



COMMERCIAL UMBRELLA OR EXCESS LIABILITY APPLICATION

FOR RISK PURCHASING GROUP PARTICIPATION - (SINGLE LOCATION)

PRODUCER INFORMATION

AGENCY:	NAME:
ADDRESS:	PHONE: FAX:
CITY: STATE: ZIP:	EMAIL:

INSURED INFORMATION

NAMED INSURED:
CONTACT:
MAILING ADDRESS:
CITY: STATE: ZIP:
DOMICILED ADDRESS:
CITY: STATE: ZIP:

POLICY INFORMATION

LIMIT(S) REQUESTED:	\$1 MILLION <input type="checkbox"/>	\$5 MILLION <input type="checkbox"/>	\$10 MILLION <input type="checkbox"/>	\$15 MILLION <input type="checkbox"/>
	\$25 MILLION <input type="checkbox"/>	\$50 MILLION <input type="checkbox"/>	\$75 MILLION <input type="checkbox"/>	\$100 MILLION <input type="checkbox"/>

REQUESTED EFFECTIVE DATE: _____ EXPIRATION DATE: _____

IS THE PRIMARY ACCOUNT CONTROLLED BY THE ABOVE AGENCY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NO, WILL IT BE CONTROLLED WHEN THIS UMBRELLA POLICY TAKES EFFECT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHAT COMPANY PROVIDES THE EXPIRING UMBRELLA COVERAGE?		
WHAT IS THE EXPIRING LIMIT? WHAT IS THE EXPIRING PREMIUM?		
WHAT IS THE TARGET PREMIUM FOR THE UPCOMING TERM?		

EXPOSURE INFORMATION *(Select ALL that apply)*

RESIDENTIAL	COMMERCIAL	
APARTMENT BUILDING <input type="checkbox"/>	RETAIL/STRIP MALL <input type="checkbox"/>	
CONDOMINIUM/COOPERATIVE <input type="checkbox"/>	ENCLOSED MALL <input type="checkbox"/>	
HOA/TOWNHOME/PUD <input type="checkbox"/>	WAREHOUSE <input type="checkbox"/>	
DWELLING (1 OR 2 FAMILY) <input type="checkbox"/>	OFFICE BUILDING <input type="checkbox"/>	

LOCATION ADDRESS:	STORIES:
CITY: STATE: ZIP:	COUNTY:
BUILDING SQ. FT.:	CONSTRUCTION: YEAR BUILT:

RESIDENTIAL UNITS:	COMMERCIAL SQ. FT.:	HOTEL ROOMS:
LIST ALL COMMERCIAL OCCUPANCIES:		

IS THIS BUILDING A MINIMUM OF 70% OCCUPIED AS OF THE REQUESTED EFFECTIVE DATE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ANY CONSTRUCTION BEING PERFORMED OR SCHEDULED DURING THE POLICY PERIOD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, PLEASE DESCRIBE:		
ARE THERE SWIMMING FACILITIES ON THE PREMISES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HOW MANY?	IS THERE A DIVING BOARD?	YES <input type="checkbox"/> NO <input type="checkbox"/>
LIFEGUARD ON DUTY DURING OPERATING HOURS? YES <input type="checkbox"/> NO <input type="checkbox"/>	SECURED FROM UNAUTHORIZED USE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DOES THE INSURED MAINTAIN PARKING FACILITIES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, IS THERE A GARAGEKEEPERS EXPOSURE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHAT IS THE SQ. FT. OF THE PARKING GARAGE?	IF SQ. FT. NOT AVAILABLE, # OF SPOTS:	



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RISK MANAGEMENT			
DO ALL TENANT LEASES CONTAIN A HOLD HARMLESS AGREEMENT FAVORABLE TO THE INSURED?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ARE CERTIFICATES REQUIRED AND MAINTAINED WHEN CONTRACTING FOR WORK PERFORMED ON THE BUILDING?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY LOCATIONS OWNED BY THIS INSURED THAT ARE NOT INCLUDED IN THIS SUBMISSION?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
DOES THE INSURED MAINTAIN SECURITY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARMED <input type="checkbox"/> UNARMED <input type="checkbox"/>
IS THIS LOCATION IN COMPLIANCE WITH ALL LOCAL ORDINANCES, PROPERTY STATUTES AND BUILDING CODES?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
DOES THE INSURED:			
REQUIRE CERTIFICATES FOR ALL COMMERCIAL TENANTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MAINTAIN COPIES OF THE ABOVE CERTIFICATES? YES <input type="checkbox"/> NO <input type="checkbox"/>

FIRE/LIFE SAFETY			
DO ALL UNITS HAVE SMOKE DETECTORS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	BATTERY <input type="checkbox"/> HARDWIRED <input type="checkbox"/>
SMOKE DETECTORS IN ALL COMMON AREAS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	BATTERY <input type="checkbox"/> HARDWIRED <input type="checkbox"/>
BATTERY MAINTENANCE PLAN IN EFFECT FOR ALL BATTERY-OPERATED SMOKE DETECTORS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ARE CARBON MONOXIDE DETECTORS INSTALLED AND MAINTAINED WHERE REQUIRED BY LAW?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
HAVE THERE BEEN ANY CARBON MONOXIDE CLAIMS SUBMITTED ON THE UNDERLYING GL POLICY?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY ALUMINUM WIRING IN THE BUILDING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, HAS IT BEEN REMEDIATED? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, WHAT TYPE OF REMEDIATION HAS BEEN PERFORMED?			
IS THE BUILDING SPRINKLERED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/>
IS THERE A FIRE ALARM IN THE BUILDING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MANUAL <input type="checkbox"/> CENTRAL <input type="checkbox"/>
HIGH-RISE BUILDINGS - 7 STORIES OR MORE:			
MINIMUM OF TWO (2) MEANS OF EGRESS FROM EACH FLOOR?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ARE ALL STAIRWAYS EQUIPPED WITH EMERGENCY LIGHTS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE A MINIMUM OF TWO (2) ENCLOSED STAIRWAYS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE A STANDPIPE FOR DELIVERING WATER TO UPPER FLOORS IN CASE OF FIRE?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

VACANT LAND			
IS THERE A VACANT LAND EXPOSURE?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HOW MANY ACRES?			
IS THE VACANT LAND EXPOSURE INSURED ON THE SAME POLICY?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE ANY CONSTRUCTION OR DEVELOPMENT PLANNED DURING THE POLICY PERIOD?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THE VACANT LAND OCCUPIED OR LEASED TO A THIRD PARTY OR PARTIES?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

LOSS HISTORY			
ANY INDIVIDUAL GENERAL LIABILITY LOSSES EXCEEDING \$250,000 IN THE PAST THREE (3) YEARS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY AGGREGATE LOSSES EXCEEDING \$300,000 OVER THE PAST THREE (3) YEARS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY INCURRED DIRECTORS AND OFFICERS LOSSES IN THE PAST THREE (3) YEARS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ANY REPORTED DIRECTORS AND OFFICERS LOSSES IN THE PAST YEAR?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
- PLEASE PROVIDE THE PAST FIVE (5) YEARS OF LOSS HISTORY, VALUED WITHIN THE PAST 90 DAYS -			
IF NO LOSS HISTORY AVAILABLE, SELECT A REASON:	NEW BUILDING <input type="checkbox"/>	NEW PURCHASE <input type="checkbox"/>	DATE OF PURCHASE: _____ OTHER(DESCRIBE): _____



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UNDERLYING COVERAGE					
ALL CARRIERS MUST CARRY MINIMUM AM BEST RATING OF A-VI OR VII DEPENDENT UPON COMPANY QUOTED					
TYPE	WRITING COMPANY	EFFECTIVE	EXPIRATION	PREMIUM	LIMITS
GENERAL LIABILITY					EACH OCC. GENERAL AGG
BUSINESS AUTO HIRED/ NON-OWNED					CSL LIMIT
EMPLOYERS LIABILITY					BI BY ACCIDENT BI BY DISEASE (EMP) BI BY DISEASE (POL)
DIRECTORS & OFFICERS					EACH CLAIM AGGREGATE DEFENSE OUTSIDE?
GARAGEKEEPERS					EACH OCC.
OTHER (DESCRIBE)					EACH OCC.

IF THERE IS A BUSINESS AUTOMOBILE EXPOSURE, PLEASE COMPLETE THE BELOW SCHEDULE OF VEHICLES:					
PRIVATE PASSENGER/SUV ____	LIGHT TRUCK ____	MEDIUM TRUCK ____	VAN 1-8 PASSENGERS ____	VAN 9-20 PASSENGERS ____	HEAVY TRUCK ____
DOES THE INSURED OWN/OPERATE ANY VEHICLES NOT LISTED ABOVE (I.E. BUS)?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF HIRED/NON-OWNED COVERAGE IS CARRIED, IS THE COVERAGE INCLUDED IN THE GL?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
ANY EMPLOYEES USING THEIR OWN VEHICLES FOR BUSINESS ON A REGULAR BASIS?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

LEAD LIABILITY SUPPLEMENTAL SECTION (PLEASE COMPLETE ONLY IF APPLICABLE)			
IS LEAD COVERAGE MAINTAINED AS PART OF THE GENERAL LIABILITY COVERAGE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CAN YOU CONFIRM THAT LEAD COVERAGE IS NOT OFFERED AS A SUB-LIMIT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IS LEAD OFFERED ON AN OCCURRENCE BASIS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CAN YOU CONFIRM THAT THERE HAVE BEEN NO LEAD CLAIMS REPORTED AT THIS LOCATION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAS THE BUILDING BEEN UPDATED/REHABBED/RENOVATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ARE ALL APARTMENTS PAINTED BY THE LANDLORD PRIOR TO NEW OCCUPANCY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAS THE PRIMARY CARRIER INSPECTED THE BUILDING WITHIN THE PAST THREE (3) YEARS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ARE ANY AND ALL LOSS RECOMMENDATIONS REGARDING LEAD COVERAGE SATISFIED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ANY CARE, CUSTODY, OR CONTROL OF CHILDREN UNDER THE AGE OF 6 (EX. DAY CARE CENTER)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CERTIFIED "LEAD SAFE" BY LICENSED CONTRACTOR ACCORDING TO GOVERNMENT GUIDELINES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IS THE BUILDING COMPLIANT WITH NEW YORK CITY LOCAL LAW 1 OF 2004?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

SUPPLEMENTAL QUESTIONS (IF APPLICABLE)			
SENIOR HOUSING			
IS THIS BUILDING AN ELDERLY COMMUNITY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DO ALL RESIDENTS LIVE INDEPENDENTLY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IS THERE ANY MEDICAL OR NURSING FACILITIES ON THE PREMISES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IS AN EVACUATION PLAN IN PLACE IN THE EVENT OF AN EMERGENCY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
AFFORDABLE HOUSING			
IS THE TAX SUBSIDY CREDITABLE ONLY TO THE OWNER OF THE BUILDING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IS THERE A TENANT SCREENING PROCESS IN PLACE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IS THE EVICTION RATE BELOW 5%?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	



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SUPPLEMENTAL QUESTIONS CONTINUED (IF APPLICABLE)			
COMMUNITY ASSOCIATIONS (CONDOMINIUMS, HOAS, ETC)			
DOES THE ASSOCIATION HAVE A POSITIVE RESERVE FUND?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
DOES THE ASSOCIATION'S BY-LAWS ALLOW FOR RENTAL OF INDIVIDUAL UNITS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHAT PERCENTAGE OF THE TOTAL UNITS ARE RENTED?	WHAT IS THE RENTAL TERM (I.E. WEEKLY, DAILY, MONTHLY, ETC)?		
IS A COMMON AND/OR PROFESSIONAL RENTAL MANAGEMENT COMPANY UTILIZED?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
HAS CONTROL BEEN TRANSFERRED FROM THE DEVELOPER TO THE BOARD?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THE DEVELOPER STILL SITTING ON THE BOARD?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ARE THERE BOAT SLIPS LOCATED ON THE INSURED PREMISES?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, HOW MANY SLIPS?	ARE SLIPS RESERVED FOR RESIDENTS USE?		YES <input type="checkbox"/> NO <input type="checkbox"/>
IS THERE A MARINA EXPOSURE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, IS IT SEPARATELY INSURED? YES <input type="checkbox"/> NO <input type="checkbox"/>
IS THE INSURED STORING GASOLINE ON THE PREMISES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HOTELS/MOTELS			
IS THIS A FRANCHISED LOCATION?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHAT FRANCHISE?	NAME OF OWNER:		
DOES THE LOCATION CONTAIN:			
RESTAURANT?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, IS IT OWNED AND OPERATED BY THE INSURED?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS THERE AN AUTOMATIC FIRE EXTINGUISHING SYSTEM IN PLACE?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ARE LIQUOR RECEIPTS LESS THAN 30% OF THE TOTAL RECEIPTS?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
BAR/NIGHTCLUB?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, IS IT OWNED AND OPERATED BY THE INSURED?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
IS IT OPEN PAST 10 PM?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IS THE CAPACITY MORE THAN 200 PEOPLE? YES <input type="checkbox"/> NO <input type="checkbox"/>
IS LIVE ENTERTAINMENT OR A DJ PROVIDED BY THE ESTABLISHMENT?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ARE COVER CHARGES AND/OR LIQUOR SALES THE PRIMARY SOURCE OF REVENUE?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.

SIGNATURE PAGE

ALL WRITTEN STATEMENTS, AND SUPPLEMENTAL MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT, HAVING MADE DUE INQUIRY (INCLUDING BUT NOT LIMITED TO DUE INQUIRY OF THE LEGAL AND RISK MANAGEMENT DEPARTMENTS), DECLARES THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN OR ATTACHED HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT, AGREES THAT THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF ANY COVERAGE ISSUED BY US AND WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

AGENT SIGNATURE: _____	DATE: _____
AGENT NAME (PRINT): _____	
INSURED SIGNATURE: _____	DATE: _____
INSURED NAME (PRINT): _____	