



Intact Insurance Company

Application for Personal Umbrella Liability

Our Personal Umbrella Liability Policy is available to individuals who maintain underlying property and automobile insurance with Intact Insurance Company on a *my home and auto*™ policy or, who maintain separate underlying automobile and property insurance policies written with Intact Insurance Company (hereafter referred to as “the Company”).

Required Limit of Underlying (Primary) Insurance on all coverages is \$1,000,000.

1. Application Information				To be added to <i>my home and auto</i> ™ Policy No.:	
(a)	Applicant's Full Name and Address:			Property Policy No.:	
				Automobile Policy No.:	
				Broker Name:	
				Broker Code:	
				Name of Spouse:	
(b)	Applicant's Occupation and Name of Employer:			Spouse's Occupation and Name of Employer:	
(c)	Age:		Driver's License Number:	Age:	Driver's License Number:
(d)	Names of all other household members			Age:	Driver's License Number:
(e)	Limit of liability desired :	\$		Effective Date:	
(f)	Have you or any member of your household been sued for libel or slander? please provide full details:				<input type="checkbox"/> Yes <input type="checkbox"/> No
					If yes,
(g)	Has any insurer within the past 6 years declined, cancelled or refused to renew any form of insurance for the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, please provide full details including name of insurer:				
2. Property (including Watercraft)					
(a)	Does any policy covering your personal property have any special restrictions, reduced limits of liability or does it eliminate coverage with respect to any insured or exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
(b)	We do not insure business or professional exposures; however, we will provide excess liability coverage for incidental office "premises" exposures located in your residence(s). Please identify all such offices.				
	Location				Description
	1)				
	2)				
(c)	List all policies providing liability insurance on the locations described in (b).				
	Name of Insurer	Policy number	Type of policy	Limit of liability	Policy dates
	1)				
	2)				

(d)	Number of residences, farms, rental units and parcels of vacant land owned or occupied by the applicant(s)					
(e)	Details of all watercraft owned, hired or regularly used by the applicant(s).					
(f)	Is any watercraft operated outside of Canadian waters? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(g)	Is the watercraft used solely for private and pleasure purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Automobile and Recreational Vehicles						
(a)	Does <i>your</i> automobile policy cover all automobiles and recreational vehicles that you own? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:					
(b)	Does this insurance have special restrictions, reduced limits of liability or eliminate coverage with respect to any insured or exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(c)	If yes, please provide full details:					
(c)	Number of automobiles owned, leased or regularly used by the applicant(s). (Including private passenger vehicles licensed in a company name and that are provided for applicant's personal use.)					
(d)	Has any driver of the above automobiles had their license suspended or cancelled in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(e)	If yes, please provide full details:					
(e)	Number of recreational motor vehicles owned, leased, or operated by the applicant(s):					
General						
4. Does Intact Insurance Company of Canada cover automobiles, recreational vehicles, property and watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, please provide details:						
Name of insurer		Policy number	Type of policy	Limits of liability	Details of risk	Policy dates
1)						
2)						
3)						
5. Are any of the automobiles, property or watercraft insured under the underlying policies located outside Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please provide full details:						
6. If there is an umbrella policy in effect now please provide details:						
Name of insurer		Policy number	Limits of liability	Policy dates		
7. Has there ever been a Personal Umbrella Liability loss sustained by any of the applicants or household residents? <input type="checkbox"/> Yes <input type="checkbox"/> No						

I declare that the statements made in this application are true, and that no material facts relevant to the questions have been omitted, suppressed or misstated. I understand that this application is not a contract, that it does not in anyway bind the Company, and that insurance is not provided until this application is accepted and approved by the Company.

I have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature of Applicant

Date

Signature of Broker

Date