UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):
CODE:	SUBCODE:
AGENCY CUSTOMER ID:	

APPLICANT (First Named Insured)

EFFECTIVE DATE	EXPIRATION DATE		PAYMENT PLAN	AUDIT
		☐ DIRECT BILL ☐ AGENCY BILL		

FOR COMPANY USE ONLY

POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY	RETAINED LIMIT
☐ NEW	☐ UMBRELLA	☐ OCCURRENCE	RETROACTIVE DATE			$ EACH OCCURRENCE	$
☐ RENEWAL	☐ EXCESS	☐ CLAIMS MADE	PROPOSED	CURRENT		$	
EXPIRING POL #:						$	FIRST DOLLAR DEFENSE ☐ YES ☐ NO

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE

TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	+ - RATING MOD
AUTOMOBILE LIABILITY				CSL EA. ACC.	$	$	
				BI EA. ACC.	$	$	
				BI EA. PER.	$	$	
				PD EA. ACC.	$	$	
GENERAL LIABILITY POLICY TYPE ☐ OCCUR ☐ CLAIMS MADE				EACH OCCURRENCE	$	PREM/OPS	
				GENERAL AGGR	$	$	
				PROD & COMP OPS AGGREGATE	$	PRODUCTS	
				PERSONAL & ADV INJURY	$	$	
				DAMAGE TO RENTED PREMISES	$	OTHER	
				MEDICAL EXPENSE	$	$	
EMPLOYERS LIABILITY				EACH ACCIDENT	$		
				DISEASE EACH EMPLOYEE	$	$	
				DISEASE POLICY LIMIT	$		

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1	ARE DEFENSE COSTS:	☐	WITHIN AGGREGATE LIMITS?	☐	A SEPARATE LIMIT?	☐	UNLIMITED?
2	INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:						
3	HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE?	☐	YES	☐	NO		
4	FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:						
5	FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:						
6	FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY?	☐	YES, EFF. DATE:	☐	NO		

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
☐ ANY AUTO (SYMBOL 1)	☐ CARE, CUSTODY, CONTROL		☐ PROFESSIONAL LIABILITY (E&O)	
☐ CGL - CLAIMS MADE	☐ EMPLOYEE BENEFIT LIABILITY		☐ VENDORS LIABILITY	
☐ CGL - OCCURRENCE	☐ FOREIGN LIABILITY/TRAVEL		☐ WATERCRAFT LIABILITY	
COVERAGE	**EXPOSURE** ☐ GARAGEKEEPERS LIABILITY			
☐ AIRCRAFT LIABILITY	☐ INCIDENTAL MEDICAL MALPRACTICE			
☐ AIRCRAFT PASSENGER LIABILITY	☐ LIQUOR LIABILITY			
☐ ADDITIONAL INTERESTS	☐ POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING $10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

☐ NO SUCH CLAIMS

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CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
	☐ REAL ☐ PERSONAL							

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO
ADVERTISERS LIABILITY		
1. MEDIA USED: ANNUAL COST: $		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		
AIRCRAFT LIABILITY		
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?		
AUTO LIABILITY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		
6. ARE PASSENGERS CARRIED FOR A FEE?		
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?		
CONTRACTORS LIABILITY		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):		
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		
EMPLOYERS LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		
16. SUBJECT TO: ☐ JONES ACT ☐ FELA ☐ STOP GAP ☐ OTHER:		
INCIDENTAL MALPRACTICE LIABILITY		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		
19. INDICATE # OF DOCTORS: NURSES: BEDS:		

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO
POLLUTION LIABILITY EPA#:		
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?		
21. INDICATE THE COVERAGES CARRIED: ☐ GL WITH STANDARD ISO POLLUTION EXCLUSION ☐ GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY ☐ GL WITH POLLUTION COVERAGE ENDORSEMENT ☐ SEPARATE POLLUTION COVERAGE		
PRODUCT LIABILITY		
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?		
23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?		
24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES?		
25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)		
26. GROSS SALES FROM EACH OF LAST 3 YEARS: $ $ $		
PROTECTIVE LIABILITY		
27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):		
WATERCRAFT LIABILITY		
28. DOES APPLICANT OWN OR LEASE WATERCRAFT?		
# OWNED LENGTH HORSEPOWER		

APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS

# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS

REMARKS

VEHICLES

TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
PRIVATE PASSENGER								
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX. HEAVY							
TRUCKS/ TRACTORS	HEAVY							
	EX. HEAVY							
BUSES								

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA insurance benefits may also be denied).

APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE: OTHER STATE: _____

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

APPLICABLE ONLY IN INDIANA:

1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE	DATE