



Healthcare Umbrella Liability Application

Instructions:

- Please print or type clearly all responses and answer all questions as instructed.
- If you need more space for a response, continue on the comments section of this application or attach a separate sheet of paper.
- Coverage will not be considered until this application is completed and all required information is provided.
- All underlying carriers must have an AM Best Rating of "A-" or better.
- The following minimum limits of liability apply to underlying coverage:
 - Auto liability minimum limits of \$1,000,000
 - Employers liability minimum limits of \$500,000/\$500,000/\$500,000
 - Non-owned aircraft limits of \$5,000,000/helipad limits of \$1,000,000

A. Basic Policy Information

Name of Applicant: _____
 Agency: _____
 Policy Period: _____ Limits of Liability: _____ Retained Limit: _____

B. Underlying Insurance

Complete the chart below:

Coverage Type	Carrier	Policy Number	Policy Period	Limits of Liability	Annual Premium
Auto Liability					
Employers Liability					
Helipad Liability					
Non-Owned Aircraft Liability					
Other:					
Other:					

C. Underwriting Information

Complete the following chart and answer all questions. Explain any "yes" responses in the Comments Section.

AUTO LIABILITY

Type	# Owned	# Non-Owned	# Leased	Property Hauled	0-50 Miles	50-200 Miles	Over 200 Miles
Private Passenger							
Trucks	Light						
	Medium						
	Heavy						
	Ex Heavy						
Trucks/ Tractors	Heavy						
	Ex Heavy						
Buses							

- | | | | |
|--|------------------------------|-----------------------------|--|
| 1. Are explosives, caustics, flammables or other dangerous cargo hauled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. Are passengers carried for a fee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Are any units not insured by underlying policies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Are any vehicles leased or rented to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Are hired and non-owned coverages provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Is auto symbol I (any auto) used on the underlying coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

