



## Commercial Umbrella/Excess Liability Application

### APPLICATION

Name Insured \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Website address: \_\_\_\_\_

\_\_\_\_\_ Years in Business: \_\_\_\_\_

Location(s) of Operations: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Annual Gross Receipts: \_\_\_\_\_ Annual Payroll: \_\_\_\_\_

#### A. Umbrella Information

Limit Requested:     \$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000     \$5,000,000

If the higher limits are the requirement of a contractor or project, please provide complete details of duties the applicant will perform, the duration, and the total cost: \_\_\_\_\_

Would you like to delete the Self-Insured Retention?     Yes     No

Previous carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Effective Dates: \_\_\_\_\_

Describe any losses greater than \$10,000 in the past 3 years for the primary coverages this umbrella will cover over?     None

Year	Incurred Amount	Description of Loss
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### B. Schedule of Underlying

Type of Insurance	Underlying Carrier	Policy #	Eff. Dates	Limits of Liability	Premium
<input type="checkbox"/> <b>General Liability</b> <input type="checkbox"/> ISO Form <input type="checkbox"/> Manuscript form	A.M. Best Rating _____			General Aggregate	
				Products Aggregate	
				Personal & Advertising Injury	
				Occurrence	
				Damage to Premises Rented	
				Medical Payments	
<input type="checkbox"/> <b>Auto Liability</b>	A.M. Best Rating _____			<input type="checkbox"/> C.S.L. \$ _____	
				<input type="checkbox"/> Split Limits \$ _____ / \$ _____ / \$ _____	
<input type="checkbox"/> <b>Employers Liability</b>	A.M. Best Rating _____			Bod. Inj. by Accident (ea. accident)	
				Bod. Inj. by Disease (policy limit)	
				Bod. Inj. by Disease (ea. employee)	
<input type="checkbox"/> <b>Professional Liability</b> <input type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims-Made Form	A.M. Best Rating _____			Occurrence	
				Aggregate	
<input type="checkbox"/> <b>Liquor Liability</b> <i>(please provide our supplemental)</i>	A.M. Best Rating _____			Occurrence	
				Aggregate	
<input type="checkbox"/> <b>Other</b>	A.M. Best Rating _____				

If the account is not concurrent with underlying coverages or is being marketed mid-term, please provide details and confirm we can quote short-term to achieve concurrency: \_\_\_\_\_

#### C. General Liability Information

Class Code	Classification	Underlying Premium

Please provide the Classification(s) on the Underlying GL policy/or attach GL application

*Attach our completed supplemental application for Artisan and General Contractor accounts*

**C.1. Habitational Information**  **Not Applicable** **Prohibited** **Eligible**

Any aluminum wiring?  Yes  No

Is all wiring connected to circuit breakers?  No  Yes

Are all units and common areas equipped with smoke detectors & fire extinguishers?  No  Yes

If three or more stories, does the building have a fire escape or fire tower?  No  Yes

If seven or more stories, is the building 100% sprinklered?  No  Yes

Percentage of student renters? \_\_\_\_\_ %

Percentage of government subsidized units/tenants? \_\_\_\_\_ %

Percentage of residents over 55 years old? \_\_\_\_\_ %

**C.2. Swimming Pool Information**  **Not Applicable** **Prohibited** **Eligible**

Any diving boards or slides?  Yes  No

Are the rules clearly posted?  No  Yes

Are the depths clearly marked?  No  Yes

Is there a self-closing /locking mechanism to the entrance to the pool area?  No  Yes

Is life-saving equipment within the pool area?  No  Yes

**C.3. Bars/Tavern/Restaurant Information**  **Not Applicable**

Total Receipts \$ \_\_\_\_\_ Food Receipts \$ \_\_\_\_\_ Alcohol Receipts \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ (from what source?) \_\_\_\_\_

**Entertainment** **Yes** **No**

Is there dancing?   If Yes, size of dance area? \_\_\_\_\_ # of nights \_\_\_\_\_

Is there entertainment?   If Yes, describe below/how often?(number of times a week) \_\_\_\_\_

DJ  Jukebox/Karaoke  Stage Floor Show  Topless Go-Go  Solo Vocalist

Type:  Band/# Members  Alternative  Heavy Metal  Pop  Other /Describe \_\_\_\_\_

Any Nationally known acts?

Bouncers/Security/Doorman?

Any firearms on the premises?

Is there a minimum cover charge?

Any mechanical rides or devices?   If Yes, how many and describe? \_\_\_\_\_

Amusement devices?   If Yes, what type/how many? \_\_\_\_\_

(pool tables, darts, shuffleboard, pinball, video, etc.)

**D. Auto Liability Information**  **Not Applicable** **Prohibited** **Eligible**

Is Hired and Non-Owned Auto provided by the underlying?  Yes  No

Does any vehicle travel an Average Daily Radius greater than 200 miles?  Yes  No

Does risk own any Heavy Trucks, Extra Heavy Trucks, or Truck Tractors?  Yes  No

Are any vehicles authorized to transport any of the following?  Yes  No

- Corrosive, Explosive, Flammable (i.e. fuel), or Radioactive Materials?
- Any type of Refuse, Waste or Trash (including Recyclables)?
- Livestock?

Are Motor Vehicle Records reviewed for acceptability at least once every three years?  No  Yes

For any driver over the age of 69, is a Statement of Fitness required to be signed by a physician?  No  Yes

***If more than 10 total Type A units or any Type B units,  
please complete the excess auto supplemental and submit to Home Office.***

Number	Type A Units	Number	Type B Units
	Private Passenger		Livery - 1-6 passenger
	Light Trucks (up to 10,000 GVW)		Livery - 7-12 passenger
	Medium Trucks (10,001-20,000)		Livery - 13-26 passenger
			Tow Trucks (up to 20,000 GVW)

**FRAUD STATEMENT:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_