COMMERCIAL UMBRELLA

01 / BUSINESS AND LIABILITY EXPOSURES

Complete applicable fields. Enter Unknown or N/A as needed. Attach schedules for additional entities / locations.

1. Applicant and business profile

Legal applicant / named insured

DBA / other entities to insure

Contact name / title

Phone

Email

Mailing address / City / State / ZIP

Requested effective date

Website

Entity type

Year started

Estimated annual gross revenue

Estimated annual payroll

Employee count

Describe operations, products, services, customer types, and states where you operate:

2. Exposures to review

Owned, hired, or employee-owned vehicles used for business? Select

Offsite work, subcontractors, or work at heights / excavation? Select

Manufacturing, importing, or selling products under your name? Select

Public events, alcohol, security services, pools, or playgrounds? Select

Aircraft, watercraft, hazardous materials, or foreign operations? Select

Professional services, cyber, pollution, or employment-related exposures? Select

Explain Yes answers; include vehicle count / types, subcontractor costs, and safety controls:

Use current declarations pages. Enter None where a policy is not carried. Attach pages for more policies.

3. General liability / BOP liability

Carrier / policy number

Effective / expiration dates

Each occurrence limit

General aggregate

Products / completed ops aggregate

Occurrence or claims-made / retroactive date

Deductible / SIR

4. Commercial auto liability

Carrier / policy number

Effective / expiration dates

Liability limit / CSL or split limits

Vehicle count / heaviest vehicle

Covered auto symbols / hired & non-owned coverage

Operating radius / states

5. Employers liability

Workers compensation carrier / policy number

Effective / expiration dates

Bodily injury: each accident

Disease: policy limit

Disease: each employee

6. Other liability / existing excess layers

Other policies / excess layers: type, carrier, dates, limits, attachment, exclusions, and gaps:

Do any underlying policies have defense costs within limits? Select

Any underlying policy exclusions / restrictions or pending changes? Select

Explain Yes / Unknown answers in the box above or on an attached page.

Carrier underwriting determines eligibility and the required underlying limits and policy terms.

7. Requested umbrella / excess structure

Requested umbrella / excess limit

Requested attachment point / retention

Current umbrella carrier / limit (or None)

Current annual premium

Describe contract requirements, additional insureds, limit deadlines, or requested changes:

8. Liability loss and account history

Any liability, auto, or employers liability losses in the past 5 years? Select

Any open claims, suits, or known incidents that may lead to claims? Select

Any cancellation, nonrenewal, declination, or coverage lapse in 5 years? Select

For each loss: date, coverage type, description, paid / reserved amount, status, and corrective action:

Explain other Yes / Unknown answers and list any additional notes:

9. Documents and acknowledgement

- ☐ Underlying declarations
- ☐ Key exclusions / endorsements
- ☐ Current umbrella declarations
- ☐ Five-year valued loss runs
- ☐ Contract insurance requirements
- ☐ Vehicle / location schedules

I confirm that the information is true and complete to the best of my knowledge.
This questionnaire does not bind or change coverage. Carrier forms and supplements may be required.

Applicant typed name / title

Date