

ACORD™ UMBRELLA SECTION

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)			
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN
				AGENCY BILL	AUDIT
		FOR COMPANY USE ONLY			
CODE:	SUBCODE:				
AGENCY CUSTOMER ID:					

POLICY INFORMATION

TRANSACTION TYPE		LIMIT OF LIABILITY		RETAINED LIMIT	
<input type="checkbox"/> NEW	PROPOSED RETROACTIVE DATE	\$	EACH OCCURRENCE	\$	
<input type="checkbox"/> RENEWAL		\$			
EXPIRING POL #:		CURRENT RETROACTIVE DATE:		FIRST DOLLAR DEFENSE	
				<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+ - RATING MOD
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL	\$	\$	
				BI	\$	\$	
				PD	\$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$	PREM/OPS	
				GENERAL AGGR	\$	\$	
				PROD & COMP OPS AGGREGATE	\$	PRODUCTS	
				PERSONAL & ADV INJURY	\$	\$	
				FIRE DAMAGE	\$	OTHER	
				MEDICAL EXPENSE	\$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	\$	
				DISEASE POLICY LIMIT	\$		
				DISEASE EACH EMPLOYEE	\$		

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1	ARE DEFENSE COSTS:	<input type="checkbox"/> WITHIN AGGREGATE LIMITS?	<input type="checkbox"/> A SEPARATE LIMIT?	<input type="checkbox"/> UNLIMITED?
2	INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3	HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
4	FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5	FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6	FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY?			<input type="checkbox"/> YES, EFF. DATE: <input type="text"/> <input type="checkbox"/> NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)		CARE, CUSTODY, CONTROL	
<input type="checkbox"/>	CGL - CLAIMS MADE		EMPLOYEE BENEFIT LIABILITY	
<input type="checkbox"/>	CGL - OCCURRENCE		FOREIGN LIABILITY/TRAVEL	
<input type="checkbox"/>			GARAGEKEEPERS LIABILITY	
<input type="checkbox"/>			INCIDENTAL MEDICAL MALPRACTICE	
<input type="checkbox"/>			LIQUOR LIABILITY	
<input type="checkbox"/>			POLLUTION LIABILITY	
<input type="checkbox"/>			PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/>			VENDORS LIABILITY	
<input type="checkbox"/>			WATERCRAFT LIABILITY	

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

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, AMOUNT OUTSTANDING)

NO SUCH CLAIMS

