



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
26600 TELEGRAPH ROAD
SOUTHFIELD, MICHIGAN 48033
(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
coverxtx@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
777 S. FIGUEROA STREET, SUITE 395
LOS ANGELES, CALIFORNIA 90017
(888) 536-6440 Telephone
(888) 452-1996 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 ST PRIOR	2 ND PRIOR	3 RD PRIOR	4 TH 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.

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: _____

- 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: _____

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.**
- 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: _____