



Commercial Umbrella/Excess Liability Application

APPLICATION

Name Insured _____

Mailing Address: _____ Website 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: _____

Would you like to delete the Self-Insured Retention? Yes No

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"/> | General Liability <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"/> | Auto Liability | A.M. Best Rating _____ | | | <input type="checkbox"/> C.S.L. \$ | | |
| | | | | | <input type="checkbox"/> Split Limits \$ / \$ / \$ | | |
| <input type="checkbox"/> | Employers Liability | 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"/> | Professional Liability <input type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims-Made Form | A.M. Best Rating _____ | | | Occurrence | | |
| | | | | | Aggregate | | |
| <input type="checkbox"/> | Liquor Liability (include our supplemental ELLS) | A.M. Best Rating _____ | | | Occurrence | | |
| | | | | | Aggregate | | |
| <input type="checkbox"/> | Other | A.M. Best Rating _____ | | | | | |

If the account is not concurrent with underlying coverages or is being marketed mid-term, please provide details and confirm we can quote short-term to achieve concurrency: _____

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** **Prohibited** **Eligible**

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** **Prohibited** **Eligible**

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 \$ _____ (from what source?) _____

Entertainment **Yes** **No**

Is there dancing? If Yes, size of dance area? _____ # of nights _____

Is there entertainment? If Yes, describe below/how often?(number of times a week) _____

DJ Jukebox/Karaoke Stage Floor Show Topless Go-Go Solo Vocalist

Type: Band/# Members Alternative Heavy Metal Pop Other /Describe _____

Any Nationally known acts?

Bouncers/Security/Doorman?

Any firearms on the premises?

Is there a minimum cover charge?

Any mechanical rides or devices? If Yes, how many and describe? _____

Amusement devices? If Yes, what type/how many? _____

(pool tables, darts, shuffleboard, pinball, video, etc.)

D. Auto Liability Information **Not Applicable**

Is Hired and Non-Owned Auto provided by the underlying? Yes No

Prohibited **Eligible**

Are any drivers under 21 years of age? No Yes

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? 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

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

***If more than 10 total Type A units or any Type B units,
please include the excess auto supplemental (EAS).***

| Number | Type A Units | Number | Type B Units |
|--------|---------------------------------|--------|-------------------------------|
| | Private Passenger | | Livery - 1-6 passenger |
| | Light Trucks (up to 10,000 GVW) | | Livery - 7-12 passenger |
| | Medium Trucks (10,001-20,000) | | Livery - 13-26 passenger |
| | | | Tow Trucks (up to 20,000 GVW) |

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.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

APPLICANT'S SIGNATURE: _____ DATE: _____