

APPLICATION COMMERCIAL EXCESS UMBRELLA POLICY

New Renewal—No. _____
Effective _____ Expiring _____

Applicant Name _____ Producer Name _____
Mailing Address _____ Limit Requested _____

Location (if different) _____ Claims Made? Yes No. If yes, complete Supplement.
Operations of Insured _____

Domestic Sales _____ Insured Is:
Foreign Sales* _____ Corporation Partnership
Payroll _____ Joint Venture Individual
Number of Employees _____ Other _____

List all subsidiaries. (Attach a separate listing if necessary.)

Name	Location	Operations	Sales / Payroll / # Empl.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Note: If Real Estate Operations are indicated, a complete listing of all locations (with descriptions) should be attached.
* If Foreign Sales are Indicated, provide details in Remarks Section.

UNDERLYING PRIMARY INSURANCE

Type of Insurance	General Liability	Products/Comp. Oper.	Pers. Inj. Adv. Liab.	Auto Liab.	Employer's Liab.	Aircraft Liab.	Other	Other
Carrier								
Policy Number								
Effective Date								
Policy Type *	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made			<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made
Retro Date *								
Limits of Insurance	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ \$	\$ Occurrence \$ Empl. Pol. \$	\$ Per Seat \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate
Annual Premium								
Exper. debit/cr.								
Deductible Limit	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	N/A N/A	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate	\$ Occurrence \$ Aggregate

* Attach a copy of all Primary Claims Made policies, including all endorsements.
Does CGL policy above include Products/Completed Operations Aggregate? Yes No.
If yes, does Aggregate apply on a Policy Basis Location Basis Job Basis?
Does CGL include Broad Form CGL coverage? Yes No. If no, attach supplemental explanation.

Are Defense Costs: Unlimited Within Aggregate Limits A Separate Limit?
 Does Underlying CGL Coverage follow 1986 ISO Simplified (or similar) form? Yes No.
 If yes, is defense included in the Limit? Yes No. Defense Limit Amount \$ _____

CARE, CUSTODY, CONTROL—REAL AND PERSONAL PROPERTY

Loc.	Real Prop.	Pers. Prop.	Value of Property	Sq. Ft. of Bldg.	Description of Property/Occupancy

* (A) held harmless in lease, (B) has Waiver of Subrogation, (C) is Named Insured on Fire Policy, (D) Other—please explain. _____

AUTOMOBILE LIABILITY

Type	# Owned	# Leased	0-50 Mi.	51-200 Mi.	Over 200 Mi.
Private Passenger					
Trucks	Light				
	Medium				
	Heavy				
	Ex. Heavy				
Trucks/ Tractors					
Buses					

Are explosives, caustics, flammables or other hazardous cargo hauled? Yes No.
 If yes, please explain in Remarks Section.
 Is hired car / non-owned coverage provided? Yes No.
 Is there an Auto Contractual Exposure? Yes No.
 Are passengers carried for a fee? Yes No.
 Are any drivers or owned vehicles excluded from the Underlying policy(ies)? Yes No.
 Property hauled, if any. _____

CONTRACTORS—Please explain all yes answers fully in the Remarks Section.

Describe types of work performed. (Attach a job listing for prior 3 years.) _____

Is any work subcontracted? Yes No. What type of work and amount? _____
 Do all subcontractors carry Limits of Liability at least equal to those purchased by the insured? Yes No.
 Are all subcontractors required to provide certificates of insurance? Yes No. If no, please explain in the Remarks Section.
 Does the insured employ architects? Yes No. Is any bridge or tunnel work done? Yes No.
 Does the insured employ professional engineers? Yes No. Is any marine work done? Yes No.
 Is any asbestos or hazardous material handled? Yes No. Do any jobs involve blasting? Yes No.

PRODUCTS—Please explain all yes answers fully in the Remarks Section.

Attach copies of all product brochures, catalogues, and latest Annual Report.
 Have any products been discontinued? Yes No.
 Are any new products to be introduced within 12 months? Yes No.
 Are any products used in aircraft, missiles, nuclear installations, or in ocean-going vessels? Yes No.
 Are foreign products distributed in the U.S., or used as components in the insured's products? Yes No.
 Have any products (present and discontinued) manufactured, installed or distributed contained asbestos? Yes No.

POLLUTION

Has an E.P.A. or other regulatory agency number been assigned as a generator, transporter, storer, treater or disposer of hazardous waste? Yes No.
 Are there any underground storage tanks at any location of the insured? Yes No. If yes, please describe. _____

Indicate coverage on GL: Standard ISO Exclusion, Sudden & Accidental Only, Absolute Exclusion, Separate Policy.

OTHER EXPOSURES—Please explain any yes answers fully in the Remarks Section.

Owned Aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Owned Aircraft chartered w / Crew?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned Watercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Owned Watercraft chartered w / Crew?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Medical Professionals Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Advertising Expenditures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Independent Contractors Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Liability(ies) Assumed Under Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any exposures under the Jones or Admiralty Acts?			
Any exposures under the U.S. Longshoremen's & Harborworkers' Act?			
Any employers subject to the Federal Employer's Liability Act (FELA)?			
Does Applicant own, operate or maintain a Railroad?			

LOSS EXPERIENCE

For each line of insurance, give aggregate loss experience (number of claims and total dollar value) for the past five years, including outstanding reserves:

Year	Auto Liability		General Liability		Products Liability		Professional Liability	
	No. Losses	Amount	No. Losses	Amount	No. Losses	Amount	No. Losses	Amount
19								
19								
19								
19								
19								

For each claim in excess of \$10,000 describe: (Attach sheet with further details if necessary.)

Date of Occurrence Current Claim Evaluation Description of Occurrence

PREVIOUS COVERAGE HISTORY

If new line submission, who was the previous carrier? _____
 Limit of Liability carried? _____ Premium \$ _____
 Was coverage cancelled or non-renewed? Yes No. (If yes, please give details.) _____

IMPORTANT—Please read carefully.

UNINSURED MOTORIST COVERAGE

Uninsured Motorist Coverage provides for the payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles, because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages and pain and suffering, subject to limitations and conditions contained in the policy.

Certain states require that the following options be made available to you:

- _____ I do not wish to purchase Uninsured Motorist Coverage.
- _____ I wish to purchase Uninsured Motorists Coverage Limits \$ _____ which are lower than my Umbrella Bodily Injury Liability Limits.
- _____ I wish to purchase Uninsured Motorists Coverage Limits equal to my Umbrella Bodily Injury Liability Limits.

Please note that the above listed choice of limits is applicable only in excess of the Uninsured Motorist Coverage Limit contained in your primary Bodily Injury Liability policy.

Signed _____
 (Named Insured)

Date _____

CLAIMS MADE SUPPLEMENT
 (May be omitted if policy is on Occurrence Basis.)

This Supplement MUST BE COMPLETED for consideration of the risk on a Claims Made Basis.

Date of Initial Claims Made policy: _____

Retroactive Date? _____

Is the primary General Liability policy controlled by your agency? _____

EXTENDED REPORTING PERIODS / TAILS

Please list all Underlying policies which have Extended Reporting Periods:

Policy	Follows ISO Provisions	Non-ISO or Amended ERP Provisions			
		For Non-Renewal or Cancellation Only?	Automatic Table Time Period?	Additional Tail Available?	Aggregate Rein- statement For Tail?

Please explain fully any limitations or special features.

Lasers—list all laser endorsements or laser exclusions that have been or will be attached to the primary General Liability policy(ies).

Are there any known incidents that have not been reported or that have been reported but are not reflected in the attached Loss History?

Attach a copy (or specimen) of the proposed General Liability policy.

Total Incurred Loss & Premium Information

Insured:

Commercial General Liability

<u>Year</u>	<u>Premium</u>	<u># of claims</u>	<u>Amount paid</u>	<u>Total Incurred</u>
Current	\$		\$	\$
1st prior	\$		\$	\$
2nd prior	\$		\$	\$
3rd prior	\$		\$	\$
4th prior	\$		\$	\$
5th prior	\$		\$	\$

Commercial Auto Liability

<u>Year</u>	<u>Premium</u>	<u># of claims</u>	<u>Amount paid</u>	<u>Total Incurred</u>
Current	\$		\$	\$
1st prior	\$		\$	\$
2nd prior	\$		\$	\$
3rd prior	\$		\$	\$
4th prior	\$		\$	\$
5th prior	\$		\$	\$

Other

<u>Year</u>	<u>Premium</u>	<u># of claims</u>	<u>Amount paid</u>	<u>Total Incurred</u>
Current	\$		\$	\$
1st prior	\$		\$	\$
2nd prior	\$		\$	\$
3rd prior	\$		\$	\$
4th prior	\$		\$	\$
5th prior	\$		\$	\$

Other

<u>Year</u>	<u>Premium</u>	<u># of claims</u>	<u>Amount paid</u>	<u>Total Incurred</u>
Current	\$		\$	\$
1st prior	\$		\$	\$
2nd prior	\$		\$	\$
3rd prior	\$		\$	\$
4th prior	\$		\$	\$
5th prior	\$		\$	\$