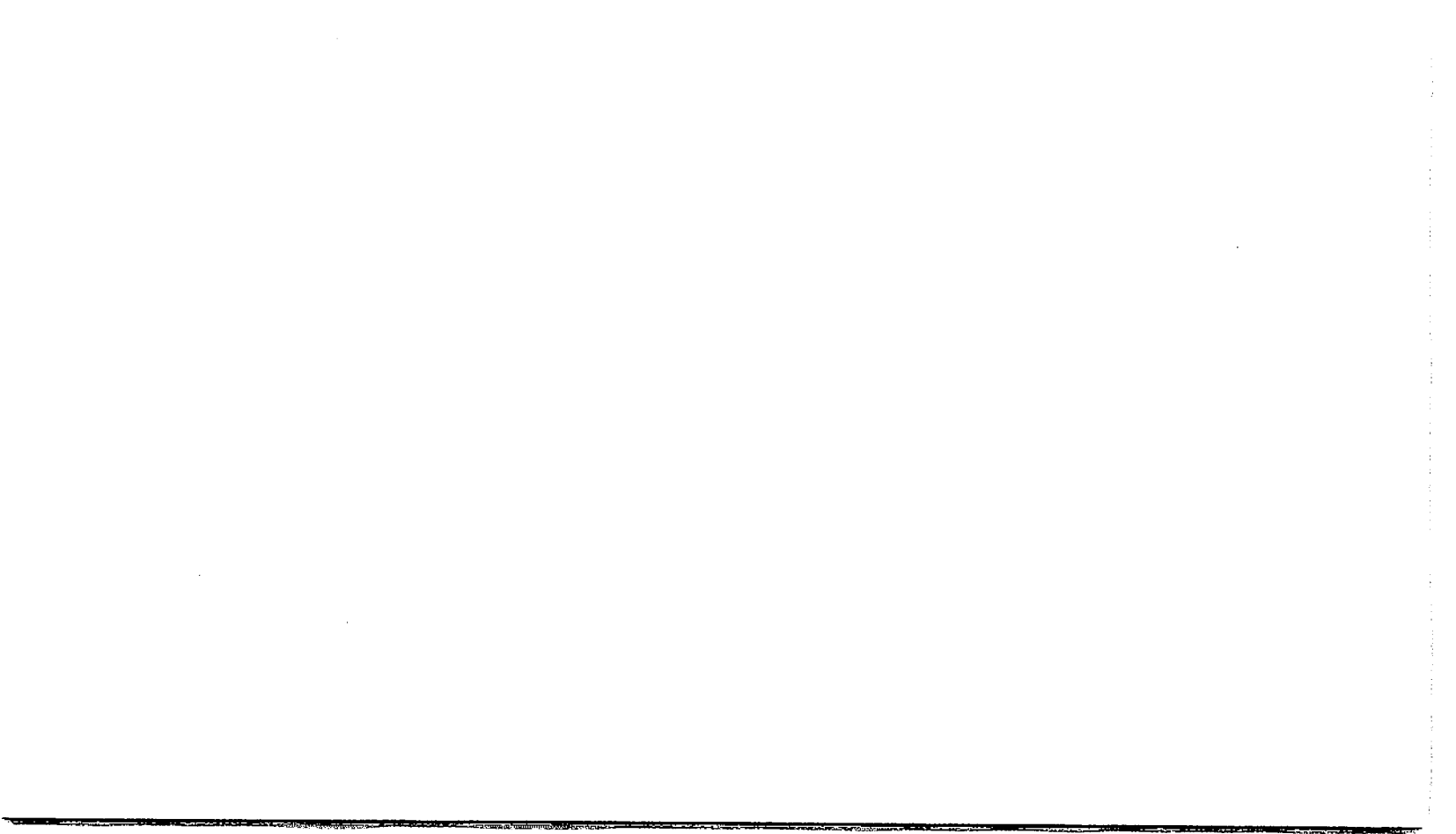


## COMMERCIAL UMBRELLA / EXCESS LIABILITY APPLICATION

**NOTE: AN UMBRELLA OR EXCESS LIABILITY QUOTE WILL ONLY BE PROVIDED IF WE ARE TO WRITE THE PRIMARY COMMERCIAL GENERAL LIABILITY COVERAGE.**

1. Applicant Legal Name (First Named Insured): \_\_\_\_\_  
Other Named Insureds (if any):
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. If additional space is necessary, please provide additional worksheet.
2. Applicant Trade Name (if any): \_\_\_\_\_
3. Street Address: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_  
Additional Locations (if any): (List all owned, leased, rented, occupied locations)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. If additional space is necessary, please provide additional worksheet.



4. Date Business Started: \_\_\_\_\_ FEIN #: \_\_\_\_\_ Website address: \_\_\_\_\_
5. Name of contact person for inspection/audit: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
6. Name of contact person for accounting records: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
7. Applicant is:  Individual  Corporation  Partnership  Limited Liability Corporation  Joint Venture  
 Subchapter "S" Corporation  Not For Profit Organization
8. Is the Applicant a subsidiary of another entity?  Yes  No  
 If Yes, please list: \_\_\_\_\_
9. Does the Applicant have any subsidiaries?  Yes  No  
 If Yes, please list: \_\_\_\_\_
10. Any Policy or coverage declined, cancelled or non-renewed during the prior 3 years?  Yes  No

**PRIOR CARRIER INFORMATION**

CATEGORY	CURRENT TERM	1 <sup>ST</sup> PRIOR	2 <sup>ND</sup> PRIOR	3 <sup>RD</sup> PRIOR	4 <sup>TH</sup> PRIOR
CARRIER					
POLICY NUMBER					
EFF-EXP DATE					
PREMIUM					

**LIMIT OF UMBRELLA / EXCESS LIABILITY REQUESTED**

- \$1,000,000       \$2,000,000       \$3,000,000       \$4,000,000       \$5,000,000

Annual Gross Payroll: \$ \_\_\_\_\_ Annual Gross Receipts: \$ \_\_\_\_\_

**UNDERLYING INSURANCE: IF COVERAGE OVER AUTO LIABILITY OR EMPLOYERS LIABILITY IS DESIRED, PLEASE PROVIDE FULL COPIES OF LIABILITY APPLICATIONS PROVIDED TO PRIMARY UNDERWRITERS (AUTO LIABILITY OR EMPLOYERS LIABILITY).**

LIST PRIMARY POLICIES TO BE CONSIDERED AS UNDERLYING INSURANCE (If not applicable, please indicate N/A)					
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	
AUTOMOBILE LIABILITY				CSL EA. ACC.	\$
				BI EA. ACC.	\$
				BI EA. PER.	\$
				PD EA. ACC.	\$
GENERAL LIABILITY				EACH OCCURRENCE	\$
				GENERAL AGGR	\$
				PROD & COMP OPS AGGREGATE	\$
				PERSONAL & ADV INJURY	\$
				DAMAGE TO RENTED PREMISES	\$
EMPLOYERS LIABILITY				EACH ACCIDENT	\$
				DISEASE EACH EMPLOYEE	\$
				DISEASE POLICY LIMIT	\$

**HISTORICAL CLAIM EXPERIENCE**

GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURANCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS. ATTACH SEPARATE SHEET IF NECESSARY.

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**EXPOSURES – AUTO LIABILITY (If applicable)**

1. Are explosives, caustics, flammables or other dangerous cargo hauled?  Yes  No
2. Any units not insured by underlying policies?  Yes  No
3. Are any vehicles leased or rented to others?  Yes  No
4. What is the Coverage Symbol for the Liability coverage under the Business/Commercial Auto policy? \_\_\_\_\_
5. How many employees does Applicant/Named Insured have in total? \_\_\_\_\_
6. Do any employees use their personal vehicles for business purposes/company business?  Yes  No  
If Yes, how many? \_\_\_\_\_
7. Do any employees drive their personal vehicles to and from any work sites?  Yes  No  
If Yes, how many? \_\_\_\_\_
8. Does Applicant/Named Insured collect and maintain Certificates of Personal Auto Insurance from employees, including Certificates for their policy renewals?  Yes  No
9. Does Applicant/Named Insured mandate a minimum limit of Auto Liability for employees who may use their personal autos for business?  Yes  No
10. Does Applicant/Named Insured verify that the employee's personal autos are in good working order and regularly maintained (i.e., brakes, tires, lights)?  Yes  No  
If Yes, provide details: \_\_\_\_\_
11. Does Applicant/Named Insured obtain and review driver MVRs before/during the hiring process?  Yes  No
12. Does Applicant/Named Insured regularly check driver MVRs during their employment?  Yes  No
13. If MVR record is poor, what corrective action is taken? \_\_\_\_\_

**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								

**EXPOSURES – EMPLOYERS LIABILITY (If applicable)**

**Employers Liability**

- 1. Is Applicant self-insured in any state?  Yes  No If Yes, please list states: \_\_\_\_\_
- 2. Please list states where operations are conducted; where any premises are maintained; or where employees are otherwise subject to Worker's Compensation Regulations: \_\_\_\_\_  
\_\_\_\_\_
- 3. Subject to:  Jones Act  FELA

**EXPOSURES – WATERCRAFT OR AIRCRAFT**

- 1. Does Applicant own, charter, lease, borrow or otherwise operate any watercraft or aircraft?  Yes  No  
If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Notices: The following notices are required by the Insurance Department of the indicated states.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

**NOTICE TO TENNESSEE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Producer Date

CONTINUED

# NOTICE

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NON-ADMITTED" OR "SURPLUS LINES" INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:  
[WWW.INSURANCE.CA.GOV](http://WWW.INSURANCE.CA.GOV).**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY THAT YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: \_\_\_\_\_

Insured: \_\_\_\_\_