



# UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	<input checked="" type="checkbox"/>	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
	FAX (A/C, No):							
CODE:	SUBCODE:	FOR COMPANY USE ONLY						
AGENCY CUSTOMER ID:								

## POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT					
<input checked="" type="checkbox"/>	NEW	<input checked="" 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	<input type="checkbox"/>	YES	<input type="checkbox"/>	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							+- RATING MOD
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA. ACC.	\$	\$	
				BI EA. ACC.	\$	\$	
				BI EA. PER.	\$	\$	
				PD EA. ACC.	\$	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$	PREM/OPS	
				GENERAL AGGR	\$	\$	
				PROD & COMP OPS AGGREGATE	\$	PRODUCTS	
				PERSONAL & ADV INJURY	\$	\$	
				DAMAGE TO RENTED PREMISES	\$	OTHER	
				MEDICAL EXPENSE	\$	\$	
				EACH ACCIDENT	\$	\$	
				DISEASE EACH EMPLOYEE	\$		
DISEASE POLICY LIMIT	\$						
EMPLOYERS LIABILITY							

## 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?				
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		PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/>	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
<input type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL		WATERCRAFT LIABILITY	
COVERAGE		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			

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

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)								

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</b> <b>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? <input type="checkbox"/> <input type="checkbox"/>						21. INDICATE THE COVERAGES CARRIED:  <div style="display: flex; align-items: center;"> <div style="width: 30px; height: 30px; border: 1px solid black; margin-right: 10px;"></div> <div>GL WITH STANDARD ISO POLLUTION EXCLUSION</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 30px; height: 30px; border: 1px solid black; margin-right: 10px;"></div> <div>GL WITH STANDARD SUDDEN &amp; ACCIDENTAL ONLY</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 30px; height: 30px; border: 1px solid black; margin-right: 10px;"></div> <div>GL WITH POLLUTION COVERAGE ENDORSEMENT</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 30px; height: 30px; border: 1px solid black; margin-right: 10px;"></div> <div>SEPARATE POLLUTION COVERAGE</div> </div>							
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? <input type="checkbox"/> <input type="checkbox"/>													
<b>AIRCRAFT LIABILITY</b>													
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT? <input type="checkbox"/> <input type="checkbox"/>													
<b>AUTO LIABILITY</b>						<b>PRODUCT LIABILITY</b>							
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? <input type="checkbox"/> <input type="checkbox"/>						22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? <input type="checkbox"/> <input type="checkbox"/>							
6. ARE PASSENGERS CARRIED FOR A FEE? <input type="checkbox"/> <input type="checkbox"/>						23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.? <input type="checkbox"/> <input type="checkbox"/>							
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? <input type="checkbox"/> <input type="checkbox"/>						24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES? <input type="checkbox"/> <input type="checkbox"/>							
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? <input type="checkbox"/> <input type="checkbox"/>						25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY) <input type="checkbox"/> <input type="checkbox"/>							
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED? <input type="checkbox"/> <input type="checkbox"/>						26. GROSS SALES FROM EACH OF LAST 3 YEARS: <div style="display: flex; justify-content: space-between;"> <span>\$ _____</span> <span>\$ _____</span> <span>\$ _____</span> </div>							
<b>CONTRACTORS LIABILITY</b>						<b>PROTECTIVE LIABILITY</b>							
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? <input type="checkbox"/> <input type="checkbox"/>						27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):          							
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):          						<b>WATERCRAFT LIABILITY</b>							
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):          						28. DOES APPLICANT OWN OR LEASE WATERCRAFT? <input type="checkbox"/> <input type="checkbox"/>							
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? <input type="checkbox"/> <input type="checkbox"/>						# OWNED                      LENGTH                      HORSEPOWER							
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? <input type="checkbox"/> <input type="checkbox"/>													
<b>EMPLOYERS LIABILITY</b>													
15. IS APPLICANT SELF-INSURED IN ANY STATE? <input type="checkbox"/> <input type="checkbox"/>													
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER: _____													
<b>INCIDENTAL MALPRACTICE LIABILITY</b>						<b>APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS</b>							
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? <input type="checkbox"/> <input type="checkbox"/>						# STORIES		# UNITS		# SWIMMING POOLS		# DIVING BOARDS	
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? <input type="checkbox"/> <input type="checkbox"/>													
19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____													

	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								

APPLICANT'S SIGNATURE	DATE
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