

Excess Liability
Application

The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.**

1. Broker Information

Brokerage:

Broker ID:

Broker Address:

City:

Province:

Postal Code:

Broker Contact:

Broker Email:

2. Applicant Information

Name Insureds(s):

Principal(s):

Mailing Address:

City:

Province:

Postal Code:

Website:

Effective Date:

Policy Term: **[12-Month Term]**

Other Policies with ODIS:

Prior Insurance & Expiry Date:

If no prior insurance,
please provide reason:

3. Risk Information

Fully describe the nature of your business activities (if no website, attach brochure or company literature along with this form):

Years in business (if under 5 years, please provide details regarding the applicant’s experience history):

4. Product or Completed Operation Details:

Name	Description	End use	Quality Control test/ procedures Performed	Revenues derived from Each:
				Canada:
				U.S.A:
				Others:
				Canada:
				U.S.A:
				Others:

5. Does the insured import any products from outside of North America?

Yes

No

If no, please provide details regarding quality control tests/ procedures performed by component part manufacturer, and insured before the product is sold to suppliers.

If yes, does the insured request for proof of insurance valid in Canada from Product Provider?

Yes

No

6. Do any of the applicant’s revenues stem from installation?

Yes

No

*If 'yes', what percentage?

If yes, describe qualifications of employees/ contractors/ sub-contractors performing installation.

7. Contractor Specific Information (if applicable)

Does the insured hire any subcontractors?		Yes		No
Are all subcontractors required to carry their own Insurance?		Yes		No
If 'yes', what is the minimum limit is required?				
Provide details of projects completed by the insured in the last year including: revenues, length of project, and percentage of work completed by sub-contractors.				
Provide details of insured's qualifications and certifications.				

8. Insurance Loss & History

Has insurance ever been cancelled or refused for this property? Yes No

If 'yes', please explain:

Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years? Yes No

If 'yes', please provide details in below:

Date of Loss	Claim Closed?	Type of Loss	Amount Paid	Preventative Measures in Place?
	Yes No			
	Yes No			

9. Details of Underlying Policies (please provide a copy of the policy wording(s) with your submission)

Type of Policy	Policy Period	Limits of Coverage	Annual Premium	Insurer	Policy Number
Commercial General Liability					
Employee Benefits					
Employee Benefits Liability					
Excess					
Others:					

10. Additional Comments

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Full Name(s): _____ **Signature(s) of All Named Insureds** (only required if binding) _____ **Date:** _____