

# ACORD<sup>TM</sup> UMBRELLA SECTION

DATE (MM/DD/YYYY)

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

## POLICY INFORMATION

TRANSACTION TYPE	LIMIT OF LIABILITY	RETAINED LIMIT
NEW	\$ EACH OCCURRENCE	\$
PROPOSED RETROACTIVE DATE		
RENEWAL	\$	
<b>EXPIRING POL #:</b>	<b>CURRENT RETROACTIVE DATE:</b>	<b>FIRST DOLLAR DEFENSE</b> <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

TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	+/- RATING MOD
AUTOMOBILE LIABILITY				CSL / BI EA. OCC. \$	\$	
				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?			YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/>

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	
<b>COVERAGE</b>	<b>EXPOSURE</b>			
<input type="checkbox"/> AIRCRAFT LIABILITY	GARAGEKEEPERS LIABILITY			
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	INCIDENTAL MEDICAL MALPRACTICE			
<input type="checkbox"/> ADDITIONAL INTERESTS	LIQUOR LIABILITY			
	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)

NO SUCH CLAIMS

**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**

<b>EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED</b> <b>ADVERTISERS LIABILITY</b> 1. MEDIA USED: _____ ANNUAL COST: \$ _____ 2. ARE SERVICES OF AN ADVERTISING AGENCY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AIRCRAFT LIABILITY</b> 4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AUTO LIABILITY</b> 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? <input type="checkbox"/> YES <input type="checkbox"/> NO 6. ARE PASSENGERS CARRIED FOR A FEE? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? <input type="checkbox"/> YES <input type="checkbox"/> NO 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO 9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>CONTRACTORS LIABILITY</b> 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO 11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS): _____ _____ _____ 12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS): _____ _____ _____ 13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? <input type="checkbox"/> YES <input type="checkbox"/> NO 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>EMPLOYERS LIABILITY</b> 15. IS APPLICANT SELF-INSURED IN ANY STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO 16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER: _____ <b>INCIDENTAL MALPRACTICE LIABILITY</b> 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO 18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO 19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____	<b>EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED</b> <b>POLLUTION LIABILITY</b> EPA#: _____ 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 <b>PRODUCT LIABILITY</b> 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? <input type="checkbox"/> YES <input type="checkbox"/> NO 23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO 24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES? <input type="checkbox"/> YES <input type="checkbox"/> NO 25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY) _____ 26. GROSS SALES FROM EACH OF LAST 3 YEARS: \$ _____ \$ _____ \$ _____ <b>PROTECTIVE LIABILITY</b> 27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS): _____ _____ _____ <b>WATERCRAFT LIABILITY</b> 28. DOES APPLICANT OWN OR LEASE WATERCRAFT? <input type="checkbox"/> YES <input type="checkbox"/> NO # OWNED _____ LENGTH _____ HORSEPOWER _____
	<b>APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS</b> # STORIES _____ # UNITS _____ # SWIMMING POOLS _____ # DIVING BOARDS _____

**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									

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, OR or VT. In DC, LA, ME, TN and VA insurance benefits may also be denied).

APPLICABLE ONLY IN INDIANA, LOUISIANA AND VERMONT:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] 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 INDIANA:

1. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS) OR 2. 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