

# UMBRELLA SECTION

AMIS /Alliance Marketing & Insurance Services  
PO Box 567, San Marcos, CA 92079-0567 (800) 843-8550 Fax: 800-573-8550  
Surplus Lines Broker License # 0E22579 CA Insurance License # 0732784

First Name                  Last Name                  Mailing Address                          Month                  Date                  Year

D.B.A.    City                          State                  Zip Code

Business No.                  Fax No.                  e-mail Address                          Website Address (URL)

## POLICY INFORMATION

Transaction Type	Limit Of Liability	Retained Limit
New      Proposed Retroactive Date      Expiring Pol. #: Renewal	Each Occurrence      Each Aggregate	

## PRIMARY LOCATION & SUBSIDIARIES

#	Name & Location of Primary & All Subsidiary Companies	Annual Payroll	Ann Gross Sales	Foreign Gross Sales	# Empl.

## UNDERLYING INSURANCE

List All Liability/Compensation Policies In Force To Apply As Underlying Insurance

Type	Carrier/Policy Number	Policy Eff Date	Policy Exp Date	Limits	Annual Renewal Premium	Rating Mod
Automobile Liability				CSL/BI EA. OCC BI EA. PER. PD EA. ACC.		
General Liability Policy Type Occur  Claims Made				EACH OCCURRENCE PROD & COMP OPS AGGREGATE PERSONAL & ADV INJURY DAMAGE TO RENTED PREMISES MEDICAL EXPENSE	Prem/Ops  Products  Other	
Employers Liability				EACH ACCIDENT DISEASE EACH EMPLOYEE DISEASE POLICY LIMIT		

### Underlying General Liability Information (Explain all YES responses)

Are Defense Costs:      Yes      No      Within Aggregate Limits?      Yes      No      A Separate Limit?      Yes      No      Unlimited?      Yes      No

Indicate the edition date of the ISO simplified form or similar filing for the underlying coverage:

Has any product, work, accident, or location been excluded, uninsured or self insured from any previous coverage?      Yes      No

For claims made, indicate retroactive date of current underlying policy:

For claims made, indicate entry date into uninterrupted claims made coverage:      Eff. Date

For claims made, was "tail" coverage purchased for any previous primary or excess policy?      Yes      No

**Check all coverages in underlying policies. Also, check if any exposures are present for each coverage. Provide an explanation. Explain if different limits extensions or exclusions. Explain any special coverages beyond standard form. Explain all exposures.**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
Any Auto (Symbol 1) CGL - Claims Made CGL - Occurrence	Aircraft Liability Aircraft Passenger Liability Additional Interests Care, Custody, Control		Employee Benefit Liability Foreign Liability/Travel Garagekeepers Liability Incidental Medical Malpractice		Liquor Liability Pollution Liability Professional Liability (E&O) Vendors Liability Watercraft Liability	

Underlying insurance info (include all restrictions; e.g. laser endorsements, discrimination, subrogation waivers, or extensions of coverage - attach separate sheet if necessary)

Previous experience: (give details of all liability claims exceeding \$10,000 or occurrences that may give rise to claims, during the past 5 years whether insured or not. Specify date, coverage, description, amount paid, amount outstanding)

**CARE, CUSTODY, CONTROL**

Loc	New	Renewal	Value	Sq Ft of Bldg Occ	Occupancy/Description of Personal Property
Applicant:			is held harmless in the lease, is a named insured in the fire policy,	has a waiver of subrogation, other (specify)	

**ADDITIONAL EXPOSURES**

<p><b>Explain all "Yes" responses, provide other information required</b></p> <p><b>ADVERTISERS LIABILITY</b></p> <p>1) Media Used: _____ Annual Cost: _____</p> <p>2) Are services of an advertising agency used? ----- Yes No</p> <p>3) Any Coverage provided under agency's policy? ----- Yes No</p> <p><b>AIRCRAFT LIABILITY</b></p> <p>4) Does applicant own/lease/operate aircraft? ----- Yes No</p> <p><b>AUTO LIABILITY</b></p> <p>5) Are explosives, caustics, flammables or other dangerous cargo ----- Yes No hauled?</p> <p>6) Are passengers carried for a fee? ----- Yes No</p> <p>7) Any units not insured by underlying policies? ----- Yes No</p> <p>8) Are any vehicles leased or rented to others? ----- Yes No</p> <p>9) Are hired an non/owned coverages provided? ----- Yes No</p> <p><b>CONTRACTORS LIABILITY</b></p> <p>10) Is bridge, dam or marine work performed? ----- Yes No</p> <p>11) Describe typical jobs performed (attach separate sheets):</p> <p>12) Describe agreement (attach separate sheets):</p> <p>13) Does applicant own, rent or otherwise use cranes? ----- Yes No</p> <p>14) Do subcontractors carry coverages or limits less than applicants? ----- Yes No</p> <p><b>EMPLOYERS LIABILITY</b></p> <p>15) Is applicant self-insurance in any state? ----- Yes No</p> <p>16) Subject to: Jones Act FELA Stop Gap Other:</p> <p><b>INCIDENTAL MALPRACTICE LIABILITY</b></p> <p>17) Is a hospital or first aid maintained? ----- Yes No</p> <p>18) Are coverages provided for doctors/nurses? ----- Yes No</p> <p>19) Indicate # of doctors: _____ Nurses _____ Beds _____</p>	<p><b>Explain all "Yes" responses, provide other information required</b></p> <p><b>POLLUTION LIABILITY EPA #</b></p> <p>20) Do current or past products, or their components, contain hazardous materials that may require special disposal methods? Yes No</p> <p>21) Indicate the coverage carried: GL with standard ISO pollution exclusion GL with standard sudden &amp; accidental only GL with pollution coverage endorsement Separate pollution coverage</p> <p><b>PRODUCT LIABILITY</b></p> <p>22) Are missiles, engines, guidance systems, frames or any other product used/installed in aircraft? ----- Yes No</p> <p>23) Are foreign products distributed in U.S.? ----- Yes No</p> <p>24) Are U.S. products sold/distributed in foreign countries? ----- Yes No</p> <p>25) Product liability loss in past 3 years? (specify) ----- Yes No</p> <p>26) Gross sales from each of the last 3 years:</p> <p><b>PROTECTIVE LIABILITY</b></p> <p>27) Describe agreement (attach separate sheets):</p> <p><b>WATERCRAFT LIABILITY</b></p> <p>28) Does the applicant own or lease watercraft? ----- Yes No # Owned Length Horsepower</p> <p><b>APARTMENTS/CONDOMINIUMS/HOTELS/MOTELS</b></p> <p># Stories # Units # Swimming Pools # Diving Boards</p>
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**REMARKS**

**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							

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT. In DC, LA, ME, TN and VA insurance benefits may also be denied).

APPLICABLE ONLY IN INDIANA, LOUISIANA AND VERMONT:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.  (INITIALS)

APPLICABLE ONLY IN INDIANA:  
1. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION.  (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY.  (INITIALS)

Month Date Year

**IMPORTANT**

THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

Applicant's Signature