

Intact Insurance Company
Commercial Umbrella Liability
Renewal Application - Short Form



Policy No.:

1. Named Insured:

Change in name? If so, describe in full:

Individual address:

2. Description of operations:

Changes in operation? If so, describe in full:

3. Annual Sales: Canada \$ _____ No. of Employees \$ _____
 U.S.A. \$ _____ Gross Annual Payroll \$ _____
 Foreign \$ _____ Cost of Work Sublet \$ _____

4. Underlying Liability Insurance:

Type of Insurance	Insurer	Policy No.	Period	Limit	Premium
A. General Liability (incl. Products)					
B. Automobile Liability					
C.					
D.					

5. Umbrella Limit Desired: \$ _____ (SIR to be no less than \$10,000)

6. Number of Autos:
 Private Passenger: _____ Vans, Pickups, etc.: _____
 Heavy Trucks: _____ Other: _____
 Radius: _____km Products Hauled: _____

7. Describe all losses paid or reserved for amounts greater than \$5,000 that occurred or were reported during the past three years.

8. Broker: _____

Insured's Signature _____

Position/Title: _____