

Commercial Umbrella / Excess Liability Product

COMMERCIAL UMBRELLA / EXCESS LIABILITY WARRANTY APPLICATION

Name Insured _____

Mailing Address: _____ Website Address: _____

_____ E-mail Address: _____

Years in Business: _____

Location(s) of Operations: _____

Description of Operations: _____

Annual Gross Receipts: _____ Annual Payroll: _____

A. General 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 contract or project, please provide complete details of duties the applicant will perform, the duration, and the total cost: _____

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

Describe any losses greater than \$10,000 in the past 3 years for the primary coverages this policy 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"/> General Liability <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"/> Auto Liability	A.M. Best Rating _____			<input type="checkbox"/> C.S.L. \$ _____ <input type="checkbox"/> Split Limits \$ _____ /\$ _____ /\$ _____	
<input type="checkbox"/> Employers Liability	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"/> Professional Liability <input type="checkbox"/> Occurrence Form <input type="checkbox"/> Claims-Made Form	A.M. Best Rating _____			Occurrence Aggregate	
<input type="checkbox"/> Liquor Liability (include our supplemental ELLS)	A.M. Best Rating _____			Occurrence Aggregate	
<input type="checkbox"/> Other	A.M. Best Rating _____				

If the account is not concurrent with underlying coverages or is being marketed mid-term, please provide details: _____

C. General Liability Information

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

Class Code	Classification	Underlying Premium

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

C.1. Habitational Information

Not Applicable

Number of Units: _____ Number of Stories: _____

- 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? N/A No Yes
- If seven or more stories, is the building 100% sprinklered? N/A 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

Number of Pools: _____

- 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 \$ _____ If "other" describe source: _____

Is there **entertainment** **Yes** **No**

Is "yes," how often?: 1-2 times per week 3 or more times per week
 0-12 times per year 13-51 times per year Banquets only _____

- Is the electrical system connected to circuit breakers? No Yes
- Does the electrical system have aluminum wiring or knob and tube wiring? Yes No
- Does the applicant have or sponsor any "Teen" or "Under 21" nights, or permit patrons under the age of 21 in a bar area after 10:00 PM? Yes No
- Any firearms kept or permitted on premises or are off-duty police officers or armed guards employed? Yes No
- Is a secondary means of egress provided for each floor (including basement) having public access? No Yes
- Are there smoke or heat detectors used in all public areas, and if building owner all habitational units? No Yes
- Is there a swimming pool or beach on premises that applicant is responsible for? Yes No
- Does applicant have any of the following exposures: mechanical rides, moon bounces, trampolines, rock walls, pyrotechnics or foam machines? Yes No
- If there is another occupancy in the building, are all deep fat frying appliances protected per NFPA 96 (Automatic Fire Extinguishing System)? No Yes
- What is the average age of clientele? Under 21 21-25 Over 25

D. Auto Liability Information

Not Applicable

Is Hired and Non-Owned Auto provided by the underlying?

Yes No

Are any drivers under 21 years of age?

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, Livery Units or Tow Trucks?

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

Number	Type A Units
	Private Passenger
	Light Trucks (up to 10,000 GVW)
	Medium Trucks (10,001 - 20,000)

For any driver over the age of 69, is a Statement of Fitness required to be signed by a physician

No Yes