

ACORD® UMBRELLA SECTION

DATE (MM/DD/YY)

PRODUCER PHONE (A/C, No, Ext):

APPLICANT (First Named Insured)

EFFECTIVE DATE: 01/01/2008 EXPIRATION DATE: 01/01/2009

DIRECT BILL: PAYMENT PLAN: AUDIT:

AGENCY BILL

CODE: SUBCODE:

AGENCY CUSTOMER ID:

FOR COMPANY USE ONLY

POLICY INFORMATION

| TRANSACTION TYPE | PROPOSED RETROACTIVE DATE | LIMIT OF LIABILITY | RETAINED LIMIT |
|------------------|---------------------------|--------------------|----------------|
| NEW | | \$ | \$ |
| RENEWAL | | \$ | \$ |

EXPIRING POL #: CURRENT RETROACTIVE DATE: FIRST DOLLAR DEFENSE: YES 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

| TYPE | CARRIER/POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | LIMITS | ANNUAL RENEWAL PREMIUM | RATING MOD |
|-------------------------------|-----------------------|-----------------|-----------------|-------------------------|------------------------|------------|
| AUTOMOBILE LIABILITY | | | | CSL \$ | \$ | |
| | | | | BI \$ | \$ | |
| | | | | PD \$ | \$ | |
| GENERAL LIABILITY POLICY TYPE | | | | EACH OCCURRENCE \$ | PREM/OPS | |
| | | | | GENERAL AGGR \$ | \$ | |
| | | | | PROD & COMP OPS \$ | PRODUCTS | |
| | | | | AGGREGATE \$ | \$ | |
| | | | | PERSONAL & ADV \$ | \$ | |
| | | | | INJURY \$ | \$ | |
| | | | | FIRE DAMAGE \$ | OTHER | |
| EMPLOYERS LIABILITY | | | | EACH ACCIDENT \$ | \$ | |
| | | | | DISEASE POLICY LIMIT \$ | \$ | |
| | | | | DISEASE \$ | \$ | |
| | | | | EACH EMPLOYEE \$ | \$ | |

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

1 ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? 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? YES 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? YES, EFF. DATE: 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"/> | CARE, CUSTODY, CONTROL | | PROFESSIONAL LIABILITY (E&O) | |
| <input type="checkbox"/> | EMPLOYEE BENEFIT LIABILITY | | VENDORS LIABILITY | |
| <input type="checkbox"/> | FOREIGN LIABILITY/TRAVEL | | WATERCRAFT LIABILITY | |
| <input type="checkbox"/> | GARAGEKEEPERS LIABILITY | | | |
| <input type="checkbox"/> | INCIDENTAL MEDICAL MALPRACTICE | | | |
| <input type="checkbox"/> | LIQUOR LIABILITY | | | |
| <input type="checkbox"/> | POLLUTION 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

