



# UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	FAX (A/C, No):					
E-MAIL ADDRESS:		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
CODE:	SUBCODE:	FOR COMPANY USE ONLY				
AGENCY CUSTOMER ID:						

## POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT			
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	RETROACTIVE DATE		\$	EA OCC	\$		
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> PROPOSED	<input type="checkbox"/> CURRENT					
EXPIRING POL #:				\$			FIRST DOLLAR DEFENSE	YES	NO

## EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

## PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

## UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+/- RATING MOD
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA. ACC.	\$	\$	
				BI EA. ACC.	\$	\$	
				BI EA. PER.	\$	\$	
				PD EA. ACC.	\$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$	PREM/OPS	
				GENERAL AGGR	\$	\$	
				PROD & COMP OPS AGGREGATE	\$	PRODUCTS	
				PERSONAL & ADV INJURY	\$	\$	
				DAMAGE TO RENTED PREMISES	\$	OTHER	
				MEDICAL EXPENSE	\$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	\$	
				DISEASE EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		

ATTACH TO ACORD 125 AND ACORD 126

**UNDERLYING INSURANCE (continued)**

**UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)**

1. ARE DEFENSE COSTS:      WITHIN AGGREGATE LIMITS?      A SEPARATE LIMIT?      UNLIMITED?

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE?     YES     NO

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY?     YES    EFF. DATE:     NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	COVERAGE	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	EXPOSURE	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT LIABILITY	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>		<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

NO SUCH CLAIMS

**CARE, CUSTODY, CONTROL**

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

\*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

**VEHICLES**

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS/TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

**ADDITIONAL EXPOSURES**

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO
<b>ADVERTISERS LIABILITY</b>			<b>EMPLOYERS LIABILITY</b>		
1. MEDIA USED: ANNUAL COST: \$			15. IS APPLICANT SELF-INSURED IN ANY STATE?	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	<input type="checkbox"/>	<input type="checkbox"/>	16. SUBJECT TO:	<input type="checkbox"/>	<input type="checkbox"/>
			JONES ACT	<input type="checkbox"/>	FELA
			STOP GAP	<input type="checkbox"/>	
			OTHER:		
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	<input type="checkbox"/>	<input type="checkbox"/>	<b>INCIDENTAL MALPRACTICE LIABILITY</b>		
			17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	<input type="checkbox"/>	<input type="checkbox"/>
<b>AIRCRAFT LIABILITY</b>			18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	<input type="checkbox"/>	<input type="checkbox"/>
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?	<input type="checkbox"/>	<input type="checkbox"/>	19. INDICATE # OF DOCTORS:                      NURSES:                      BEDS:		
<b>AUTO LIABILITY</b>			<b>POLLUTION LIABILITY                      EPA#:</b>		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	<input type="checkbox"/>	<input type="checkbox"/>	20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE PASSENGERS CARRIED FOR A FEE?	<input type="checkbox"/>	<input type="checkbox"/>	21. INDICATE THE COVERAGES CARRIED:		
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GL WITH STANDARD ISO POLLUTION EXCLUSION	
			<input type="checkbox"/>	GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY	
			<input type="checkbox"/>	GL WITH POLLUTION COVERAGE ENDORSEMENT	
			<input type="checkbox"/>	SEPARATE POLLUTION COVERAGE	
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	<b>PRODUCT LIABILITY</b>		
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>	22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?	<input type="checkbox"/>	<input type="checkbox"/>
			23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)	<input type="checkbox"/>	<input type="checkbox"/>
			24. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONTRACTORS LIABILITY</b>			25. GROSS SALES FROM EACH OF LAST 3 YEARS:		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):			<b>PROTECTIVE LIABILITY</b>		
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):			26. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):		
			<b>WATERCRAFT LIABILITY</b>		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	<input type="checkbox"/>	<input type="checkbox"/>	27. DOES APPLICANT OWN OR LEASE WATERCRAFT?		
			# OWNED	LENGTH	HORSEPOWER
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	<input type="checkbox"/>	<input type="checkbox"/>	<b>APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS</b>		
			# STORIES	# UNITS	# SWIMMING POOLS
					# DIVING BOARDS

**REMARKS**

Large empty rectangular box for entering remarks.

**SIGNATURE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied).

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:  
UNINSURED MOTORISTS (UM) COVERAGE: \$ \_\_\_\_\_ \* UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ \_\_\_\_\_ \*

\* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.  (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.  (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE

DATE