



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			
NEW	UMBRELLA	OCCURRENCE	RETROACTIVE DATE			\$	EA OCC	\$			
RENEWAL	EXCESS	CLAIMS MADE	PROPOSED	CURRENT	\$						
EXPIRING POL #:						\$		FIRST DOLLAR DEFENSE	YES	NO	

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

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				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	\$					

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"/>	CGL - CLAIMS MADE		EMPLOYEE BENEFIT LIABILITY	
<input type="checkbox"/>	CGL - OCCURRENCE		FOREIGN LIABILITY/TRAVEL	
<input type="checkbox"/>	COVERAGE	EXPOSURE	GARAGEKEEPERS LIABILITY	
<input type="checkbox"/>	AIRCRAFT LIABILITY		INCIDENTAL MEDICAL MALPRACTICE	
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		LIQUOR LIABILITY	
<input type="checkbox"/>	ADDITIONAL INTERESTS		POLLUTION LIABILITY	
			PROFESSIONAL LIABILITY (E&O)	
			VENDORS LIABILITY	
			WATERCRAFT LIABILITY	

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

ATTACH TO ACORD 125 AND ACORD 126

CARE, CUSTODY, CONTROL

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

*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)

ADDITIONAL EXPOSURES

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

REMARKS

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							

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).

APPLICABLE ONLY IN INDIANA, LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN
 IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) COVERAGE IN MY STATE:

APPLICABLE ONLY IN INDIANA:
 I ACKNOWLEDGE THAT UM COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM AND/OR UIM COVERAGE ENTIRELY.

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

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

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.

APPLICABLE ONLY IN WISCONSIN:
 I ACKNOWLEDGE THAT UNDERINSURED MOTORISTS (UIM) COVERAGE HAS BEEN EXPLAINED TO ME, AND THAT ONE OF THE FOLLOWING APPLIES TO THE POLICY FOR WHICH I AM APPLYING.

1. UIM COVERAGE IS NOT AVAILABLE (INITIALS)

2. I HAVE BEEN OFFERED UIM COVERAGE, AND I HAVE SELECTED UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS)

3. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

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 _____