



# UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

|                        |                          |                                    |                 |                            |              |
|------------------------|--------------------------|------------------------------------|-----------------|----------------------------|--------------|
| AGENCY                 | PHONE<br>(A/C, No, Ext): | APPLICANT<br>(First Named Insured) |                 |                            |              |
|                        |                          | EFFECTIVE DATE                     | EXPIRATION DATE | DIRECT BILL<br>AGENCY BILL | PAYMENT PLAN |
| FAX<br>(A/C, No):      | E-MAIL<br>ADDRESS:       | FOR<br>COMPANY<br>USE ONLY         |                 |                            |              |
| CODE:                  | SUBCODE:                 |                                    |                 |                            |              |
| AGENCY<br>CUSTOMER ID: |                          |                                    |                 |                            |              |

## POLICY INFORMATION

| TRANSACTION TYPE         |         |                          |          | LIMIT OF LIABILITY       |             | RETAINED LIMIT |                      |         |     |    |
|--------------------------|---------|--------------------------|----------|--------------------------|-------------|----------------|----------------------|---------|-----|----|
| <input type="checkbox"/> | NEW     | <input type="checkbox"/> | UMBRELLA | <input type="checkbox"/> | OCCURRENCE  | \$             | EACH OCCURRENCE      |         | \$  |    |
| <input type="checkbox"/> | RENEWAL | <input type="checkbox"/> | EXCESS   | <input type="checkbox"/> | 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                                   |                       |                 |                 |                              |    |                        | +-<br>RATING<br>MOD |
|--|-----------------------|-----------------|-----------------|------------------------------|----|------------------------|---------------------|
| TYPE   | CARRIER/POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | LIMITS                       |    | ANNUAL RENEWAL PREMIUM |                     |
| AUTOMOBILE<br>LIABILITY  |                       |                 |                 | CSL EA. ACC.                 | \$ | \$                     |                     |
|  |                       |                 |                 | BI EA. ACC.                  | \$ | \$                     |                     |
|  |                       |                 |                 | BI EA. PER.                  | \$ | \$                     |                     |
|  |                       |                 |                 | PD EA. ACC.                  | \$ | \$                     |                     |
| GENERAL<br>LIABILITY<br>POLICY TYPE<br><br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS<br>MADE |                       |                 |                 | EACH OCCURRENCE              | \$ | PREM/OPS               |                     |
|  |                       |                 |                 | GENERAL AGGR                 | \$ | \$                     |                     |
|  |                       |                 |                 | PROD & COMP OPS<br>AGGREGATE | \$ | PRODUCTS               |                     |
|  |                       |                 |                 | PERSONAL & ADV<br>INJURY     | \$ | \$                     |                     |
|  |                       |                 |                 | DAMAGE TO RENTED<br>PREMISES | \$ | OTHER                  |                     |
|  |                       |                 |                 | MEDICAL EXPENSE              | \$ | \$                     |                     |
|  |                       |                 |                 | EMPLOYERS<br>LIABILITY       |    |                        |                     |
| DISEASE<br>EACH EMPLOYEE   | \$                    |                 |                 |                              |    |                        |                     |
| DISEASE<br>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 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 |
|--------------------------|------------------------------|----------|--------------------------------|----------|
| <input type="checkbox"/> | ANY AUTO (SYMBOL 1)          |          | CARE, CUSTODY, CONTROL         |          |
| <input type="checkbox"/> | CGL - CLAIMS MADE            |          | EMPLOYEE BENEFIT LIABILITY     |          |
| <input type="checkbox"/> | CGL - OCCURRENCE             |          | FOREIGN LIABILITY/TRAVEL       |          |
| <input type="checkbox"/> | COVERAGE                     | EXPOSURE | GARAGEKEEPERS LIABILITY        |          |
| <input type="checkbox"/> | AIRCRAFT LIABILITY           |          | INCIDENTAL MEDICAL MALPRACTICE |          |
| <input type="checkbox"/> | AIRCRAFT PASSENGER LIABILITY |          | LIQUOR LIABILITY               |          |
| <input type="checkbox"/> | ADDITIONAL INTERESTS         |          | POLLUTION LIABILITY            |          |
|                          |                              |          | PROFESSIONAL LIABILITY (E&O)   |          |
|                          |                              |          | VENDORS LIABILITY              |          |
|                          |                              |          | WATERCRAFT 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

**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 | EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED   | YES | NO |
|---|-----|----|---|-----|----|
| <b>ADVERTISERS LIABILITY</b>  |     |    | <b>POLLUTION LIABILITY EPA#:</b>  |     |    |
| 1. MEDIA USED: ANNUAL COST: \$  |     |    | 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?  |     |    |
| 2. ARE SERVICES OF AN ADVERTISING AGENCY USED?  |     |    | 21. INDICATE THE COVERAGES CARRIED:<br><input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION<br><input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY<br><input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT<br><input type="checkbox"/> SEPARATE POLLUTION COVERAGE |     |    |
| 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?   |     |    |   |     |    |
| <b>AIRCRAFT LIABILITY</b>   |     |    |   |     |    |
| 4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?   |     |    | <b>PRODUCT LIABILITY</b>  |     |    |
| <b>AUTO LIABILITY</b>   |     |    | 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?  |     |    |
| 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?  |     |    | 23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)  |     |    |
| 6. ARE PASSENGERS CARRIED FOR A FEE?  |     |    | 24. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)   |     |    |
| 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?  |     |    | 25. GROSS SALES FROM EACH OF LAST 3 YEARS:<br>\$ \$ \$  |     |    |
| 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?   |     |    | <b>PROTECTIVE LIABILITY</b>   |     |    |
| 9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?  |     |    | 26. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):  |     |    |
| <b>CONTRACTORS LIABILITY</b>  |     |    | <b>WATERCRAFT LIABILITY</b>   |     |    |
| 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?   |     |    | 27. DOES APPLICANT OWN OR LEASE WATERCRAFT?   |     |    |
| 11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):   |     |    | # OWNED                      LENGTH                      HORSEPOWER   |     |    |
| 12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):  |     |    | <b>APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS</b>  |     |    |
| 13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?  |     |    | # STORIES      # UNITS      # SWIMMING POOLS      # DIVING BOARDS   |     |    |
| 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?  |     |    |   |     |    |
| <b>EMPLOYERS LIABILITY</b>  |     |    |   |     |    |
| 15. IS APPLICANT SELF-INSURED IN ANY STATE?   |     |    |   |     |    |
| 16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP<br><input type="checkbox"/> OTHER: |     |    |   |     |    |
| <b>INCIDENTAL MALPRACTICE LIABILITY</b>   |     |    |   |     |    |
| 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?   |     |    |   |     |    |
| 18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?  |     |    |   |     |    |
| 19. INDICATE # OF DOCTORS:                      NURSES:                      BEDS:  |     |    |   |     |    |

**REMARKS**

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|  |
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**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/<br>TRACTORS | HEAVY     |         |             |          |                 |         |           |             |
|                     | EX. HEAVY |         |             |          |                 |         |           |             |
| BUSES               |           |         |             |          |                 |         |           |             |

**REMARKS**

**SIGNATURE**

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, NEW HAMPSHIRE AND VERMONT

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) COVERAGE IN MY STATE:

APPLICABLE ONLY IN INDIANA:

I ACKNOWLEDGE THAT UM COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM AND/OR UIM COVERAGE ENTIRELY.

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

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY.  (INITIALS)

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

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

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

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

APPLICABLE ONLY IN VERMONT:

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 |
|-----------------------|------|