



# UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

AGENCY		PHONE (A/C, No, Ext):		APPLICANT (First Named Insured)				
FAX (A/C, No):		E-MAIL ADDRESS:		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
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	\$	EA OCC	\$	
<input type="checkbox"/>	RENEWAL	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	CLAIMS MADE				
				RETROACTIVE DATE	PROPOSED	CURRENT			
EXPIRING POL #:							FIRST DOLLAR DEFENSE	YES	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 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	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:	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	
<input type="checkbox"/>	CGL - CLAIMS MADE		EMPLOYEE BENEFIT LIABILITY	
<input type="checkbox"/>	CGL - OCCURRENCE		FOREIGN LIABILITY/TRAVEL	
<input type="checkbox"/>	COVERAGE	EXPOSURE	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	
			PROFESSIONAL LIABILITY (E&O)	
			VENDORS LIABILITY	
			WATERCRAFT 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

**ATTACH TO ACORD 125 AND ACORD 126**
**ACORD 131 (2006/07)**

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**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								

**REMARKS**

**SIGNATURE**

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, OK, OR or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied).

APPLICABLE ONLY IN INDIANA, LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) COVERAGE IN MY STATE:

APPLICABLE ONLY IN INDIANA:

I ACKNOWLEDGE THAT UM COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM AND/OR UIM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.  (INITIALS)
3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY.  (INITIALS)

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM 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 NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM 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 VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT UNDERINSURED MOTORISTS (UIM) COVERAGE HAS BEEN EXPLAINED TO ME, AND THAT ONE OF THE FOLLOWING APPLIES TO THE POLICY FOR WHICH I AM APPLYING.

1. UIM COVERAGE IS NOT AVAILABLE  (INITIALS)
2. I HAVE BEEN OFFERED UIM COVERAGE, AND I HAVE SELECTED UIM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS)
3. 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
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