Badger Mutual INSURANCE
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COMMERCIAL APPLICATION

COMMERCIAL EXCESS LIABILITY

Agency Name	
Agency Number	Telephone Number

Non-Bound Application

Please complete and attach to Commercial Application.

GENERAL

Applicant (First Named Insured)			Effective Date	
Name and Location of Primary and All Secondary Companies (Describe Operations)	Annual Payroll	Annual Gross Sales	Foreign Gross Sales	Number of Employees

LIMITS

Limit of Insurance	Retained Limit
☐ $1,000,000 ☐ $2,000,000 ☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000	☐ $10,000 ☐ $25,000 ☐ $_____

UNDERLYING INSURANCE

Coverage		Limits	Carrier and Policy Number	Annual Premium	Effective From To
Business Auto Liability	Combined Single Limit - Each Accident			$	
	Bodily Injury - Each Person			$	
	Bodily Injury - Each Accident				
	Property Damage - Each Accident			$	
General Liability	General Aggregate			PREMISES -OPERATIONS $	
	Products and Completed Operations Aggregate			PRODUCTS $	
☐ Claims Made	Each Occurrence				
	Personal and Advertising Injury			OTHER $	
☐ Occurrence	Fire Damage				
	Medical Expense				
Employer's Liability	Each Accident			$	
	Disease - Policy Limit				
	Disease - Each Employee				

UNDERLYING GENERAL LIABILITY COVERAGE

Yes	No	
☐	☐	1. Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?
☐	☐	2. Does the underlying coverage include any exclusion endorsements, subrogation waivers or other restrictions?
☐	☐	3. Does the underlying policy provide:
☐	☐	a. fire legal liability?
☐	☐	b. contractual liability?
☐	☐	c. employees as insureds?
☐	☐	d. additional insured coverage?

PLEASE COMPLETE REVERSE SIDE

UNDERLYING GENERAL LIABILITY EXPOSURES

Yes	No	
☐	☐	1. Is an advertising agency used? If yes, annual budget is $ _____
☐	☐	2. Does applicant own, lease, charter or operate aircraft?
☐	☐	3. Is bridge, dam or marine work performed?
☐	☐	4. Does applicant own, rent or operate cranes?
☐	☐	5. Do subcontractors carry coverages or limits less than the applicant?
☐	☐	6. Is a hospital, clinic or first aid facility maintained?
☐	☐	7. Is coverage provided for doctors or nurses?
☐	☐	8. Is separate pollution coverage purchased?
☐	☐	9. Does applicant own or lease watercraft?

Check if any exposures are present and explain in Remarks section. Also check if coverage is provided in the underlying policies.

Exposure	Underlying Policy	Coverage Provided	Exposure	Underlying Policy	Coverage Provided
☐	Aircraft Liability	☐	☐	Pollution Liability	☐
☐	Aircraft Passenger Liability	☐	☐	Professional Liability	☐
☐	Additional Interests	☐	☐	Vendor's Liability	☐
☐	Liquor Liability	☐	☐	Watercraft Liability	☐

AUTOMOBILE EXPOSURES

Number of Vehicles Owned and Leased

Private Passenger _____ Heavy Trucks _____

Light Trucks _____ Buses _____

Medium Trucks _____ Tractor-Trailer Units _____

Yes	No	
☐	☐	1. Does applicant operate any trucks over a 200-mile radius?
☐	☐	2. Does applicant haul explosives, caustics, flammables or other dangerous cargo?
☐	☐	3. Does underlying policy contain any restrictive endorsements?
☐	☐	4. Are passengers carried for a fee?
☐	☐	5. Are there any units not insured by the underlying policies?
☐	☐	6. Are there any vehicles leased or rented to others?
☐	☐	7. Is hired and nonowned coverage provided?

EMPLOYER LIABILITY EXPOSURES

Form of Underlying Coverage

☐ Insurance
☐ Self-insurance
☐ State Fund
☐ Stop Gap

Applicant Subject to: ☐ Jones Act ☐ Federal Employers' Liability Act ☐ U.S. Longshoremen's and Harbor Worker's Act

If applicant is self-insured in any state, what excess Workers' Compensation and Employers Liability Insurance is carried?

Explain all "Yes" answers: