



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

| | | | | | | | |
|---------------------|--------------------------|------------------------------------|----------------|-----------------|-------------|--------------|-------|
| AGENCY | PHONE (A/C, No, Ext): | APPLICANT (First Named Insured) | EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL | PAYMENT PLAN | AUDIT |
| | FAX (A/C, No): | | | | | | |
| 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 | <input type="checkbox"/> RETROACTIVE DATE | \$ | EACH OCCURRENCE | \$ | | |
| <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 | <input type="checkbox"/> YES | <input type="checkbox"/> 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 <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 | \$ | | |
| | | | | | | | |

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 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? | | | <input type="checkbox"/> YES <input type="checkbox"/> 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: <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 | | PROFESSIONAL LIABILITY (E&O) | |
| <input type="checkbox"/> CGL - CLAIMS MADE | EMPLOYEE BENEFIT LIABILITY | | VENDORS LIABILITY | |
| <input type="checkbox"/> CGL - OCCURRENCE | FOREIGN LIABILITY/TRAVEL | | WATERCRAFT LIABILITY | |
| <input type="checkbox"/> 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 | | | |

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

