

Application

UMBRELLA LIABILITY PROPOSAL

CAS-UMB



1. NAME OF PROPOSER AND ALL COMPANIES TO BE INSURED: _____

2. ADDRESS OF:

A) HEAD OFFICE: _____

B) MAIN LOCATIONS AND ANY FOREIGN OFFICES: _____

C) USA/CANADA LOCATIONS: _____

D) US VIRGIN ISLANDS: _____

3. DESCRIPTIONS OF ALL OPERATIONS: PLEASE DESCRIBE IN FULL ALL OPERATIONS OF INSURED, INCLUDING SUBSIDIARIES. IF THE INSURED HAS OPERATIONS IN USA/CANADA, PLEASE ADVISE IF OPERATIONS ARE MANUFACTURING, WAREHOUSING, SALES OFFICES, ETC.

4. ESTIMATE OF:

(A) ANNUAL PAYROLL: _____ [] (I) CLERICAL
[] (II) OTHER
(B) ANNUAL SALES OR RECEIPTS: _____ [] (I) DOMESTIC
[] (II) FOREIGN
[] (III) USA/CANADA (TYPE OF PRODUCTS, ALSO)
[] (IV) US VIRGIN ISLANDS

(C) ANNUAL ADVERTISING EXPENDITURES AND METHOD: _____

(D) NUMBER OF EMPLOYEES: _____ [] (I) CLERICAL
[] (II) OTHER

5. DETAILS INCLUDING VALUES AND FIRE RATES OF:

(A) LEASED PREMISES WITH VALUES EXCEEDING \$10,000 WHERE PROSPECT IS NOT HELD HARMLESS OR NAMED IN FIRE POLICY:

(B) ANY OTHER PROPERTY UNDER THE PROSPECT'S CARE, CUSTODY OR CONTROL WHERE VALUES ARE IN EXCESS OF \$10,000:

6. DETAILS OF ANY WRITTEN CONTRACTUAL AGREEMENT: _____

7. NUMBER AND TYPE OF OWNED OR LEASED:

(A) AIRCRAFT: _____

(B) WATERCRAFT: _____

8. DETAILS OF ANY LIABILITY LOSSES, INCLUDING RESERVES, (INSURED OR UNINSURED) EXCEEDING \$10,000 OCCURRING IN THE PAST 5 YEARS. IF NONE, PLEASE WRITE "NONE" IN THE SPACE BELOW:

9. LIST NUMBERS OF AUTOMOBILES:

(A) LIST NUMBERS OF AUTOMOBILES: _____ [] (I) LIGHT TRUCK:
[] (II) MEDIUM TRUCK:
[] (I) HEAVY TRUCK:
[] (II) TRACTOR TRAILERS/FLAT BED:
[] (III) BUS - (SHOW CAPACITY):

(B) PRIVATE: _____

(I) ARE INFLAMMABLES OR EXPLOSIVES TRANSPORTED? YES [] NO []

(II) ARE TOXIC, CORROSIVE, CHEMICALS TRANSPORTED? YES [] NO []

10. DOES PRIMARY POLICY PROVIDE:

(A) PROPERTY IN THE CARE, CUSTODY AND CONTROL YES [] NO []

(B) ANY OTHER EXTENSION (PLEASE GIVE DETAILS) YES [] NO []

11. DETAILS OF ANY SPECIFIC SPECIAL EXCLUSION IN PRIMARY COVER: _____

12. DETAILS OF ANY SPECIFIC SPECIAL EXCLUSION IN PRIMARY COVER:

COVERAGE	LIMITS	INSURER	POLICY NO.	PERIOD	PREMIUM
a) Premises Operations	Occ. Agg.				
b) Products-Completed/Ops.	Occ. Agg.				
c) Employers Liab.	Acc. Occ.				
d) Automobile Liability	Acc. Occ.				
e) Hired Non Owned	Acc. Occ.				
f) Garage Liab.	Acc. Occ.				
g) Other (Watercraft, Aviation, etc.)					

13. LIMITS OF LIABILITY DESIRED

(A) \$ _____ EXCESS OF PRIMARY OR SELF-INSURANCE

AMOUNT TO BE SELF-INSURED? _____

(B) EXCESS OF PRIMARY OF SELF-INSURED UP TO \$ _____

THE APPLICANT STATES THAT THE ABOVE INFORMATION AND FACTS ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANTS ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED BEFORE APPLICANT MAY BE BOUND AND POLICY ISSUED.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

APPLICANT SIGNATURE: _____ DATE: _____

AGENT/ BROKER: _____