

THE USLI COMPANIES

COMMERCIAL UMBRELLA APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

THIS IS AN "OCCURRENCE" POLICY APPLICATION. "CLAIMS MADE" UNDERLYING POLICIES ARE PROHIBITED.

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|--|--|--|--|---|---|------------------------------------|--|
| ① Name of Applicant and All Affiliated Companies | | | | | | | |
| ② Mailing Address | | | | | Principal Location | | |
| ③ Any Foreign Operations? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> 5,000,000 | | <input type="checkbox"/> Other | | In excess of primary or self-insured retention. | | | |
| ⑦ Has Applicant previously carried Umbrella or Excess Coverage? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, give name of Insurer, Policy Number, Limits of Liability and Expiration Date. | | |
| | | | | | | | |
| ⑧ Has any Insurer rejected, cancelled or refused renewal of any Umbrella or Excess Coverage? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, give Name of Carrier & Reason | | |
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|--|--|--|--------|
| 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 to 44 Passengers | _____ |
| _____ Extra Hvy. 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? _____

The State of New York requires that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address _____

Mail Completed Application Through Local Agent or Broker To:

PREMISES – OPERATIONS

- ⑪ Construction of Bldg. is: _____ % Fire Resistive _____ % Masonry/Block _____ % Frame or Brick Veneer
- ⑫ Date Built? _____ No. of Stories _____ No. 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 Describe work performed by Subcontractors, including Estimated Costs. (If none, state so) | | | |
| ㉑ Has Applicant performed work for Public Utilities, Transportation or Government Entities? _____ If yes, describe | | | |
| ㉒ Briefly describe Applicant's (3) largest Contracts in past (5) years _____ _____ _____ | | | |

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| ㉓ CONTRACTUAL LIABILITY | Does the Applicant ever agree orally or in writing to assume the liability of others? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain (attach assumption or hold harmless agreements) | |

㉔ PROFESSIONAL LIABILITY (Complete INSTITUTIONAL CARE LIABILITY APPLICATION Form ICLA [8/87], or DAY CARE CENTER APPLICATION Form DCCA [8/87] as applicable.)

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| ㉕ 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.) |
| ㉖ Provide Gross Receipts/Sales for each type of product – Use Page 4 if necessary | |

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| ㉗ EMPLOYER'S 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 |
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| 28 AIRCRAFT, WATERCRAFT, OR RAILROADS | Does Insured own, operate, maintain or use any Aircraft, Watercraft or Railroad? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ |
| 29 ADVERTISING LIABILITY | Give Annual Expenditure and Media used \$ _____ Media _____ |

| 30 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 31 below) <input type="checkbox"/> CGL <input type="checkbox"/> MCL <input type="checkbox"/> OLT | | | BI \$ _____ PD \$ _____ CSL \$ _____ | \$ _____ | |
| Does GL Policy contain Annual Policy Aggregate for all coverages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do the aggregate limits apply per Project? <input type="checkbox"/> Yes <input type="checkbox"/> No per Location? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Products/Completed Operations | | | BI \$ _____ PD \$ _____ | \$ _____ | |
| Commercial General Liability Coverage Form CG 0001 (ISO "Occurrence" or equivalent) (See Question 32 below) | | | General Aggregate \$ _____ Prod./COps. Aggregate \$ _____ Per./Adv. Injury \$ _____ All other BI/PI Per Occurrence \$ _____ Medical Payments \$ _____ Fire Damage \$ _____ | \$ _____ | |
| <input type="checkbox"/> Comprehensive Auto Liability <input type="checkbox"/> Non-owned Auto <input type="checkbox"/> Hired Car <input type="checkbox"/> Garage Liability (Identify Form) | | | BI \$ _____ PD \$ _____ | \$ _____ \$ _____ | |
| Professional Liability | | | \$ _____ ea. claim aggregate | \$ _____ | |
| Employer's Liability | | | \$ _____ any one accident | \$ _____ | |
| Aircraft or Watercraft Liability | | | BI \$ _____ PD \$ _____ | \$ _____ | |
| Other | | | | | |

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|--|--|---|--|--|--|
| 31 UNDERLYING COVERAGES | 1973 ISO or equivalent | List all coverages included in the Underlying Liability Policies | | | |
| Advertising Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire Damage Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Automatic Coverage for Newly Acquired Organizations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hired Car | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Blanket Contractual (<input type="checkbox"/> Broad <input type="checkbox"/> Limited Form) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Injury to Athletic Participants | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Broad Form CGL | <input type="checkbox"/> Yes <input type="checkbox"/> No | Liquor Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (<input type="checkbox"/> Full ISO Form <input type="checkbox"/> Limited Form) (Describe below) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Owner's and Contractor's Protective | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Broad Form PD | <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-Owned Auto | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Comprehensive Auto | <input type="checkbox"/> Yes <input type="checkbox"/> No | Personal Injury A, B, & C (<input type="checkbox"/> Exclusion C Deleted) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Employees as Additional Insureds | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Teacher's Liability, <input type="checkbox"/> Corporal Punishment | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Errors and Omissions Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Water Damage Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | <input type="checkbox"/> Explosion, <input type="checkbox"/> Collapse, <input type="checkbox"/> Underground Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Additional Coverages? _____ | | | | | |
| Do underlying policies contain restrictive endorsements or exclusions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____ | | | | | |

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|--|---|--|---|-----------------------------------|--------------------------------------|--|
| 32 | UNDERLYING COVERAGES | "New" ISO CGL or equivalent | List all coverages included in the Underlying Liability Policies | | | |
| | Premises/Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Explosion | <input type="checkbox"/> Collapse | <input type="checkbox"/> Underground | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Products/Completed Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | Contractual Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Professional Liability | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Personal/Advertising Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | Errors and Omissions | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Medical Payments | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hired Car | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Fire Damage Legal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-Owned Auto | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Broad Form Property Damage | <input type="checkbox"/> Yes <input type="checkbox"/> No | Injury to Athletic Participants | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Host Liquor | <input type="checkbox"/> Yes <input type="checkbox"/> No | Liquor Liability | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Incidental Medical Malpractice | <input type="checkbox"/> Yes <input type="checkbox"/> No | Owners' and Contractors' Protective | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Non-Owned Watercraft | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Teacher's Liability <input type="checkbox"/> Corporal Punishment | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Limited World Wide Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Water Damage Liability | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Additional Persons Insured | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | Extended Bodily Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | Automatic Coverage for Newly Acquired Organizations | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Additional Coverages? _____ | | | | | | |
| Do underlying policies contain restrictive (laser) endorsements or exclusions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____ | | | | | | |

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|---|---|---|------------------|-----------------------|----|
| 33 | LOSSES PAID OR RESERVED (INSURED OR UNINSURED) | List all losses paid or now reserved in an amount of \$10,000 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. _____ | | | | | |

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|-----------|---|--|--|--|--|
| 34 | ADDITIONAL INFORMATION OR REMARKS: | | | | |
|-----------|---|--|--|--|--|

FRAUD STATEMENT: 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.

APPLICANT'S WARRANTY STATEMENT. I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statements are true and accurate, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy, should the Company evidence its acceptance of this application by issuance of a policy.

Applicant's Signature _____ Date _____

Agent's/Broker's Signatures _____ Date _____

Address _____