT AND WATERCRAFT:

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

WORKERS COMPENSATION:

- (a) Are all employees covered by WSIB?
Yes No If no, explain: _____

- (b) If not, is employer's liability carried on those employees not covered by WSIB? 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 the applicant:

AUTOMOBILE LIABILITY:

Number of Units owned, leased and registered in the name of the applicant: Total Units _____

Private Passenger	_____	(includes _____ Police Cars)	
Fire Department	_____	(includes Light Trucks _____ Heavy Trucks _____)	
Heavy Trucks	_____		
Ambulances	_____		
Public Buses	_____		
Charter Buses	_____	Others: _____	_____
Light Trucks	_____	_____	_____
Motorcycles	_____		
Trailers	_____		

UNDERLYING INSURANCE

TYPE	CARRIER PRIMARY POLICY NO.	POLICY PERIOD	POLICY NUMBER	POLICY LIMITS	ANNUAL PREMIUM
1. Third Party Automobile					
2. Non-Owned Automobile					
3. Municipal Liability					
4. Errors and Omissions					
5. Follow Form Excess					

Does any policy listed above contain a deductible?

Does the underlying Liability policy have the following extensions?:

	Yes	No
Occurrence Property Damage	<input type="checkbox"/>	<input type="checkbox"/>
Broad Form Property Damage	<input type="checkbox"/>	<input type="checkbox"/>
Blanket Contractual	<input type="checkbox"/>	<input type="checkbox"/>
Personal Injury	<input type="checkbox"/>	<input type="checkbox"/>
Employees as additional Insureds	<input type="checkbox"/>	<input type="checkbox"/>
Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>
Tenants' Legal Liability	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>
Underpinning/Collapse	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL NOTE:

The Municipal Liability policy contains an environmental liability exclusion. Any Municipality requiring Environmental Liability will purchase separate cover. Environmental Liability does **NOT** form part of the Umbrella or underlying policies included in this form.

LOSS HISTORY

Describe all major losses (paid or reserved) occurring during the last 5 years:

Signature _____

Date _____