

Company Name

Commercial Umbrella Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

General Information

*Business Name:

*Contact Name:

Position:

*Address:

*City:

*State:

*Zip Code:

*Business Phone:

Fax:

Ex: 920-111-2222

Business Status:

Other:

Best Time to Call:

Business Tax ID Number:

*Contact E-Mail Address:

*Confirm E-Mail Address:

*Garaging Address:

(type "same" if same as above)

City:

State:

Zip Code:

Current Policy Information

Effective Date:

Ex. 01/15/2008

Expiration Date:

Ex. 01/15/2008

Transaction Type *(please check all that apply)*:

New

Renewal

Umbrella

Excess

Occurrence

Claims Made

Proposed Retroactive Date:

Ex. 01/15/2008

Current Retroactive Date:

Ex. 02/15/2008

Limit of Liability: \$:

each occurrence

Retained Limit: \$:

First Dollar Defense?:

Primary Location & Subsidiaries

Name & Location of Primary & All Subsidiary Companies (*describe operations*):

Annual Payroll: \$
 Annual Gross Sales: \$
 Annual Foreign Gross Sales: \$
 Number of Employees:

Underlying Insurance

List all liability/compensation policies in force to apply as underlying insurance

Type	Carrier/Policy #	Policy Eff Date <i>Ex. 06/15/2005</i>	Policy Renewal Date <i>Ex. 01/15/2007</i>	Limits
Automobile Liability				CSL ea. acc. \$ BI ea. acc. \$ BI ea. per. \$ PD ea. acc. \$
General Liability Policy Type				Each Occurrence \$ General Aggr \$ Prod/Comp Ops Aggr \$ Personal/Adv Injury \$ Rented Premises Damage \$ Medical Expense \$
Employer's Liability				Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$

Underlying General Liability Information

(Explain all "Yes" responses in Remarks section below)

Are defense costs:

Has any product, work, accident, or location been excluded, uninsured, or self-insured from any previous coverage?:

For claims made, what is the retroactive date of the current underlying policy?:

Ex. 01/15/2004

For claims made, what is the entry date into uninterrupted claims made coverage?:

Ex. 01/15/2004

For claims made, was "tail" coverage purchased for any previous primary or excess policy?: *If "Yes," what is the eff date?:*

Check all coverages in underlying policies, and check if any exposures are present for each coverage.

Coverage

Aircraft Liability

Incidental Medical Malpractice

Aircraft Passenger Liability

Liquor Liability

Additional Interests
Care, Custody, Control
Employee Benefit Liability
Foreign Liability/Travel
Garage keepers Liability

Pollution Liability
Professional Liability (E&O)
Vendor's Liability
Watercraft Liability

Underlying Insurance Coverage Information

Previous Experience

(give details of all liability claims exceeding \$10,000 or occurrences that may give rise to claims, during the past 5 years, whether insured or not. Specify date, coverage, description, amount paid, and amount outstanding)

Remarks

Care, Custody, Control

Property Location Address:

City:

State:

Zip Code:

Property Type:

Value: \$

Applicant

(check all that apply):

Is held harmless in the lease

Is a named insured in the fire policy

Has a waiver of subrogation

Other (specify):

Square Feet of Building Occupancy:

Occupancy/Description of Personal Property

Additional Exposures

Advertiser's Liability

Media Used:

Annual cost: \$

Are services of an advertising agency used?:

Is any coverage provided under the agency's policy?:

Aircraft Liability

Does the applicant own/lease/operate aircraft?:

Automobile Liability

Are explosives, caustics, flammables, or other dangerous cargo hauled?:

Are passengers carried for a fee?:

Are any units not insured by underlying policies?:

Are any vehicles leased or rented to others?:

Are hired and non-owned coverages provided?:

Contractor's Liability

Is bridge, dam, or marine work performed?:

Describe typical jobs performed:

Describe agreement:

Does the applicant own, rent, or otherwise use cranes?:

Do subcontractors carry coverages or limits less than the applicant?:

Employer's Liability

Is the applicant self-insured in any state?:

Subject to
(check all that apply):

Jones Act
Stop Gap

FELA

Other (specify):

Incidental Medical Malpractice Liability

Is a hospital or first aid facility maintained?:

Are coverages provided for doctors/nurses?:

Number of doctors:

Number of nurses:

Number of beds:

Pollution Liability

Do current or past products, or their components, contain hazardous materials that may require special disposal methods?:

Indicate the coverages carried
(check all that apply):

GL with standard ISO pollution exclusion
GL with standard sudden accidental only
GL with pollution coverage endorsement
Separate pollution coverage

Product Liability

Are missiles, engines, guidance systems, frames, or any other product used/installed in aircraft?:

Are foreign products distributed in the U.S.?:

Are U.S. products sold/distributed in foreign countries?:

Product liability loss in past 3 years (specify):

Gross sales from each of the last 3 years: \$ \$ \$

Protective Liability

Describe independent contractors:

Watercraft Liability

Does the applicant own or lease watercraft?:

Type of watercraft owned:

Length: feet

Horsepower:

Apartments/Condominiums/Hotels/Motels

Number of stories:

Number of units:

Number of swimming pools:

Number of diving boards:

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above, please enter it here:

***Acknowledgement and Consent**

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain a CLUE report and credit report about me on an ongoing basis during this quotation and policy period and to check my claims history and credit report on an ongoing basis during the term of the quotation and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes No**

***Enter Your Initials Here:**

***Today's Date:**

Ex. 01/15/2007

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