



Umbrella Section

Client Name: _____

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

1. Effective Date: _____ to _____

2. Requested Limits: \$ _____ Each Occ. Expiring Umbrella Carrier: _____
\$ _____ Aggregate Expiring Umbrella Premium: _____

3. Underlying Insurance

Type	Carrier - Policy Number	Effective Date	Expiration Date	Limits	Premium
General Liability				Per Occurrence	
				Aggregate	
Automobile Liability				Combined Single Limit	
				Bodily Injury	
				Physical Damage	
Employers Liability Workers Comp				Each Accident	
				Disease Policy Limit	
				Disease Each Employee	

4. Were there any claims or losses that have ever carried over to any Umbrella/Excess layers in the past five years? Yes No

5. Has any product, work, accident, or location been excluded, uninsured or self-insured from any previous coverage? Yes No

6. Does the current auto policy include symbol 1 - any auto? Yes No

7. Are explosives, caustics, flammables or other dangerous cargo hauled? Yes No

8. Are passengers carried for a fee? Yes No

9. Any units not insured by underlying policies? Yes No

10. Are any vehicles leased or rented to others? Yes No

11. Are hired and non-owned coverages provided? Yes No

12. Do subcontractors carry coverages or limits less than applicant? Yes No

13. Is applicant self-insured in any state? Yes No

14. Is applicant subject to: Jones Act FELA Stop Gap Other: _____

15. Are foreign products distributed in the U.S.? Yes No

16. Are U.S. products sold/distributed in foreign countries? Yes No

17. Product Liability loss in the last three years? Yes No

18. Vehicles

TYPE	Number Owned	Number Non-Owned	Number Leased
Private Passenger			
Trucks	Light		
	Medium		
	Heavy		
	Ex. Heavy		
Buses			



Reg. 194 Mandatory Initial Disclosure

As required by the New York State Insurance Department

As an independent insurance agent or insurance broker I, or my firm, (hereafter "I") may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or insurance broker I have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent insurance agent I may have authority to obligate the insurance company on your behalf and as a result I may be required to act within the scope of my contractual agreement with the company.

As the purchaser you need to understand that I typically will receive compensation from the selling company based on the agreement I have with the company. That compensation may vary from company to company and also be impacted by the volume of business I place with the company, the profitability of that business and other factors.

You may receive information about my compensation on the policy or policies you select and about any policies I have presented to you which you did not select by asking me for the information.