



www.CoverX.com

Producer: \_\_\_\_\_

Producer Is:    Wholesaler    Retailer

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Excess & Surplus Lines License No.: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

If Renewal, Provide Current Policy No.: \_\_\_\_\_

**MICHIGAN**

29621 NORTHWESTERN HWY.  
P.O. BOX 5096  
SOUTHFIELD, MICHIGAN 48086  
(248) 358-4010 Telephone  
(248) 358-2459 Fax  
coverxuw@coverx.com Underwriting Email

**TEXAS**

311 S. JUPITER, SUITE 200  
ALLEN, TEXAS 75002  
(214) 495-7717 Telephone  
(214) 495-7062 Fax  
covertx@coverx.com Underwriting Email

**BOSTON**

TEN POST OFFICE SQUARE, SUITE 705 NORTH  
BOSTON, MASSACHUSETTS 02109  
(617) 426-6262 Telephone  
(617) 426-8488 Fax  
coverxma@coverx.com Underwriting Email

**CALIFORNIA – COVERX INSURANCE SERVICES – License #0573926**

3240 EL CAMINO REAL, SUITE 110  
IRVINE, CALIFORNIA 92602  
(888) 536-6440 Telephone  
(888) 451-1996 Fax  
coverxca@coverx.com Underwriting Email

**WASHINGTON**

720 OLIVE WAY, SUITE 840  
SEATTLE, WASHINGTON 98101  
(206) 624-6335 Telephone  
(866) 684-6140 Fax  
coverxwa@coverx.com Underwriting Email

**GEORGIA**

PARKSIDE TERRACE WEST, SUITE 100  
3780 MANSELL ROAD  
ALPHARETTA, GEORGIA 30022  
(770) 649-9450 Telephone  
(877) 340-7545 Fax  
coverxga@coverx.com Underwriting Email

**IMPORTANT – TO BE COMPLETED BY PRODUCER WHO WILL HANDLE THE SURPLUS LINES TRANSACTION(S). Resident or Non-Resident Surplus Lines Licensee Information for Applicant’s State of Domicile:**

SL License State: \_\_\_\_\_

SL License No.: \_\_\_\_\_

SL License Expiration Date: \_\_\_\_\_

SL Licensee Name: \_\_\_\_\_

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): \_\_\_\_\_

SL Licensee Agency Name (if Entity License): \_\_\_\_\_

**COMMERCIAL UMBRELLA / EXCESS LIABILITY APPLICATION**

**NOTE: AN UMBRELLA OR EXCESS LIABILITY QUOTE WILL ONLY BE PROVIDED IF WE ARE TO WRITE THE PRIMARY COMMERCIAL GENERAL LIABILITY COVERAGE.**

1. Applicant Legal Name (First Named Insured): \_\_\_\_\_

Other Named Insureds (if any):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. If additional space is necessary, please provide additional worksheet.

2. Applicant Trade Name (if any): \_\_\_\_\_

3. Street Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Additional Locations (if any): (List all owned, leased, rented, occupied locations)

- a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. If additional space is necessary, please provide additional worksheet.

4. Date Business Started: \_\_\_\_\_ FEIN #: \_\_\_\_\_ Website address: \_\_\_\_\_  
 5. Name of contact person for inspection/audit: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 6. Name of contact person for accounting records: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 7. Applicant is:  Individual  Corporation  Partnership  Limited Liability Corporation  Joint Venture  
 Subchapter "S" Corporation  Not For Profit Organization  
 8. Is the Applicant a subsidiary of another entity?  Yes  No  
 If Yes, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 9. Does the Applicant have any subsidiaries?  Yes  No  
 If Yes, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 10. Any Policy or coverage declined, cancelled or non-renewed during the prior 3 years?  Yes  No

**PRIOR CARRIER INFORMATION**

CATEGORY	CURRENT TERM	1 <sup>ST</sup> PRIOR	2 <sup>ND</sup> PRIOR	3 <sup>RD</sup> PRIOR	4 <sup>TH</sup> PRIOR
CARRIER					
POLICY NUMBER					
EFF-EXP DATE					
PREMIUM					

**LIMIT OF UMBRELLA / EXCESS LIABILITY REQUESTED**

\$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000  
 Annual Gross Payroll: \$ \_\_\_\_\_ Annual Gross Receipts: \$ \_\_\_\_\_

**UNDERLYING INSURANCE: IF COVERAGE OVER AUTO LIABILITY OR EMPLOYERS LIABILITY IS DESIRED, PLEASE PROVIDE FULL COPIES OF LIABILITY APPLICATIONS PROVIDED TO PRIMARY UNDERWRITERS (AUTO LIABILITY OR EMPLOYERS LIABILITY).**

LIST PRIMARY POLICIES TO BE CONSIDERED AS UNDERLYING INSURANCE (If not applicable, please indicate N/A)				
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
AUTOMOBILE LIABILITY				CSL EA. ACC. \$
				BI EA. ACC. \$
				BI EA. PER. \$
				PD EA. ACC. \$
GENERAL LIABILITY				EACH OCCURRENCE \$
				GENERAL AGGR \$
				PROD & COMP OPS AGGREGATE \$
				PERSONAL & ADV INJURY \$
				DAMAGE TO RENTED PREMISES \$
EMPLOYERS LIABILITY				EACH ACCIDENT \$
				DISEASE EACH EMPLOYEE \$
				DISEASE POLICY LIMIT \$

**HISTORICAL CLAIM EXPERIENCE**

GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURANCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS. ATTACH SEPARATE SHEET IF NECESSARY.

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**EXPOSURES – AUTO LIABILITY (If applicable)**

- 1. Are explosives, caustics, flammables or other dangerous cargo hauled? .. Yes .. No
- 2. Any units not insured by underlying policies? .. Yes .. No
- 3. Are any vehicles leased or rented to others? .. Yes .. No
- 4. What is the Coverage Symbol for the Liability coverage under the Business/Commercial Auto policy? \_\_\_\_\_
- 5. How many employees does Applicant/Named Insured have in total? \_\_\_\_\_
- 6. Do any employees use their personal vehicles for business purposes/company business? .. Yes .. No  
If Yes, how many? \_\_\_\_\_
- 7. Do any employees drive their personal vehicles to and from any work sites? .. Yes .. No  
If Yes, how many? \_\_\_\_\_
- 8. Does Applicant/Named Insured collect and maintain Certificates of Personal Auto Insurance from employees, including Certificates for their policy renewals? .. Yes .. No
- 9. Does Applicant/Named Insured mandate a minimum limit of Auto Liability for employees who may use their personal autos for business? .. Yes .. No
- 10. Does Applicant/Named Insured verify that the employee's personal autos are in good working order and regularly maintained (i.e., brakes, tires, lights)? .. Yes .. No  
If Yes, provide details: \_\_\_\_\_
- 11. Does Applicant/Named Insured obtain and review driver MVRs before/during the hiring process? .. Yes .. No
- 12. Does Applicant/Named Insured regularly check driver MVRs during their employment? .. Yes .. No
- 13. If MVR record is poor, what corrective action is taken? \_\_\_\_\_

**VEHICLES**

TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
PRIVATE PASSENGER								
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX HEAVY							
TRUCKS/TRACTORS	HEAVY							
	EX HEAVY							
BUSES								

**EXPOSURES – EMPLOYERS LIABILITY (If applicable)**

Employers Liability

1. Is Applicant self-insured in any state?     Yes     No        If Yes, please list states:\_\_\_\_\_
2. Please list states where operations are conducted; where any premises are maintained; or where employees are otherwise subject to Worker’s Compensation Regulations:\_\_\_\_\_

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3. Subject to:     Jones Act     FELA

**EXPOSURES – WATERCRAFT OR AIRCRAFT**

1. Does Applicant own, charter, lease, borrow or otherwise operate any watercraft or aircraft?     Yes     No  
If Yes, please provide details: \_\_\_\_\_

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State Notices: The following notices are required by the Insurance Department of the indicated states.

**WARNING:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ARIZONA APPLICANTS:** For your protection Arizona law requires the following statement to appear on this form. “Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** **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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** 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.

**NOTICE TO WASHINGTON APPLICANTS:** 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.

**NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Date

CONTINUED

**NOTICE:**

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:[www.insurance.ca.gov](http://www.insurance.ca.gov).**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: \_\_\_\_\_  
Insured: \_\_\_\_\_