

Farm Umbrella Application

Intact Insurance Company

BROKER: Producer: Effective Date: Applicant: Address:	BROKER NUMBER: Expiry Date:
---	------------------------------------

PRIMARY INSURANCE (Provide copy of Underlying Liability Endorsements)					
Type	Company	Policy #	Limit of Liability	Policy Period	Premium
Farm Liability				To	

Automobile:
1. State number of units owned and leased and registered in the name of the applicant: Private Passenger: Light Trucks / Vans: Heavy Trucks – Van Type: Heavy trucks other than Van type (state type and number): Tractors: Trailers: Buses: (seating capacity): Emergency vehicles – Police, Fire & Ambulance (state type and number):
2. Are volatile, corrosive, explosive or toxic materials hauled? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", explain type, quantity, frequency?
3. State in which Province(s) you have vehicles registered? If any vehicles are registered in Quebec, state number and type of vehicle:
4. Is any hauling done for others? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", provide details of goods hauled including maximum radius of operations:
5. Do any of the commercial vehicles travel regularly in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", provide details (including frequency, distance and States traveled in):
6. Are any under aged drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", please provide names and license features (# and class):

7.					
Company	Policy #	Liability Limit	Policy Period	Classes of Vehicles	SEF 44 provided
			To		
			To		
			To		
			To		
			To		

Other (describe):

Company	Policy #	Liability Limit	Policy Period	Classes of Vehicles	SEF 44 provided
			To		
			To		
			To		
			To		
			To		

TYPE OF FARMING

- Type of farming:
- Number of farm employees:
- Number of automobiles owned, leased, or regularly used by the applicant (including private passenger vehicles licensed in a company name and that are provided for the applicant for personal use):
- Number of vehicles over 3 tons (tractor/trailer units refer to company):
- Do the primary automobile policies listed above cover all these automobiles? ☐ Yes ☐ No
- Number & Type of Recreational Motor Vehicles owned, leased or operated by the applicant:
 - Snowmobiles:
 - Motor Homes:
 - Trail Bikes:
 - Other:
 - All terrain vehicles:
 - Motorcycles:
 - Jet Skis:
- Number of residences owned or occupied by the applicant:
- Does the primary farm liability cover all these locations? ☐ Yes ☐ No
If "NO", describe:
- Annual Receipts:
- Any USA or foreign sales? ☐ Yes ☐ No

WATERCRAFT (Details of all watercraft owned, hired or regularly used by the Applicant)

1. Description	Length	Horsepower

- Do the primary liability policies show all watercraft? ☐ Yes ☐ No
- Provide detail of any restrictions of coverage (e.g., no waterskiing, territorial limitations):
- Do any of the premises contain an office premise or business operated by the applicant? ☐ Yes ☐ No
- Does a primary business liability policy cover all these office premises or businesses? ☐ Yes ☐ No
- Does a primary farm liability policy cover all these office premises or businesses? ☐ Yes ☐ No

<p>7. Do any of the primary liability policies have any other coverage restrictions added to the standard wordings? If "YES" please provide details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Is there a daycare/home care facility operating on the premises? If "YES", please give details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Loss History: Has the applicant(s) or any resident(s) of the household experienced any loss which has been paid or reserved in an amount of \$10,000 or more? If "YES", please advice details:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. LIMIT DESIRED:</p>	<p>Effective Date:</p>

The undersigned warrant that the information declared on this application is correct and that no material facts have been suppressed or misrepresented.

 Signature of Applicant

 Date