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				