



AGENCY CUSTOMER ID: 12345

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

12/05/2022

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY Sensible	License # 100000000	CARRIER Test Agency	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 12/09/2022	NAMED INSURED(S) John Smith	

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT	
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> UMBRELLA	<input checked="" type="checkbox"/> OCCURRENCE	RETROACTIVE DATE	\$	25,000,000 EA OCC	\$	
<input type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	PROPOSED CURRENT	\$	25,000,000 Aggregate		
EXPIRING POL #:				\$	FIRST DOLLAR DEFENSE (Y / N)		

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

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
1	NAME: John Smith LOCATION: 123 Test St San Francisco, CA 94414 DESCRIPTION: Store		\$12,000,000.00		120
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

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	Hired & Non-owned only			CSL EA ACC \$ \$1,000,000	\$	
				BI EA ACC \$	\$	
				BI EA PER \$		
				PD EA ACC \$	\$	
GENERAL LIABILITY POLICY TYPE	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE			EACH OCCURRENCE \$ 1,000,000	PREM / OPS	
				GENERAL AGGR \$ 2,000,000	\$	
				PROD & COMP OPS AGGREGATE \$	PRODUCTS	
				PERSONAL & ADV INJURY \$	\$	
				DAMAGE TO RENTED PREMISES \$	OTHER	
				MEDICAL EXPENSE \$	\$	
EMPLOYERS LIABILITY	Some Insurance Company	05/22/2023	05/22/2024	EACH ACCIDENT \$ \$1,000,000	\$	
				DISEASE \$		
				EACH EMPLOYEE \$ \$1,000,000		
				DISEASE POLICY LIMIT \$ \$1,000,000		
Liquor Liability				\$1,000,000 per occurrence/\$2,000,000 Aggregate	\$	
					\$	

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)									
1. ARE DEFENSE COSTS:		WITHIN AGGREGATE LIMITS?			A SEPARATE LIMIT?		<input checked="" type="checkbox"/> UNLIMITED?		
2. INDICATE THE EDITION DATE OF THE ISO 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? (Y / N) <input type="checkbox"/>									
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? (Y / N) <input type="checkbox"/> EFF. DATE: _____									
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		
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)		<input type="checkbox"/>	CARE, CUSTODY, CONTROL	<input type="checkbox"/>		<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE		<input checked="" type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input checked="" type="checkbox"/>	CGL - OCCURRENCE		<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>		<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
COVERAGE			EXPOSURE	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>				
<input type="checkbox"/>	AIRCRAFT LIABILITY		<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>				
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		<input checked="" type="checkbox"/>	LIQUOR LIABILITY	<input type="checkbox"/>				
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>	POLLUTION LIABILITY	<input type="checkbox"/>				
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.									
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.									
<input type="checkbox"/>	NO SUCH CLAIMS								

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)							

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: 12345

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										N
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										N
6. ARE PASSENGERS CARRIED FOR A FEE?										N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										Y
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										N
16. SUBJECT TO:										
JONES ACT										
FELA										
STOP GAP										
OTHER:										
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										N
19. INDICATE # OF DOCTORS:										
NURSES:										
BEDS:										

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EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED													Y / N																				
EPA #: POLLUTION LIABILITY																																	
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?																																	
21. INDICATE THE COVERAGES CARRIED:																																	
<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION				<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT																													
<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY				<input type="checkbox"/> SEPARATE POLLUTION COVERAGE																													
PRODUCT LIABILITY																																	
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?																																	
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)														N																			
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)														N																			
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____																																	
PROTECTIVE LIABILITY																																	
26. DESCRIBE INDEPENDENT CONTRACTORS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																																	
WATERCRAFT LIABILITY																																	
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?																																	
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REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE

Jane Doe

PRODUCER'S NAME (Please Print)

Jane Doe

STATE PRODUCER LICENSE NO
(Required in Florida)

DATE

NATIONAL PRODUCER NUMBER
12345678