

Excess Liability / Umbrella Supplemental Application



Insured: _____

Submission Requirements:

- Fully Completed / Hand-signed Acord 125 and Acord 131 Applications.
- Complete copy of current quotation or declaration pages for all underlying policies.
- 5 years of currently valued loss runs for all General Liability and Auto Liability policies.
- Excess / Umbrella Supplemental (this document fully completed)
- Class Specific Supplemental

General Information:

1. Year Started: _____ 2. # of Employees: _____ 3. Target Premium: _____
4. Prior Carrier: _____

Revenue:

5. Current Annual Gross Receipts or Sales or Rents: _____ \$
- Does the insured have foreign sales, operations or locations? Yes No
- If yes, what is the Foreign Revenue? _____ \$

Underlying Policy Information:

6. Are all underlying Auto and General Liability policies written with defense costs **outside** the limit of liability and unlimited? Yes No
7. Are all underlying policies written on an occurrence basis, except EBL? Yes No
8. Are all General Liability policies written on ISO Form CG0001 or equivalent? Yes No
9. Do any of the primary policies contain any sub-limits (other than Medical Payments or Fire Legal) less than \$1,000,000? Yes No
10. **Hired & Non-Owned Auto:**
- Is there coverage for Hired & Non-Owned on the General Liability or Package policy? Yes No
- If yes, will Hired & Non-Owned Auto losses erode (count against) any GL aggregate? Yes No
- Do any of the Insured's employees use their own vehicles on Company business on a regular basis? Yes No
11. Is the Workers' Compensation and Employers' Liability on a WC Bureau or NCCI form? Yes No
(There is no charge for this coverage on the excess policy. If there is primary coverage, please be sure to provide complete underlying information on the ACORD 131.)

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Claim Information:

- 12. Are there any individual losses in excess of \$100,000 in the past 5 years for any of the coverages being provided? Yes No
- 13. For the General Liability or Products or Auto Liability coverages, are there any aggregate losses in excess of \$100,000 in any policy year for the past 5 years? Yes No
- 14. Does either the General Liability or Garage Liability coverage have a cumulative loss ratio above 65% for the last 5 years? Yes No
- 15. Check any claims of the following types that have occurred in the last 5 years?
 - 3rd Party Discrimination Fatality Mold
 - Brain Injury Lead Paralysis
 - Class Action or Mass Tort Liquor Liability Sexual Abuse/Molestation

Loss Control Information: (If not available, leave blank. Credits may apply for risks above min. premium.)

- 16. Formal written Loss Control and Safety Program? Yes No
- 17. Full-time dedicated Loss Control and Safety Manager? Yes No
- 18. Formal written accident investigation program? Yes No
- 19. Written products quality control policy? Yes No
- 20. Formal employee training program? Yes No

Automobile Risk: (if no automobile exposure, leave blank)

- 21. Please check any of the following exposures if they apply to this applicant's operations:
 - Taxi or other livery operations Emergency Vehicles Tow Truck Operator
 - Automobile Hauler Mix-in-Transit Vehicles Trucker for hire
 - Newspaper or Parcel Delivery Hazardous Material Haulers Leasing/renting vehicles to others

If you have any questions, please contact Adam Wooten at (415)-267-1126 or by email at awooten@ifnis.com.

Please Sign:

Prepared by: _____ (signature)

Prepared by: _____ (print)

Date: _____ Insured Broker