



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		

POLICY INFORMATION

TRANSACTION TYPE					LIMIT OF LIABILITY		RETAINED LIMIT		
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	RETROACTIVE DATE		\$	EA OCC	\$		
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	PROPOSED	CURRENT					
EXPIRING POL #:					\$		FIRST DOLLAR DEFENSE (Y/N)	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

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
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

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 type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$	PREM / OPS	
				GENERAL AGGR	\$	\$	
				PROD & COMP OPS	\$	PRODUCTS	
				AGGREGATE	\$		
				PERSONAL & ADV INJURY	\$	\$	
				DAMAGE TO RENTED PREMISES	\$	OTHER	
				MEDICAL EXPENSE	\$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	\$	
				DISEASE			
				EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		
						\$	
						\$	

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: _____

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? (Y / N) <input type="checkbox"/>										
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? (Y / N) <input type="checkbox"/> EFF. DATE: _____										
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)		<input type="checkbox"/>	CARE, CUSTODY, CONTROL	<input type="checkbox"/>		<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>	
<input type="checkbox"/>	CGL - CLAIMS MADE		<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>	
<input type="checkbox"/>	CGL - OCCURRENCE		<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>		<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>	
COVERAGE			EXPOSURE		<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>	AIRCRAFT LIABILITY		<input type="checkbox"/>	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>	LIQUOR LIABILITY	<input type="checkbox"/>				<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	POLLUTION LIABILITY	<input type="checkbox"/>				<input type="checkbox"/>	
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.										
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.										
<input type="checkbox"/> NO SUCH CLAIMS										

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
*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)							

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		Y / N
ADVERTISERS LIABILITY		
1. MEDIA USED: ANNUAL COST: \$		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		<input type="checkbox"/>
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		<input type="checkbox"/>
AIRCRAFT LIABILITY		
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?		<input type="checkbox"/>
AUTO LIABILITY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		<input type="checkbox"/>
6. ARE PASSENGERS CARRIED FOR A FEE?		<input type="checkbox"/>
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		<input type="checkbox"/>
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		<input type="checkbox"/>
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		<input type="checkbox"/>
CONTRACTORS LIABILITY		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		<input type="checkbox"/>
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		<input type="checkbox"/>
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		<input type="checkbox"/>
EMPLOYERS LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		<input type="checkbox"/>
16. SUBJECT TO:	<input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:	
INCIDENTAL MALPRACTICE LIABILITY		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		<input type="checkbox"/>
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		<input type="checkbox"/>
19. INDICATE # OF DOCTORS:	NURSES:	BEDS:

AGENCY CUSTOMER ID: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

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.

APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

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)

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER