



# Commercial Umbrella / Excess Liability Product

## COMMERCIAL UMBRELLA / EXCESS LIABILITY WARRANTY APPLICATION

Name Insured \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Location(s) of Operations: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_ Annual Payroll: \_\_\_\_\_

### A. General Information

Limit Requested:  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

If the higher limits are the requirement of a contract or project, please provide complete details of duties the applicant will perform, the duration, and the total cost: \_\_\_\_\_

Previous carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Effective Dates: \_\_\_\_\_

Describe any losses greater than \$10,000 in the past 3 years for the primary coverages this policy will cover over?  None

Year	Incurred Amount	Description of Loss
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

### B. Schedule of Underlying

Type of Insurance	Underlying Carrier	Policy #	Eff. Dates	Limits of Liability	Premium
<input type="checkbox"/> <b>General Liability</b> <input type="checkbox"/> ISO Form <input type="checkbox"/> Manuscript form	A.M. Best Rating _____			General Aggregate Products Aggregate Personal & Advertising Injury Occurrence Damage to Premises Rented Medical Payments	
<input type="checkbox"/> <b>Auto Liability</b>	A.M. Best Rating _____			<input type="checkbox"/> C.S.L. \$ _____ <input type="checkbox"/> Split Limits \$ _____ / \$ _____ / \$ _____	
<input type="checkbox"/> <b>Employers Liability</b>	A.M. Best Rating _____			Bod. Inj. by Accident (ea. accident) Bod. Inj. by Disease (policy limit) Bod. Inj. by Disease (ea. employee)	
<input type="checkbox"/> <b>Professional Liability</b> <input type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims-Made Form	A.M. Best Rating _____			Occurrence Aggregate	
<input type="checkbox"/> <b>Liquor Liability</b> (include our supplemental ELLS)	A.M. Best Rating _____			Occurrence Aggregate	
<input type="checkbox"/> <b>Other</b>	A.M. Best Rating _____				

If the account is not concurrent with underlying coverages or is being marketed mid-term, please provide details: \_\_\_\_\_

**C. General Liability Information**

Please provide the Classification(s) on the Underlying GL policy or attach GL application

Class Code	Classification	Underlying Premium

Attach our completed **CSA** application for Artisan and General Contractor accounts

**C.1. Habitational Information**

**Not Applicable**

Number of Units: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

- Any aluminum wiring?  Yes  No
- Is all wiring connected to circuit breakers?  No  Yes
- Are all units and common areas equipped with smoke detectors & fire extinguishers?  No  Yes
- If three or more stories, does the building have a fire escape or fire tower?  N/A  No  Yes
- If seven or more stories, is the building 100% sprinklered?  N/A  No  Yes
- Percentage of student renters? \_\_\_\_\_%
- Percentage of government subsidized units/tenants? \_\_\_\_\_%
- Percentage of residents over 55 years old? \_\_\_\_\_%

**C.2. Swimming Pool Information**

**Not Applicable**

Number of Pools: \_\_\_\_\_

- Any diving boards or slides?  Yes  No
- Are the rules clearly posted?  No  Yes
- Are the depths clearly marked?  No  Yes
- Is there a self-closing /locking mechanism to the entrance to the pool area?  No  Yes
- Is life-saving equipment within the pool area?  No  Yes

**C.3. Bars/Tavern/Restaurant Information**

**Not Applicable**

Total Receipts \$ \_\_\_\_\_ Food Receipts \$ \_\_\_\_\_ Alcohol Receipts \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ If "other" describe source: \_\_\_\_\_

- Is there **entertainment**  **Yes**  **No**
- Is "yes," how often:?  
 1-2 times per week  3 or more times per week  
 0-12 times per year  13-51 times per year  Banquets only \_\_\_\_\_
- Is the electrical system connected to circuit breakers?  No  Yes
- Does the electrical system have aluminum wiring or knob and tube wiring?  Yes  No
- Does the applicant have or sponsor any "Teen" or "Under 21" nights, or permit patrons under the age of 21 in a bar area after 10:00 PM?  Yes  No
- Any firearms kept or permitted on premises or are off-duty police officers or armed guards employed?  Yes  No
- Is a secondary means of egress provided for each floor (including basement) having public access?  No  Yes
- Are there smoke or heat detectors used in all public areas, and if building owner all habitational units?  No  Yes
- Is there a swimming pool or beach on premises that applicant is responsible for?  Yes  No
- Does applicant have any of the following exposures: mechanical rides, moon bounces, trampolines, rock walls, pyrotechnics or foam machines?  Yes  No
- If there is another occupancy in the building, are all deep fat frying appliances protected per NFPA 96 (Automatic Fire Extinguishing System)?  No  Yes
- What is the average age of clientele?  Under 21  21-25  Over 25

**D. Auto Liability Information**

**Not Applicable**

- Is Hired and Non-Owned Auto provided by the underlying?  Yes  No
- Are any drivers under 21 years of age?  Yes  No
- Does any vehicle travel an Average Daily Radius greater than 200 miles?  Yes  No
- Does risk own any Heavy Trucks, Extra Heavy Trucks, or Truck Tractors, Livery Units or Tow Trucks?  Yes  No
- Are any vehicles authorized to transport any of the following?  Yes  No
  - Corrosive, Explosive, Flammable (i.e. fuel), or Radioactive Materials?
  - Any type of Refuse, Waste or Trash (including Recyclables)?
  - Livestock?
- Are Motor Vehicle Records reviewed for acceptability at least once every three years?  No  Yes

Number	Type A Units
	Private Passenger
	Light Trucks (up to 10,000 GVW)
	Medium Trucks (10,001 - 20,000)

For any driver over the age of 69, is a Statement of Fitness required to be signed by a physician  No  Yes

**Applicant’s Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

**Virginia Notice:** Statements in the application shall be deemed the insured’s representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause “and/or authorization or agreement to bind the insurance” is replaced with “Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** 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.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York 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 such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania 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 subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

Some states require that we have the Name and Address of your (insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_  
Address \_\_\_\_\_

Mail Completed Application Through Local Agent or Broker to:

Surplus Line Managers, Inc., P.O. Box 490, 152 South Mast Rd, Goffstown, NH 03045  
Phone: 888-258-1776 x296 fax: (603) 882-1843