



**INSURANCE INNOVATORS INCORPORATED**  
 130 S. Easton Rd. PO Drawer 969, Glenside, PA 19038  
 (215) 885-7300 Phone; (215) 886-2482 Fax; 800-523-6422 Toll Free

**COMMERCIAL UMBRELLA**

(Answer all questions completely. If question does not apply, please write "none" in space provided)

1. Name of Applicant and All Affiliated Companies \_\_\_\_\_

2. Mailing Address _____	Principal Location _____
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3. Any Foreign Operations?  Yes  No If yes, please Indicate where? \_\_\_\_\_

4. Give a complete description Of the Applicant's Operations. \_\_\_\_\_

5. Annual Sales or Gross Receipts _____	Payroll _____	Number of Employees _____	Years in Business _____
6. Limit of Liability Requested <input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,000,000	<input type="checkbox"/> 3,000,000	<input type="checkbox"/> 4,000,000

5,000,000  Other \_\_\_\_\_ In excess of primary or self-insured retention.  
 7. Has Applicant previously carried Umbrella or Excess Coverage?  Yes  No If yes, give name of insurer, Policy Number, Limits of Liability and Expiration Date. \_\_\_\_\_

8. Has any insured rejected, cancelled or refused Renewal of any Umbrella or Excess Coverage  Yes  No If yes, give Name of Carrier & Reason \_\_\_\_\_

9. Automobile Liability \_\_\_\_\_ Indicate Number and Operating Radius of all Owned and/or Leased Vehicles.

NUMBER	RADIUS	NUMBER	RADIUS
_____	Private Passenger	_____	Fuel Oil (less than 3,500 gal)
_____	Light Trucks 10,000 or less	_____	Fuel Oil (3,500 gal or more)
_____	Medium Trucks 10,001 to 20,000 lbs	_____	Gas or LPG (less than 3,500 gal)
_____	Heavy Trucks 20,001 to 45,000 lbs	_____	Gas or LPG (3,500 gal or more)
_____	Extra Heavy Trucks over 45,000 lbs	_____	Bus - 15 Passengers or less
_____	Heavy Tractor TRL 45,000 or less	_____	Bus - 16-44 Passengers
_____	Extra Heavy Tractor TRL over 45,000 lbs	_____	Bus - Over 44 Passengers
_____	Trailers	_____	Other
_____	Recreational Vehicles	_____	Other

10. Is Applicant a Contract Hauler?  Yes  No If yes, what is annual cost of hired automobiles? \_\_\_\_\_

**PREMISES OPERATIONS**

11. Construction of Bldg. Is: \_\_\_\_\_ Fire Resistive \_\_\_\_\_ % Masonry/Block \_\_\_\_\_ % Frame or Brick Veneer

12. Date Built? \_\_\_\_\_ No. of Stories \_\_\_\_\_ No. of Elevators \_\_\_\_\_

13. Part Occupied by Applicant: \_\_\_\_\_ Interest:  Owner/Operator  Lessor  Tenant

14. Describe Business of Tenant if applicable. \_\_\_\_\_

15. Applicant's exposure basis for policy rating: Total Floor Area \_\_\_\_\_ Parking Area \_\_\_\_\_ No. of Units \_\_\_\_\_

Receipts other than room rental \_\_\_\_\_ Persons \_\_\_\_\_ Admissions \_\_\_\_\_

Other \_\_\_\_\_

16. Does Applicant maintain a Pool, Lake or Bathing Beach  Yes  No If yes, describe security on page 4 (fencing lifeguards, etc.) \_\_\_\_\_

17. Does Applicant or Tenant handle, use or store chemicals? \_\_\_\_\_ Does Applicant have underground storage tanks on premises owned or leased? \_\_\_\_\_ Is Applicant aware of any prior use or storage of any chemicals on premises owned or leased? \_\_\_\_\_ If yes to any of these questions, describe \_\_\_\_\_

18. CONTRACTORS Payroll \$ Gross Receipts \$

19. Describe Types of Work Performed

20. Has Applicant performed work for Public Utilities, Transportation or Government Entities? \_\_\_\_\_ If yes, describe

21. Briefly describe Applicant's (3) largest contracts in past (5) years.

22. CONTRACTUAL LIABILITY Does the Applicant ever agree orally or in Writing to assume the liability of others? ( ) Yes ( ) No

If yes, please explain (attached assumption or hold harmless agreements)

23. PROFESSIONAL LIABILITY

24. PRODUCTS LIABILITY Give a complete description of products manufactured. Sold, handled or distributed by the insured and attach Product Brochure or other descriptive literature: (list separately all discontinued products and reason for discontinuance.

25. Provide Gross Receipts/Sales for each type of product – Use Page 4 if necessary

26. EMPLOYERS LIABILITY Does Applicant have employees covered under the Jones Act, Federal Railroad Employees Act or Long Shoreman's and Harbor Workers Act? If so, describe.

27. AIRCRAFT, WATERCRAFT, OR RAILROAD Does Insured own, operate, maintain or use any Aircraft, Watercraft or Railroad? ( ) Yes ( ) No If yes, describe:

28. ADVERTISING LIABILITY Give annual expenditure And Media used \$ Media

29. UNDERLYING INSURANCE List all Primary or Underlying Liability and Compensation Policies:

TYPE OF INSURANCE	INSURANCE COMPANY & POLICY NUMBER	POLICY TERM	LIMITS OF LIABILITY	PREMIUM	% DEBIT CREDIT
General Liability (1973 ISO or Equivalent) (See Question 30 below) ( ) CGL ( ) MCL ( ) OLT			BI \$ PD \$ CSL \$	\$	
Does GL Policy contain Annual Policy Aggregate for all coverages? ( ) Yes ( ) No per location? ( ) Yes ( ) No			( ) Yes ( ) No If yes, do the aggregate limits apply per Project		
Products/Completed Operations			BI \$ PD \$	\$	
Commercial General Liability Coverage Form CG 0001 (ISO "Occurrence" or equivalent) (See Question 31 below)			General Aggregate \$ Prod/Cops Agg \$ Per./Adv/Insury \$ All other BI/PI Per Occurrence \$ Medical Payments \$ Fire Damage \$	\$	

( ) Comprehensive Auto Liability ( ) Non-owned Auto ( ) Hired Car ( ) Garage Liability (Identity Form)			BI \$ PD \$	\$ \$	
Professional Liability			\$ \$	ea. Claim aggregate	\$
Employer's Liability			\$	Any one accident	\$
Aircraft or Watercraft			BI \$ PD \$		
Other					

30. UNDERLYING COVERAGES	1973 ISO or equivalent	List all coverages included in the Underlying Liability Policies
Advertising Injury	( ) Yes ( ) No	Fire Damage Liability ( ) Yes ( ) No
Automatic Coverage for Newly Acquired Organizations	( ) Yes ( ) No	Hired Car ( ) Yes ( ) No
Blanket Contractual ( ) Broad ( ) Limited Form	( ) Yes ( ) No	Injury to Athletic Participants ( ) Yes ( ) No
Broad Form CGL ( ) Full ISO Form ( ) Limited Form Describe Below	( ) Yes ( ) No	Liquor Liability ( ) Yes ( ) No
Broad Form PD	( ) Yes ( ) No	Owner's and Contractor's Protective ( ) Yes ( ) No
Comprehensive Auto	( ) Yes ( ) No	Non-owned auto ( ) Yes ( ) No
Employees as Additional Insureds	( ) Yes ( ) No	Personal Injury A,B & C ( ) Exclusion C Deleted ( ) Yes ( ) No
Errors and Omission Liability	( ) Yes ( ) No	( ) Teacher's Liability, ( ) Corporal Punishment ( ) Yes ( ) No Water Damage Liability ( ) Yes ( ) No ( ) Explosions, ( ) Collapse, ( ) Underground Liab. ( ) Yes ( ) No

Additional Coverage? \_\_\_\_\_

Do underlying policies contain restrictive endorsements or exclusions? ( ) Yes ( ) No If yes, describe \_\_\_\_\_

31. UNDERLYING COVERAGES	"New" ISO CGL or equivalent	List all coverages included in the Underlying Liability Policies
Premises/Operations	( ) Yes ( ) No	( ) Explosion ( ) Collapse ( ) Underground ( ) Yes ( ) No
Products/Completed Operations	( ) Yes ( ) No	
Contractual Liability	( ) Yes ( ) No	Professional Liability ( ) Yes ( ) No
Personal/Advertising Injury	( ) Yes ( ) No	Errors and Omissions ( ) Yes ( ) No
Medical Payments	( ) Yes ( ) No	Hired Car ( ) Yes ( ) No
Fire Damage Legal	( ) Yes ( ) No	Non-Owned Auto ( ) Yes ( ) No
Broad Form Property Damage	( ) Yes ( ) No	Injury to Athletic Participants ( ) Yes ( ) No
Host Liquor	( ) Yes ( ) No	Liquor Liability ( ) Yes ( ) No
Incidental Medical Malpractice	( ) Yes ( ) No	Owner's and Contractor's Protective ( ) Yes ( ) No
Non-Owned Watercraft	( ) Yes ( ) No	( ) Teacher's Liability ( ) Corporal Punishment ( ) Yes ( ) No
Limited World Wide Liability	( ) Yes ( ) No	
Additional Persons Insured	( ) Yes ( ) No	Water Damage Liability ( ) Yes ( ) No
Extended Bodily Injury	( ) Yes ( ) No	
Automatic Coverage for Newly Acquired Organizations	( ) Yes ( ) No	

Additional Coverages? \_\_\_\_\_

Do underlying policies contain restrictive (laser) endorsements or exclusions? ( ) Yes ( ) No If yes, describe \_\_\_\_\_

32. LOSSES PAID OR RESERVED  
(INSURED OR UNINSURED)

List all losses paid or now reserved in an amount of 5,000 or  
More during last five years. If none, so state.

YEAR	DESCRIPTION OF OCCURRENCE	IDENTIFY (G.L. PRODUCTS, AUTO...)	NUMBER OF CLAIMS	AMTS PAID OR RESERVED	
				BI	PD

Describe Largest Claim Ever  
Made Against Applicant

33. ADDITIONAL INFORMATION  
OR REMARKS

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON,  
FILES AND APPLICATION FOR INSURANCE CONTAINING FLASE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING,  
INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS CRIME.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Must be signed by Applicant)

Agent's/Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_