

7650 Edinborough Way, Suite 400 Minneapolis, MN 55435–5978 (800) 328–5532 • (952) 838–6808 MMICGroup.com

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
 - 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

Т	уре	# Owned	# Non- Owned	# Leased	Property Hauled	0-50 Miles	50-200 Miles	Over 200 Miles
Private Pa	ssenger							
	Light							
Trucks	Medium							
TTUCKS	Heavy							
	Ex Heavy							
Trucks/	Heavy							
Tractors	Ex Heavy							
Buses								

I. Are explosives, caustics, flammables or other dangerous cargo hauled?

2. Are passengers carried for a fee?

3. Are any units not insured by underlying policies?

- 4. Are any vehicles leased or rented to others?
- 5. Are hired and non-owned coverages provided?
- 6. Is auto symbol I (any auto) used on the underlying coverage?

🗌 Yes	No
🗌 Yes	No

AIRCRAFT & WATERCRAFT LIABILITY

١.	Do you own, lease or operate	any aircraft?	Yes	🗌 No			
2.	Do you own, lease or operate	any watercraft?	Yes	🗌 No			
	If yes, provide #owned, leng	th and horsepower:					
E٢	1PLOYERS LIABILITY						
١.	. Are you self-insured in any state?						
2.	. Are you subject to any of the following: Jones Act FELA STOP GAP OTHER:						
LOSS HISTORY							
١.	I. Does the loss history provided with underlying coverages include umbrella loss history? Yes No						
	If no, please provide detailed loss history for all umbrella losses in the Comments Section or by attachment.						
EXPOSURE ANALYSIS							
I. Indicate if any of the following exposures apply to your business.							
	Aircraft Liability	Care, Custody, Control	Garagekeepers Liability	Professional Liability (E&O)			
	Aircraft Passenger Liability	Employee Benefit Liability	Liquor Liability	Vendors Liability			

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Pollution Liability

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Watercraft Liability

Foreign Liability/Travel

2. What is the total number of employees?

Additional Interests

D. **Comments**

Section and Question		Comments	
	Applicant Signature	Title	Date
MMIC Group 8/3/10		2	Healthcare Umbrella Liability Applicatio