



## UMBRELLA LIABILITY RENEWAL APPLICATION

PLEASE ANSWER ALL OF THE QUESTIONS

This policy subject to \$10,000 Self Insured Retention (Minimum)

1. (a) Full Name and Address of Applicant: \_\_\_\_\_

Website Address: \_\_\_\_\_

2. (a) Describe any change in operations, any new products manufactured and/or any newly formed or acquired companies: \_\_\_\_\_

(b) Are these exposures covered by the underlying policies scheduled?  Yes  No

3. (a) Annual Payroll: \_\_\_\_\_ (b) Annual Sales/Receipts: \_\_\_\_\_ (c) Number of Employees: \_\_\_\_\_

4. Any U.S. or foreign sales, employees or operations? If so, provide details. \_\_\_\_\_

5. Limit of Liability desired: \_\_\_\_\_

6. (a) Underlying Insurance(s) Details: (Please insert all requested information).

	Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	If Claims made, refer to company		
	Insurer	Policy No.	Policy Period	Liability Limit	Annual Liability Premium
General Liability					
Auto Liability					
Others _____					

Minimum limit of underlying liability insurance coverage required: \$1,000,000

(b) Do underlying policies provide limits less than the occurrence limit for any extensions or exposures or contain any restrictive endorsements? If so, provide details. \_\_\_\_\_

7. (a) List Number of Vehicles: Private Passenger \_\_\_\_\_ Light Trucks \_\_\_\_\_ Heavy Trucks \_\_\_\_\_  
Trailers \_\_\_\_\_ Others \_\_\_\_\_ Describe: \_\_\_\_\_

(b) Any long haul (over 100 miles/160km)? If so, Number of Vehicles \_\_\_\_\_ Type \_\_\_\_\_

(c) Any vehicles going to the U.S.? If so, provide details: \_\_\_\_\_

(d) Any vehicles carrying flammable, caustic or explosive substances? If so, provide details: \_\_\_\_\_

(e) Do underlying policies cover all vehicles and exposures listed above? If not, provide details: \_\_\_\_\_

8. Losses \$10,000 or more during the past 5 years: (State "None" if none.)

Date	Type	Details	Paid	Reserve

Date Completed: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Broker: \_\_\_\_\_