

ACORDTM UMBRELLA SECTION

DATE (MM/DD/YYYY)

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

POLICY INFORMATION

| TRANSACTION TYPE | | LIMIT OF LIABILITY | | RETAINED LIMIT | |
|----------------------------------|----------------------------------|----------------------------------|-----------------|-----------------------------|--|
| <input type="checkbox"/> NEW | PROPOSED RETROACTIVE DATE | \$ | EACH OCCURRENCE | \$ | |
| <input type="checkbox"/> RENEWAL | | \$ | | | |
| EXPIRING POL #: | | CURRENT RETROACTIVE DATE: | | 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 / 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: | <input type="checkbox"/> WITHIN AGGREGATE LIMITS? | <input type="checkbox"/> A SEPARATE LIMIT? | <input type="checkbox"/> 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? | | | <input type="checkbox"/> 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 | |
| COVERAGE | EXPOSURE | | | |
| <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 | | | | | | | |
| | 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

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | YES | NO | EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | YES | NO |
|--|--------------|----|--|----------|------------------|
| ADVERTISERS LIABILITY | | | POLLUTION LIABILITY EPA#: | | |
| 1. MEDIA USED: _____ ANNUAL COST: \$ _____ | | | 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? | | |
| 2. ARE SERVICES OF AN ADVERTISING AGENCY USED? | | | | | |
| 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? | | | | | |
| AIRCRAFT LIABILITY | | | 21. INDICATE THE COVERAGES CARRIED: | | |
| 4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT? | | | <input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION | | |
| AUTO LIABILITY | | | <input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY | | |
| 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? | | | <input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT | | |
| 6. ARE PASSENGERS CARRIED FOR A FEE? | | | <input type="checkbox"/> SEPARATE POLLUTION COVERAGE | | |
| 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? | | | PRODUCT LIABILITY | | |
| 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? | | | 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? | | |
| 9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED? | | | 23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.? | | |
| CONTRACTORS LIABILITY | | | 24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES? | | |
| 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? | | | 25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY) | | |
| 11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS): | | | 26. GROSS SALES FROM EACH OF LAST 3 YEARS: | | |
| | | | \$ _____ | \$ _____ | \$ _____ |
| 12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS): | | | PROTECTIVE LIABILITY | | |
| | | | 27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS): | | |
| 13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? | | | WATERCRAFT LIABILITY | | |
| 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? | | | 28. DOES APPLICANT OWN OR LEASE WATERCRAFT? | | |
| EMPLOYERS LIABILITY | | | # OWNED | LENGTH | HORSEPOWER |
| 15. IS APPLICANT SELF-INSURED IN ANY STATE? | | | | | |
| 16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP | | | | | |
| | OTHER: _____ | | | | |
| INCIDENTAL MALPRACTICE LIABILITY | | | APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS | | |
| 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? | | | # STORIES | # UNITS | # SWIMMING POOLS |
| 18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? | | | | | # DIVING BOARDS |
| 19. INDICATE # OF DOCTORS: _____ NURSES: _____ BEDS: _____ | | | | | |

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, OK, OR; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICABLE ONLY IN INDIANA, LOUISIANA, OHIO, VERMONT AND WEST VIRGINIA:

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

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