| ACORD _™ UMBRELLA SECTION | | | | | | | | | | | | | DATE (MM/DD/YY) | | | | | |
|----------------------------------------------------------|------------|-----------------------------------------------------------------------------------|-----------------------|-------------------------|---------------------------------------|-----------------------|----------------|------------------------------------------|----------------|-----------------|--------------------|-------------------|-------------------|---------------------------|-----------|--------|-------------|--|
| | DUCER | PHONE | | APPLICANT | | | | | | | | | | | | | | |
| (A/C, No, Ext): | | | | | | (First Named Insured) | | | | | | | | | | | | |
| | | | | | EFFECTIVE DATE EXPIRATI | | | ON DATE | DIRECT BILL | | | PAYME | 'LAN A | | AUI | AUDIT | | |
| | | | | | FOR | | | | | AGENCY BIL | | | | | | | | |
| COD | E. | SUBCODE: | | | COMPANY USE ONLY | | | | | | | | | | | | | |
| AGENCY | | | | | | | | | | | | | | | | | | |
| | TOMER ID: | ORMATION | | | | | | | | | | | | | | | | |
| | | TRANSACTION TYPE | | LIMIT OF LIABILITY RET. | | | | | | | | | | AINED LIMIT | | | | |
| NEW PROPOSED RETROACTIVE DATE | | | | \$ | | EACH OCCURRENCE \$ | | | | | | | | | | | | |
| RENEWAL | | | | | \$ | | | | | | | | | | | | | |
| EXP | RING POL# | : | | CURREN | CURRENT RETROACTIVE DATE: FIRST DOLLA | | | | | | | | | DEFENSE YES N | | | | |
| PR | MARY L | OCATION & SUBSIDIARIES (AC | ORD 1 | 25) | | | | | | | | | | | · | | | |
| # NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY | | | | | ES (Describ | e Operatio | ANNUAL PAYROLL | | | | ANN GROSS SALES FO | | REIGN GROSS SALES | | ES # E | # EMPL | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| UN | DERLYIN | IG INSURANCE | | | | | | | | | | | | | | | | |
| | | LIST ALL LIABIL | ITY/COM | 1PENSATI | ON POLICIE | S IN FORC | CE TO APPLY | AS UNDE | RLY | ING INSURAN | ICE | | | | | RA | + - TING | |
| TYPE CARRIER/POLICY NUMBER | | | | POLICY | EFF DATE | POLICY | EXP DATE | LIMIT | | | rs | | AN | ANNUAL RENEWAL PREMIUM | | | IOD | |
| A 1 1T | OMODILE | | | | | | | CSL \$ | | | | | \$ | \$ | | 4 | | |
| AUTOMOBILE LIABILITY | | | | | | | | BI | | \$ | | | | \$ | | _ | | |
| | | | | | | | | PD | | \$ | | | \$ | | | | | |
| GENERAL | | | | | | | | | | H OCCURRENCE \$ | | | PREM/OPS | | | | | |
| LIABILITY POLICY TYPE | | | | | | | | GENERAL AGGR \$ PROD & COMP OPS | | | | \$ | | | | - | | |
| | | | | | | | | AGGREGATE \$ PERSONAL & ADV | | | | | | PRODUCTS | | | | |
| OCCUR CLAIMS MADE | | | | | | | | INJURY \$ FIRE DAMAGE \$ | | | | | | HER | | - | | |
| | | | | | | | | | | | | | | | | | | |
| EMPLOYERS LIABILITY | | | | | | | | | | - | | | \$ | | | | | |
| | | | | | | | | EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ | | | | \$ | | | | | | |
| | | | | | | | | POLICY LIMIT \$ DISEASE EACH EMPLOYEE \$ | | | | | | | | | | |
| | | | | | | | | EACH EN | VIPLO |) EE | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| UND | ERLYING GE | ENERAL LIABILITY INFORMATION (Explain a | II "YES" I | responses | s) | | | • | | | | ' | | | | | | |
| 1 | ARE DEFI | ENSE COSTS: WITH | IN AGG | REGATI | E LIMITS? | | A SE | PARATE | LIM | IIT? | | UNLIMITED? | | | | | | |
| 2 | INDICATE | THE EDITION DATE OF THE ISO SIM | 1PLIFIE | D FORM | OR SIMIL | AR FILIN | IG FOR TH | E UNDEF | RLY | ING COVER | RAGI | <u>-</u> ≣: | | | | | | |
| 3 | HAS ANY | PRODUCT, WORK, ACCIDENT, OR L | OCATIO | ON BEEN | I EXCLUDI | ED, UNIN | NSURED O | R SELF II | NSL | JRED FROM | 1 AN | Y PREVIOUS CO | VER | AGE? | YES | 3 | NO | |
| 4 | FOR CLAI | MS MADE, INDICATE RETROACTIVE | DATE (| OF CURE | RENT UND | DERLYIN | G POLICY: | | | | | | | | | | | |
| 5 | FOR CLAI | MS MADE, INDICATE ENTRY DATE II | NTO UN | IINTERR | UPTED CL | LAIMS M | ADE COVE | RAGE: | | | | | | | | | | |
| 6 | | MS MADE, WAS "TAIL" COVERAGE F | | | | | | | | | | YES, EFF. DAT | | N. EVDI | A 15.1.15 | | NO | |
| | DIF | ECK ALL COVERAGES IN UNDERLYING POFFERENT LIMITS, EXTENSIONS, OR EXCLUS | LICIES. A SIONS. E | XPLAIN AI | Y SPECIAL | . COVERA | GES BEYONI | D STANDA | RD F | ORMS. EXPL | AIN A | ALL EXPOSURES | IATIC | N. EXPL | AIN IF | | | |
| | 1 | CHECK IF APPROPRIATE | CO | VERAGE | | | | | l | EXPOSURE | COV | ERAGE | | | | EXPOS | SURE | |
| ANY AUTO (SYMBOL 1) | | | | CARE, | CUSTODY, | CONTROL | - | | | | | PROFESSIONAL L | IABIL | ILITY (E&O) | | | | |
| CGL - CLAIMS MADE | | | | _ | YEE BENEF | | | | | | | VENDORS LIABILITY | | | | | | |
| CGL - OCCURRENCE | | | | _ | GN LIABILIT | | | | WATERCRAFT LIA | | | | BILITY | | | | | |
| COVERAGE EXPOSURE AIRCRAFT LIABILITY | | | | | GEKEEPERS | | | | | | | - | | | | | | |
| | | | _ | _ | NTAL MEDI | | PRACTICE | | | | | - | | | | | | |
| AIRCRAFT PASSENGER LIABILITY ADDITIONAL INTERESTS | | | | | UOR LIABILITY | | | | | | | | | | | | | |
| UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL F | | | | | DLLUTION LIABILITY | | | | | | | | | | | | | |
| EXT | ENSIONS OF | COVERAGE - ATTACH SEPARATE SHÈET I | FNECES | SSARY) | | | | ., | | . , | | -, - | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| PRE | VIOUS EXPE | RIENCE: (GIVE DETAILS OF ALL LIABILITY (RED OR NOT. SPECIFY DATE, COVERAGE, I | CLAIMS E | XCEEDIN | IG \$10,000 C | OR OCCUR | RENCES TH | AT MAY G | IVE F | RISE TO CLAI | MS, [| DURING THE PAST 5 | YEA | .RS, | | | | |
| WHE | THER INSU | RED OR NOT. SPECIFY DATE, COVERAGE, I | DESCRIP | PTION, AM | OUNT PAID, | , amount | OUTSTAND | ING) | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | NO SUCH | CLAIMS | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

| CARE, CUSTODY, CO | NTROL | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------|-------------------------------------|---------|--------------------------------------------|------------|-------------|-------------------|-----------|-------------------------------------------------------|------------------------------------------------------------|----------|----------|---------------------------------|-------------|-----------|-------|--------------|--|--|--|
| LOC PROPERTY TYPE | VALUE | A* | B* C* | D* | SQ FT OF BI | LDG OCC | | | | осс | UPANCY | / DESCRIPTION OF PERSONA | AL PROPERTY | | | | | | |
| REAL | | | | | | | | | | | | | | | | | | | |
| PERSONAL | | | | | | | | | | | | | | | | | | | |
| REAL | | | | | | | | | | | | | | | | | | | |
| PERSONAL | | \perp | | | | | | | | | | | | | | | | | |
| REAL | | | | | | | | | | | | | | | | | | | |
| PERSONAL | | | | | | | | | | | | | | | | | | | |
| *APPLICANT: [A] IS HE | LD HARMLESS IN T | HE LE | ASE, | [B] | HAS A WAI | /ER OF | SUB | ROGATIO | N, [C] | IS A | NAMED | INSURED IN THE FIRE F | POLICY, [D] | OTHER (sp | ecify | ') | | | |
| ADDITIONAL EXPOSU | IRES | | | | | | | 1 | | | | | | | | | | | |
| EXPLAIN ALL "YES" RESPONS | SES, PROVIDE OTHER IN | FORM | ATION | REC | QUIRED | YES | NO | EXPLAIN | ALL "Y | /ES" R | ESPONS | ES, PROVIDE OTHER INFORM | ATION REQUI | RED | YES | NO | | | |
| ADVERTISERS LIABILITY | | | | | | | | POLLUTIO | ON LIA | BILITY | ' E | PA#: | | | | | | | |
| 1. MEDIA USED: | | ANN | UAL (| COS | ST: \$ | | | 20. DO (| CURR | ENT | OR PAS | T PRODUCTS, OR THEIR | COMPONE | NTS, | | | | | |
| 2. ARE SERVICES OF AN | ADVERTISING AGE | NCY | USE |)? | | | | | | | | S MATERIALS THAT MAY ETHODS? | REQUIRE | | | | | | |
| 3. ANY COVERAGE PRO | VIDED UNDER AGE | NCY'S | POL | .ICY | ′? | | | J JFL | CIAL | DISE | OOAL IVI | LITIODS: | | | | | | | |
| AIRCRAFT LIABILITY | | | | | | | | 21. INDI | CATE | THE | COVER | AGES CARRIED: | | | | | | | |
| 4. DOES APPLICANT OW | /N/LEASE/OPERATE | AIRC | RAF | Γ? | | | | 1 | | | GL WIT | H STANDARD ISO POLLI | UTION EXC | USION | | | | | |
| AUTO LIABILITY | | | | | | | 1 | 1 | | Ш | GL WIT | H STANDARD SUDDEN & | ACCIDENT | AL ONLY | | | | | |
| 5. ARE EXPLOSIVES, CA | | ES O | R OT | HEF | R | | | | | Ш | GL WIT | H POLLUTION COVERAG | SE ENDORS | EMENT | | | | | |
| DANGEROUS CARGO | HAULED? | | | | | | | | | | SEPAR | ATE POLLUTION COVER | AGE | | | | | | |
| 6. ARE PASSENGERS CA | ARRIED FOR A FEE? | > | | | | | | PRODUCT | T LIAB | ILITY | | | | | | | | | |
| 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? | | | | | | | | | | | | ES, GUIDANCE SYSTEM | | OR ANY | | | | | |
| 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? | | | | | | | | ОТН | OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? | | | | | | | | | | |
| 9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED? | | | | | | | | 23. ARE | | | | | | | | | | | |
| CONTRACTORS LIABILITY | | | | | | | | | 24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES? | | | | | | | | | | |
| 10. IS BRIDGE, DAM, OR I | MARINE WORK PERI | FORM | IED? | | | | | 25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY) | | | | | | | | | | | |
| 11. DESCRIBE TYPICAL J | RATE SHEE | | 26. GROSS SALES FROM EACH OF LAST 3 YEARS: | | | | | | | | | | | | | | | | |
| | | | | | | | | \$ | | | | \$ | \$ | | | | | | |
| | | | | | | | | PROTECT | IVE LI | ABILIT | Υ | | | | | | | | |
| 13. DOES APPLICANT OW | /N RENT OR OTHE | RWIS | E USI | = CI | RANES? | | | - | | | | | | | | | | | |
| 14. DO SUBCONTRACTOR LESS THAN APPLICAN | RS CARRY COVERA | | | | | | | WATERCI | RAFTI | IARII I | ITY | | | | | | | | |
| EMPLOYERS LIABILITY | | | | | | | | | | | | N OR LEASE WATERCRA | AFT? | | | | | | |
| 15. IS APPLICANT SELF-II | NSURED IN ANY STA | ATE? | | | | | | # OWN | | | | | POWER | | | | | | |
| 16. SUBJECT TO: | JONES ACT OTHER: | FELA | | | STOP GAP | ' | | | | | | | | | | | | | |
| INCIDENTAL MALPRACTICE LI | ABILITY | | | | | | | APARTME | ENTS / | COND | OMINIUM | S / HOTELS / MOTELS | | | | | | | |
| 17. IS A HOSPITAL OR FIF | RST AID FACILITY MA | AINTA | INEC |)? | | | | # STORI | # STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS | | | | | | | | | | |
| 18. ARE COVERAGES PR | OVIDED FOR DOCTO | ORS / | NUR | SES | 6? | | | | | | | | | | | | | | |
| 19. INDICATE # OF DOCT | ORS: NUF | RSES | : | | BEDS: | | | | | | | | | | | | | | |
| REMARKS | | VEH | IICLE | ES | | | | | | | | | | | | | | | |
| | | | | TYF | PE | # OWN | IED | # NON- OWNED | # LE | ASED | | PROPERTY HAULED | 0-50 MI | 50-200 MI | | VER 00 MI | | | |
| | | PI | RIVAT | E PA | ASSENGER | | | | | | | | | | | | | | |
| | | | | L | LIGHT | | | | | | | | | | | | | | |
| | | _ | | N | MEDIUM | | | | | | | | | | | | | | |
| | | TRU | JCKS | ŀ | HEAVY | | | | | | | | | | | | | | |
| | | | | E | EX. HEAVY | | | | | | | | | | | | | | |
| | | TRI | JCKS/ | F | HEAVY | | | | | | | | | | | | | | |
| | | | CTORS | 3 E | EX. HEAVY | | | | | | | | | | | | | | |
| | | BU | SES | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| APPLICABLE ONLY IN LO | UISIANA, NEW MEXI | CO. C | HIO. | TEI | NNESSEE A | ND VER | MON | NT: | - | | | | - | | | | | | |
| I ACKNOWLEDGE THAT UM LIMITS EQUAL TO MY | | | | | | | | | | | | | | N OF SELE | ECT | NG | | | |
| 1. I SELECT UM LIMITS IN | DICATED IN THIS AF | PPLIC | ATIO | N. | | (INITI | ALS) | OR | 2. 1 | REJE | CT UM | COVERAGE IN ITS ENTIF | RETY. | (IN | NITI/ | (LS | | | |
| IMPORTANT THE STATEMENTS (AN NOT WILLFULLY CONC | SWERS) GIVEN ABO EALED OR MISREP | OVE A | ARE T | RU D AI | NY MATERIA | URATE. AL FACT | THE OR | APPLICA CIRCUMS | NT H | AS CE | 1 | ANT'S SIGNATURE | | DATE | | / | | | |
| ACORD 131 (1/96) | | | | | | | | | | | | | 1 | | | | | | |