

ACORD UMBRELLA SECTION

DATE (MM/DD/YYYY)

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

TRANSACTION TYPE	LIMIT OF LIABILITY	RETAINED LIMIT
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	PROPOSED RETROACTIVE DATE: \$ EACH OCCURRENCE \$	\$
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						
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	+- RATING MOD
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 \$	\$	
				EACH ACCIDENT \$	\$	
EMPLOYERS LIABILITY				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 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?			YES <input type="checkbox"/> NO <input type="checkbox"/>
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: <input type="checkbox"/> NO <input type="checkbox"/>

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	
<input type="checkbox"/> 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			

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 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							

*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					
			APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS		
INCIDENTAL MALPRACTICE LIABILITY			# STORIES	# UNITS	# SWIMMING POOLS
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?					# DIVING BOARDS
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?					
19. INDICATE # OF DOCTORS: NURSES: BEDS:					

REMARKS

VEHICLES

REMARKS	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 or VT. In DC, LA, ME, TN and VA insurance benefits may also be denied).

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

OTHER STATE: _____

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] 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 INDIANA:

1. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. 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