

UMBRELLA / FOLLOWING FORM EXCESS APPLICATION

(must be accompanied by a completed Acord Form 125 or Statewide's General Liability Application)

Producer:	
Name:	
Address:	
City, State, Zip:	
Phone No.:	

Applicant:	
Name:	
Address:	
City, State, Zip:	
Phone No.:	

Type of Coverage Requested: Umbrella
 Following Form Excess

Effective Date: _____
 Expiration Date: _____

POLICY INFORMATION

Transaction Type	Limit of Liability	Retained Limit - Umbrella			
New	\$ _____ Each Occurrence	\$ _____			
Renewal	\$ _____				
Expiring Policy #:	Current Retroactive Date	First \$ Defense	<input type="checkbox"/>	Yes	No

PRIMARY LOCATION

#	Name and Location of Primary and Subsidiary Companies (Describe Opers.)	Annual Payroll	Ann. Gross Sales	Foreign Sales	# Empl.

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						
Type	Carrier / Policy Number	Policy Eff Date	Policy Exp Date	Limits		Annual Premium
Automobile Liability				CSL	\$ _____	\$ _____
				BI	\$ _____	\$ _____
				PD	\$ _____	\$ _____
General Liability Policy Type <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made				Each Occurrence	\$ _____	Prem/Ops
				General Aggr	\$ _____	\$ _____
				Prod & Comp Ops	\$ _____	Products
				Pers. / Adv. Injury	\$ _____	\$ _____
				Fire Damage	\$ _____	Other
				Medical Expense	\$ _____	\$ _____
Employers Liability				Each Accident	\$ _____	\$ _____
				Disease Pol. Limit	\$ _____	\$ _____
				Disease Each Emp	\$ _____	\$ _____
Other					\$ _____	\$ _____

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

1	Are Defense Costs:	<input type="checkbox"/>	Within Aggregate Limits?	<input type="checkbox"/>	A Separate Limit?	<input type="checkbox"/>	Unlimited?	<input type="checkbox"/>	
2	Indicate the Edition Date of the ISO Simplified 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	<input type="checkbox"/>	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"/>	Waiver of Subrogation	<input type="checkbox"/>
<input type="checkbox"/>	Aircraft Liability	Incidental Medical Malpractice	<input type="checkbox"/>	Primary / Non-contributory	<input type="checkbox"/>
<input type="checkbox"/>	Aircraft Passenger Liability	Liquor Liability	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Additional Interests	Pollution Liability	<input type="checkbox"/>		<input type="checkbox"/>

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Underlying Insurance Coverage Information (include all restrictions; e.g. Laser Endorsements, Discrimination, Subrogation Waivers, or Extensions of coverage - Attach Separate Sheet if Necessary)

Previous Insurance Coverage Information - Please provide details of all Liability claims exceeding \$10,000 that occurred during the past 5 years.				
Date of Loss	Coverage	Description of Loss	Amt. Paid	Amt. Outstanding

ADDITIONAL EXPOSURES

Explain all "YES" Responses.	YES	NO	Explain all "YES" Responses.	YES	NO
AUTO LIABILITY			PRODUCT LIABILITY		
1. Are explosives, caustics, flammables or other dangerous cargo hauled?			12. Are missiles, engines, guidance systems, frames or any other product used / installed in aircraft?		
2. Are passengers carried for a fee?			13. Are foreign products distributed in the United States?		
3. Any units not insured by underlying policies?			14. Are U.S. Products sold/distributed in foreign countries?		
4. Are any vehicles leased or rented to others?			15. Product Liability Loss in past 3 years? (Specify)		
5. Are Hired and Non/Owned coverages provided?			16. Gross Sales from Each of Last 3 years?		
CONTRACTOR'S LIABILITY			\$	\$	\$
6. Is bridge, dam, or marine work performed?			PROTECTIVE LIABILITY		
7. Describe typical jobs performed (attach separate sheets:)	17. Describe Independent contractors (attached separate sheets):				
EMPLOYER'S LIABILITY			18. Is applicant self-insured in any state?		
8. Describe Agreement (attach separate sheets:)	19. Subject to:		Jones Act	FELA	
			Stop Gap	Other	
			Apartments / Condominiums / Hotels / Motels		
9. Does applicant own, rent, or otherwise use cranes?			# of Stories	# of Units	# Swimming Pools
10. Do subcontractors carry coverage or limits less than applicant?					# Diving Boards
11. Does the applicant own, lease and/or operate aircraft?			20. Does the applicant own, lease and/or operate watercraft?		

REMARKS

VEHICLES

Type	Owned	Non-Own	Leased	Property Hauled	0-50 Mi	50-200 Mi	Over 200
Private Passenger							
Trucks	Light						
	Medium						
	Heavy						
	Ex-Heavy						
Trucks / Tractors	Heavy						
	Ex-Heavy						
Buses							

Important The statements and answers provided above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. The application does NOT constitute a Binder.	Applicant's Signature	Date
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