ACORD UMBRELLA SECTION													DATE (MM/DD/YY)		
PRODUCER PHONE (A/C, No, Ext):	(I	APPLICANT (First Named													
		EFFECTIVE DATE EXPIRATION			ON DATE							PLAN		AUDIT	
		FOR				AGENCY BIL									
CODE: SUBCODE:		COMPANY JSE ONLY													
AGENCY CUSTOMER ID:															
POLICY INFORMATION															
											ETAINE	AINED LIMIT			
NEW PROPOSED RETROACTIVE DATE	\$	EACH OCCURRENCE \$													
EXPIRING POL #:	\$ CURRENT	ENT RETROACTIVE DATE: FIRST DOLLAR DEFENS									V	s	NO		
PRIMARY LOCATION & SUBSIDIARIES (ACOR		REIROAC		L.						ST DOLLAR DEFL			.5	NO	
# NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIA	RY COMPANIE	S (Describe	Operatio	ons)	ANNU	IAL P	AYRO	LL	ANN	GROSS SALES	FOREK	GN GROSS SA	LES # EM	<u>/IPL</u>	
				E TO APPLY		RI YII	NG IN	SURANO	CF				+-	-	
TYPE CARRIER/POLICY NUMBER	POLICY EI			EXP DATE							ANN	ANNUAL RENEWAL PREMIUM		'ING DD	
					CSL						\$				
AUTOMOBILE LIABILITY					BI			\$	\$			·			
					PD			\$			\$				
GENERAL LIABILITY					EACH OCCURRENCE \$						1	PREM/OPS ¢			
POLICY TYPE					GENERAL AGGR \$ PROD & COMP OPS AGGREGATE \$						\$ PROD	PRODUCTS			
OCCUR					AGGREGATE PERSONAL & ADV INJURY \$						\$				
CLAIMS MADE					FIRE DAMAGE \$						OTHE	THER			
					MEDICAL EXPENSE \$						\$				
EMPLOYERS LIABILITY		EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE EACH EMPLOYEE \$							\$						
UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YE	S" responses)														
1 ARE DEFENSE COSTS: WITHIN A	GGREGATE	LIMITS?		A SE	PARATE	LIMI	IT?			UNLIMITED?					
2 INDICATE THE EDITION DATE OF THE ISO SIMPLI															
 HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCA FOR CLAIMS MADE, INDICATE RETROACTIVE DAT 			-			NSU	RED	FROM	AN	PREVIOUS CO	OVERA	.GE? Y	ES I	NO	
5 FOR CLAIMS MADE, INDICATE ENTRY DATE INTO															
6 FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURC	CHASED FOR	R ANY PRE	EVIOUS	PRIMARY	OR EXC					YES, EFF. DAT			1	NO	
CHECK ALL COVERAGES IN UNDERLYING POLICIE DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSION	S. ALSO CHEC S. EXPLAIN ANY	CK IF ANY EX Y SPECIAL (XPOSUR	ES ARE PRE GES BEYONI	SENT FOR	R EAC	CH CO ORMS	VERAGI	e. Pf Ain a	ROVIDE AN EXPLA LL EXPOSURES	NATION	. EXPLAIN IF			
CHECK IF APPROPRIATE	COVERAGE					E	XPOS		COVE	RAGE			EXPOSU	JRE	
ANY AUTO (SYMBOL 1)	·	CARE, CUSTODY, CONTROL										ILITY (E&O)			
CGL - CLAIMS MADE CGL - OCCURRENCE		MPLOYEE BENEFIT LIABILITY DREIGN LIABILITY/TRAVEL								VENDORS LIABILITY			_		
COVERAGE EXPOSURE		EKEEPERSI			F				DIEITT						
AIRCRAFT LIABILITY	INCIDEN	TAL MEDIC	AL MALP	RACTICE											
AIRCRAFT PASSENGER LIABILITY	LIQUOR	LIABILITY													
				NDORSEME											
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NE	CESSARY)	IONS; E.G. I	LASER E	NDORSEME	NTS, DISCI	KIIVIIIN	NATIO	N, SUBR	KUGP	TION WAIVERS, C	JK				
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIN WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESC	AS EXCEEDING RIPTION, AMO	\$ \$10,000 OF UNT PAID, <i>I</i>	R OCCUR AMOUNT	RENCES TH OUTSTAND	AT MAY GI NG)	IVE R	ISE TO	O CLAIN	IS, D	URING THE PAST	5 YEAR	S,			
ACORD 131 (1/96) ATTACH TO APPLICAN		ATION A	ND CC	MMERCI		BILI	TY S	ECTI	ON	6 @ ACO	RD CO	ORPORAT	ION 199	91	

CARE, CUSTODY, CONTROL

LOC PROPERTY TYPE VALUE A* B* C* D* SQ FT OF BLDG OCC									OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY												
		REAL																			
		PERSONAL REAL																			
		PERSONAL		_																	
		REAL PERSONAL																			
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBR										N, [C]	IS A NAMED	INSURED IN THE FIRE P	OLICY, [D] C	THER (spe	ecify))					
ADDI	τιοι	NAL EXPOSU	RES																		
EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED YES NO										ALL "Y	ES" RESPONS	ES, PROVIDE OTHER INFORM	TION REQUIR	ED	YES	NO					
										ON LIAE	BILITY E	EPA#:									
1. MEDIA USED: ANNUAL COST: \$												T PRODUCTS, OR THEIR		NTS,							
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?											
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?																					
						—				CATE		AGES CARRIED:									
			N/LEASE/OPERATE	AIR	JRAF	1?	·		_			H STANDARD ISO POLLU									
AUTO L												H STANDARD SUDDEN &									
		ROUS CARGO	JSTICS, FLAMMABL HAULED?	LES (JR O	IH	ER					H POLLUTION COVERAG									
	-		RRIED FOR A FEE?	>					PRODUC			ATE POLLUTION COVER	AGE								
					ามดา	FS	:2														
			EASED OR RENTED							22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?											
			OWNED COVERAG						23 ARE	23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?											
		RS LIABILITY							-	24. ARE U.S. PRODUCTS SOLD/DISTRIBUTED IN U.S.?											
			IARINE WORK PER	FORI	MED?	,				25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)											
			BS PERFORMED (PARATE SHEE	TS):		26. GROSS SALES FROM EACH OF LAST 3 YEARS:											
									\$			\$	\$								
									PROTECT	PROTECTIVE LIABILITY											
12. DE	SCR	IBE AGREEMEN	IT (ATTACH SEPAR	ATE	SHE	ET	S):		27. DES	CRIBE	INDEPEND	ENT CONTRACTORS (AT	TACH SEPA	RATE SHE	ETS):					
									_												
13. DO	ES /	APPLICANT OW	N, RENT, OR OTHE	RWIS	SE US	ε	CRANES?		_												
			S CARRY COVERA	GES	OR L	IM	ITS														
LESS THAN APPLICANT?																					
-	-									28. DOES APPLICANT OWN OR LEASE WATERCRAFT?											
			SURED IN ANY STA						# OWN	ED	LEI	NGTH HORSEF	OWER								
16. SU	BJE		JONES ACT	FELA	\		STOP GAP														
INCIDENTAL MALPRACTICE LIABILITY 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?									APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS # STORIES # UNITS # SWIMMING POOLS # DIVING BOAR						RDS						
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										20				.0,							
		TE # OF DOCTO		RSES			BEDS:														
REMA				VE	HICL	E	S		•												
		TYPE			YPE	# OWNED	9 # NON- OWNED	# LEA	SED	PROPERTY HAULED	0-50 MI	50-200 MI	0\ 20	/ER 0 MI							
				F	PRIVA	ΓE	PASSENGER														
							LIGHT														
				TO			MEDIUM														
				IR	UCKS		HEAVY														
							EX. HEAVY														
					UCKS		HEAVY														
				TRA	CTOR	S	EX. HEAVY														
				В	USES																
APPLICABLE ONLY IN LOUISIANA, NEW MEXICO, OHIO, TENNESSEE AND VERMONT																					
			,	,		,						····									
												HAVE BEEN OFFERED T COVERAGE ENTIRELY.	HE OPTION	I OF SELE	CTI	NG					
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION (INITIALS)								.S) OR	2. I F		COVERAGE IN ITS ENTIR			IITIA	LS)						
IMPORTANT THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR										AS	ANT'S SIGNATURE		DATE								
NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRC CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE																					