



Commercial Umbrella / Excess Liability Product

COMMERCIAL UMBRELLA / EXCESS LIABILITY WARRANTY APPLICATION

Name insured: _____

Mailing address: _____ Web site address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Form of business: Individual Corporation Partnership LLC Other _____

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 three 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 \$	\$

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

Attach our completed CSA application for Artisan and General Contractor accounts

C.1.	Class Code	Classification	Underlying Premium
			\$
			\$
			\$
			\$
			\$

Habitational Information

Not Applicable

Number of units: _____ Number of stories: _____

Any aluminum wiring? No Yes

Is all wiring connected to circuit breakers? No Yes

Are all units and common areas equipped with smoke detectors and 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 residents over 55 years old? _____%

C.2. Swimming Pool Information

Not Applicable

Number of pools: _____

Any diving boards or slides? No Yes

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? No Yes

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 p.m.? No Yes

Any firearms kept or permitted on premises or are off-duty police officers or armed guards employed? No Yes

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? No Yes

Does applicant have any of the following exposures: mechanical rides, moon bounces, trampolines, rock walls, pyrotechnics or foam machines? No Yes

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

FRAUD STATEMENTS

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as “vicariously assessed punitive damages”, are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to “vicariously assessed punitive damages” and that there is no coverage for directly assessed punitive damages.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a

claimsmade relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

North Dakota Fraud Statement: Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Ohio Notice: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Utah Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

Vermont Fraud Statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be subject to fines and confinement in prison.

Virginia Notice: This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Virginia Fraud Statement: Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Washington Fraud Statement: Any person, who, knowing it to be such:

(1) Presents, or causes to be presented, a false or fraudulent claim or any proof in support of such a claim, for the payment of a Loss under a contract of insurance; or

(2) Prepares, makes, or subscribes any false or fraudulent account, certificate, affidavit, or proof of Loss, or other document or writing, with intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor, or if such claim is in excess of one thousand five hundred dollars, of a class C felony.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License#: _____

Agent's signature: _____

(Required in New Hampshire)

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

I acknowledge that the information provided in this application is material to acceptance of the risk and the issuance of the requested policy by Company. I represent that the information provided in this application is true and correct in all matters. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date of this Application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in the Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

New York 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.

Signature: _____

Principal, Partner or Officer

Title: _____ Date: _____