

## COMMERCIAL UMBRELLA APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

THIS IS AN "OCCURRENCE" POLICY APPLICATION. "CLAIMS MADE" UNDERLYING POLICIES ARE PROHIBITED.

1. Name of Applicant and all affiliated companies: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_

Principal location: \_\_\_\_\_

3. Give a complete description of the Applicant's operations: \_\_\_\_\_

4. Annual sales or gross receipts: \_\_\_\_\_ Payroll: \_\_\_\_\_ Number of employees: \_\_\_\_\_ Years in business: \_\_\_\_\_

5. Any foreign operations? Yes \_\_\_ No \_\_\_ If yes, please indicate where: \_\_\_\_\_

6. Limit of liability requested: \$\_\_\_\_\_,000,000 in excess of primary or self-insured retention

7. Has Applicant previously carried umbrella or excess coverage? Yes \_\_\_ No \_\_\_

If yes, give name of insurer, policy number, limits of liability, expiration date, and premium: \_\_\_\_\_

8. Has any insurer rejected, cancelled or refused renewal of any umbrella or excess coverage? Yes \_\_\_ No \_\_\_

If yes, give name of carrier and reason. \_\_\_\_\_

### 9. AUTOMOBILE LIABILITY

Indicate number and operating radius of all owned and/or leased vehicles.

NUMBER	DESCRIPTION	RADIUS	NUMBER	DESCRIPTION	RADIUS
_____	Private passenger	_____	_____	Fuel oil (less than 3,500 gal)	_____
_____	Light trucks 10,000 or less	_____	_____	Fuel oil (3,500 gal or more)	_____
_____	Medium trucks 10,001 to 20,000 lbs	_____	_____	Gas or LPG (less than 3,500 gal)	_____
_____	Heavy trucks 20,001 to 45,000 lbs	_____	_____	Gas or LPG (3,500 gal or more)	_____
_____	Extra heavy trucks over 45,000 lbs	_____	_____	Bus – 15 passengers or less	_____
_____	Heavy tractor TRL 45,000 or less	_____	_____	Bus – 16 to 44 passengers	_____
_____	Extra hvy. tractor TRL over 45,000 lbs	_____	_____	Bus – over 44 passengers	_____
_____	Trailers	_____	_____	Other	_____
_____	Recreational vehicles	_____	_____	Other	_____

10. Is Applicant a contract hauler? \_\_\_ Yes \_\_\_ No

11. CONTRACTORS

Payroll: \$ \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_

12. Describe types of work performed: \_\_\_\_\_

13. Describe work performed by subcontractors, including estimated costs. (If none, state so.) \_\_\_\_\_

14. Has Applicant performed work for public utilities, transportation or government entities? Yes \_\_\_ No \_\_\_

If yes, describe: \_\_\_\_\_

15. Briefly describe Applicant's three largest contracts in past five years: \_\_\_\_\_

16. CONTRACTUAL LIABILITY

Does the Applicant ever agree orally or in writing to assume the liability of others? Yes \_\_\_ No \_\_\_ If yes, please explain (attach assumption or hold harmless agreements): \_\_\_\_\_

PREMISES—OPERATIONS

17. Construction of bldg. is: Fire resistive: \_\_\_% Masonry/block: \_\_\_% Frame or brick veneer: \_\_\_%

18. Date built? \_\_\_\_\_ No. of stories: \_\_\_\_\_ No. of elevators: \_\_\_\_\_

19. Part occupied by Applicant: \_\_\_\_\_

Interest: Owner/operator: \_\_\_ Lessor: \_\_\_ Tenant: \_\_\_

20. Describe business of tenant if applicable: \_\_\_\_\_

21. Applicant's exposure basis for policy rating: Total floor area: \_\_\_\_\_ Parking area: \_\_\_\_\_

No. of units: \_\_\_\_\_ Receipts other than room rental: \_\_\_\_\_ Persons: \_\_\_\_\_ Admissions: \_\_\_\_\_

Other \_\_\_\_\_

22. Does Applicant maintain a pool, lake or bathing beach? Yes \_\_\_ No \_\_\_

If yes, describe security on page 4 (fencing, lifeguards, etc.).

23. Does Applicant or tenant handle, use or store chemicals? Yes \_\_\_ No \_\_\_

Does Applicant have underground storage tanks on premises owned or leased? Yes \_\_\_ No \_\_\_

Is Applicant aware of any prior use or storage of any chemicals on premises owned or leased? Yes \_\_\_ No \_\_\_

If yes to any of these questions, describe: \_\_\_\_\_

24. PROFESSIONAL LIABILITY

Enclose copy of primary carrier's completed application (if applicable). Is underlying coverage on an occurrence basis? Yes \_\_\_ No \_\_\_

## 25. PRODUCTS LIABILITY

Give a completed description of products manufactured, sold, handled or distributed by the insured and attach product brochure or other descriptive literature. (List separately **all** discontinued products and reason for discontinuation.) \_\_\_\_\_

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26. Provide gross receipts/sales for each type of product. Use remarks section if necessary.

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## 27. EMPLOYER'S LIABILITY

Does Applicant have employees covered under the Jones Act, Federal Railroad Employees Act or Long Shoreman's and Harbor Workers Act? Yes \_\_\_\_ No \_\_\_\_

If so, describe: \_\_\_\_\_

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## 28. AIRCRAFT, WATERCRAFT, OR RAILROADS

Does insured own, operate, maintain or use any aircraft, watercraft or railroad? Yes \_\_\_\_ No \_\_\_\_

If yes, describe: \_\_\_\_\_

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## 29. ADVERTISING LIABILITY

Give annual expenditure and media used. \$ \_\_\_\_\_ Media \_\_\_\_\_

## 30. UNDERLYING INSURANCE

List all primary or underlying and compensation policies: \_\_\_\_\_

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TYPE OF INSURANCE	INSURANCE COMPANY & POLICY NUMBER	POLICY TERM	LIMITS OF LIABILITY	PREMIUM	% DEBIT CREDIT
Does GL policy contain annual policy aggregate for all coverages? Yes ____ No ____ If yes, do the aggregate limits apply per project? Yes ____ No ____ Per location? Yes ____ No ____					
Are defense costs: within aggregate limits? ____ a separate limit? ____ unlimited? ____					
Commercial General Liability Coverage From Cg 0001 (ISO "Occurrence" Or Equivalent) (See Question 31 Below.)			General Aggregate \$ Prod./Cops. Aggregate \$ Per./Adv. Injury \$ All Other BI/PI Per Occurrence \$ Medical Payments \$ Fire Damage \$	\$	
____ Comprehensive Auto Liability ____ Non-Owned Auto ____ Hired Car ____ Garage Liability			BI \$ PD \$	\$ \$	

(Identify Form)					
Professional Liability			\$ each claim \$ aggregate	\$	
Employer's Liability			\$ any one accident	\$	
Aircraft Or Watercraft Liability			BI \$ PD \$	\$	
Employee Benefit Liability Occurrence ____ Claims Made ____			Each employee \$ Aggregate \$	\$	
Other					

### 31. UNDERLYING COVERAGES – Current ISO CGL or equivalent

List all coverages included in the underlying liability policies.

Premises/Operations	Yes ____ No ____	Explosion ____ Collapse ____ Underground ____	Yes ____ No ____
Products/Completed Operations	Yes ____ No ____	Professional Liability	Yes ____ No ____
Contractual Liability	Yes ____ No ____	Errors and Omissions	Yes ____ No ____
Personal/Advertising Injury	Yes ____ No ____	Hired Car	Yes ____ No ____
Medical Payments	Yes ____ No ____	Non-Owned Auto	Yes ____ No ____
Fire Damage Legal	Yes ____ No ____	Injury to Athletic Participants	Yes ____ No ____
Broad Form Property Damage	Yes ____ No ____	Liquor Liability	Yes ____ No ____
Host Liquor	Yes ____ No ____	Owners' and Contractors' Protective	Yes ____ No ____
Incidental Medical Malpractice	Yes ____ No ____	Teacher's Liability ____ Corporal Punishment ____	Yes ____ No ____
Non-Owned Watercraft	Yes ____ No ____	Vendors Liability	Yes ____ No ____
Limited World Wide Liability	Yes ____ No ____	Water Damage Liability	Yes ____ No ____
Additional Persons Insured	Yes ____ No ____	Pollution Liability	Yes ____ No ____
Extended Bodily Injury	Yes ____ No ____	Care Custody Control	Yes ____ No ____
Automatic Coverage for Newly Acquired Organizations	Yes ____ No ____		

Additional coverages? \_\_\_\_\_

Do underlying policies contain restrictive (laser) endorsements or exclusions? Yes \_\_\_\_ No \_\_\_\_

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

32. LOSSES PAID OR RESERVED (INSURED OR UNINSURED)

List all losses paid or now reserved in an amount of \$10,000 or more during last five years. If none, so state.

YEAR	DESCRIPTION OF OCCURRENCE	IDENTIFY (G.L., PRODUCTS, AUTO...)	NUMBER OF CLAIMS	AMTS PAID OR RESERVED	
				BI	PD

Describe largest claim ever made against Applicant: \_\_\_\_\_

\_\_\_\_\_

33. ADDITIONAL INFORMATION OR REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH VIOLATION.

APPLICANT'S WARRANTY STATEMENT. I HAVE READ THIS APPLICATION, AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I AGREE THAT THIS APPLICATION WILL BE MADE A PART OF THE POLICY, SHOULD THE COMPANY EVIDENCE ITS ACCEPTANCE OF THIS APPLICATION BY ISSUANCE OF A POLICY.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's/broker's signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_