

UMBRELLA / EXCESS SECTION

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

DATE (MM/DD/YYYY)

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ACO	RD 131	(2011/1	1)						Page '	1 of 5	©	1991-2011 A	CORD CORPORA	TION. All rights	s reserved.

JNDERL'	YING INSURAI	NCE (cont	tinued)			AG	ENC) Y:	CUSTOMER ID:							
UNDERLYIN	NG GENERAL LIABIL	ITY INFORMA	ATION (Explain	n all "YE	S" responses)											
1. ARE I	DEFENSE COSTS	S:	WI	THIN A	GGREGATE LIMITS?	?		Π	A SEPARATE LIMIT?			UNLIMITED?				
2. INDIC	CATE THE EDITIC	N DATE OF	F THE ISO F	FORM C	R SIMILAR FILING F	OR	THE	UNI	DERLYING COVERAGE:			·				
3. HAS /	ANY PRODUCT, 1	WORK, ACC	CIDENT OR	LOCAT	ION BEEN EXCLUD	ED, l	JNIN	SUF	RED OR SELF-INSURED F	FROI	M AN	NY PREVIOUS C	OVERAGE	E? (Y / N)		
4. FOR	CLAIMS MADE II	NDICATE R	ETROACTI\	VE DAT	E OF CURRENT UNI	DER	I YIN	IG P	OLICA.							
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									IMARY OR EXCESS POLI	CY?	(Y)	/N) EFI	F. DATE: _			
									ARE PRESENT FOR EACH CO' BEYOND STANDARD FORMS:					XPLAIN IF		
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ANY A	AUTO (SYMBOL 1)				CARE, CUSTODY, O	CONT	ROL					PROFESSIONAL	LIABILITY (E	E&O)		
CGL -	CLAIMS MADE				EMPLOYEE BENEF	IT LIA	BILIT	Ϋ́				VENDORS LIABIL	JTY			
CGL -	OCCURRENCE				FOREIGN LIABILITY	//TR	AVEL					WATERCRAFT LI	ABILITY			
COVERAGE	E		EXPO	SURE	GARAGEKEEPERS	LIAB	ILITY									
AIRCR	RAFT LIABILITY				INCIDENTAL MEDIC	CAL N	1ALPF	RACT	TICE							
AIRCR	RAFT PASSENGER L	IABILITY			LIQUOR LIABILITY											
ADDIT	TONAL INTERESTS				POLLUTION LIABIL	ITY										
WHETHER required.									ICES THAT MAY GIVE RISE TO						ee is	
CARE, C	CUSTODY, COI	NTROL														
LOC P	PROPERTY TYPE			VALUE	-	A*	B*	C*		D*			S	Q FT OF BLD	g occ	
	REAL															
OCCUPANO	PERSONAL CY / DESCRIPTION O	F PERSONAL	L PROPERTY													
*APPL	ICANT: [A] IS HE	LD HARMLI	ESS IN THE	LEASE	, [B] HAS A WAIVER	OF	SUB	ROC	GATION, [C] IS A NAMED I	NSL	JREE	IN THE FIRE P	OLICY, [D	OTHER (s	pecify)	
VEHICLI	ES	ı	<u> </u>									-				
TYPE # OWNED # NON- OWNED # LEA			# LEASE	ED .				PROPERTY HAULED				LOCAL	ADIUS (MILE INTER- MEDIATE	S) LOI DISTA	NG NCE	
PRIVAT	E PASSENGER															
	LIGHT															
TRUCKS	MEDIUM							_								
220	HEAVY															

TRUCKS / TRACTORS

EX. HEAVY

HEAVY EX. HEAVY

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID:

EXP	LAIN 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?	
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	AIRCRAFT LIABILITY	
_		
4.	DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	
	AUTO LIABILITY	
5.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	
6.	ARE PASSENGERS CARRIED FOR A FEE?	
	ANIV LINITO NOT INCLIDED DV LINIDEDLVINO DOLLOIFOS	
/٠	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
8.	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	
9.	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
	CONTRACTORS LIABILITY	
10	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
10.	TO STABOL, STAIN, OT HIS WATER TOTAL STAINES.	
44	PECODIDE TYPICAL IODO PEDECOMED (ACODD ACA ALEGA AL Daniel A Calad III and Institute	
11.	DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
12	DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
	2200 NO 12 NO 12 NO 10 N	
40	DOEG ADDITIONAL DENT OF OTHERWISE HOE OBANEGO	
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?	
40	OUD FOT TO LONGO ACT FELA CTOP CAP CTUED	
16.	SUBJECT TO: JONES ACT FELA STOP GAP OTHER: INCIDENTAL MALPRACTICE LIABILITY	
4-		
17.	IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	
18.	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	
19.	INDICATE # OF DOCTORS: NURSES: BEDS:	

PROJUCT TO PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? 21. INDICATE THE COVERAGES CARRIED: GL WITH STANDARD ISO POLLUTION EXCLUSION SEPARATE POLLUTION COVERAGE PRODUCT LIABILITY 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTAILED IN AIRCRAFT? 23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Allustin ACORD 810) 42. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) 25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS? (SPECIFY) 26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks, Schedule, may be attached if more space is required) WATERCRAFT LIABILITY 27. DOES APPLICANT OWN OR LEASE WATERCRAFT? LOC # SOWNED LENGTH HORSEPOWER LOC # SOWNED LENGTH HORSEPOWER APARTMENTS / CONDOMINUMS / HOTHELS / MOYELS REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		DITIONAL EX												
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77. DOES APPLICANT OWN OR LEASE WATERCRAFT? LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH HORSEPOWER APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS 18. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS														
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LOC # # OWNED LENGTH HORSEPOWER LOC # # OWNED LENGTH HORSEPOWER APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS 28. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS						WATE	RCRAFT LIABIL	ITY						
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS 18. LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS LOC # # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS	7.		NT OWN OR I	EASE	WATERCRAFT?									
8. LOC# #STORIES #UNITS #SWIMMING POOLS #DIVING BOARDS LOC# #STORIES #UNITS #SWIMMING POOLS #DIVING BOARDS		LOC#	OWNED		LENGTH	HORSEPOWER	LOC#	# OWNED		LENGTH	H	HORSEPOWER		
28. LOC# #STORIES #UNITS #SWIMMING POOLS #DIVING BOARDS LOC# #STORIES #UNITS #SWIMMING POOLS #DIVING BOARDS														
	_	100# #81	ODIES #1	NITS	# SWIMMING POOLS					# SWIMMING D	2001 8	# DIVING BOARDS		_
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	8.	100# #31	JRIES # C	INITO	# SWIMMING FOOLS	# DIVING BOARDS	100#	# STORIES	# 014113	# SVVIIVIIVIING P	OOLS	# DIVING BOARDS		
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		MARKS (ACO	KD 101, Add	itiona	ii Remarks Sched	ule, may be atta	acnea ii mo	re space is r	equirea)					_

	AGENCY CUSTOMER ID:		
REMARKS (ACORD 101, Additional Remarks Schedule, ma	y be attached if more space is required)		
SIGNATURE			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD A	NY INSURANCE COMPANY OR ANOTHER PERSO	ON FILES AN APPLICA	ATION FOR INSURANCE OR
STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFOFFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE A PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK,	RMATION, OR CONCEALS FOR THE PURPOSE OF CT, WHICH IS A CRIME AND SUBJECTS THE PER	F MISLEADING INFOR SON TO CRIMINAL AN	MATION CONCERNING ANY ID [NY: SUBSTANTIAL] CIVIL
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROV THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRI INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED E	SONMENT AND/OR FINES. IN ADDITION, AN INSU		
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADI			TEMENT OF CLAIM OR AN
IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT 1 BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURI OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSUR	PORTED INSURER, BROKER OR ANY AGENT THE THE RATING OF AN INSURANCE POLICY FOR F ANCE POLICY FOR COMMERCIAL OR PERSONAL	EREOF, ANY WRITTEN PERSONAL OR COMM LINSURANCE WHICH	N STATEMENT AS PART OF, MERCIAL INSURANCE, OR A SUCH PERSON KNOWS TO
CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDUL	LENT INSURANCE ACT.		,
IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR S' THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FA A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL F	FATEMENT OF CLAIM CONTAINING ANY MATERI. ACT MATERIAL THERETO, MAY BE COMMITTING A	ALLY FALSE INFORM	ATION, OR CONCEALS FOR
IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INDEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT			ANY FOR THE PURPOSE OF
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED M	OTORISTS (UM) AND/OR UNDERINSURED MOTO	RISTS (UIM) COVERA	GE IN MY STATE:
UNINSURED MOTORISTS (UM) COVERAGE: \$	* UNDERINSURED MOTORISTS (UIM) C	OVERAGE: \$	*
* IF APPLICABLE IN YOUR STATE			
	<u>JISIANA, NEW HAMPSHIRE, VERMONT AND WISC</u>	ONSIN	
APPLICABLE ONLY IN LOUISIANA:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO IN LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT		SELECTING UM LIMI	TS EQUAL TO MY LIABILITY
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.	OR 2. I REJECT UM COVERA	AGE IN ITS ENTIRETY	(INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:	,		
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO MELIMITS OR TO REJECT UM COVERAGE ENTIRELY.	ME, AND I HAVE BEEN OFFERED THE OPTION OF	SELECTING UM LIMI	TS EQUAL TO MY LIABILITY
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS	OR 2. I REJECT UM COVERA	AGE IN ITS ENTIRETY	(INITIALS)
APPLICABLE ONLY IN VERMONT:			
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE E APPLICATION.	QUAL TO MY LIABILITY LIMITS. I HAVE SELEC	TED THE LIMITS IND	ICATED IN THIS
APPLICABLE ONLY IN WISCONSIN:			
IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDEF	R THE POLICY: MEDICAL PAYMENTS COVERAGE	IS	IS NOT AVAILABLE.
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE THE ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLI			
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER