

Commercial Umbrella Application Residential Real Estate

Type of Exposure: Coop/Condo HOA/PUD Rental Occupancy
 Senior* Student* Affordable*

*Supplemental Application Required

of Units _____ Is there a Commercial Occupancy? YES NO

If yes, what is the square footage of the Commercial occupancy/ies? _____

List **ALL** Non-Habitation Occupancies*:
 (Supplemental App may be required)

Does the insured maintain copies of certificates for commercial tenants? YES NO N/A

Does the lease contain a hold harmless agreement favoring only the insured? YES NO N/A

Does insured require certificates of insurance from all contractors? YES NO N/A

Does the insured own and/or manage public parking facilities at this location? YES NO

If yes, how many spaces? _____ or, if spaces not available, sq. ft. _____

Are there swimming facilities on the premises? YES NO

If yes, how many pools? _____

Is there a lifeguard on duty when the pool is in use? YES NO

Fence enclosing the pool? YES NO Diving Board? YES NO

IV. FIRE/LIFE SAFETY INFORMATION

Are there at least two means of egress from each floor? YES NO

Is there emergency lighting? YES NO Secured entry to the building? YES NO

Is the building sprinklered? YES NO Full Partial

Does the building have a fire alarm? YES NO Central Manual

Does the building have a standpipe? YES NO

Are smoke detectors located in every unit? YES NO Hardwired Battery

Are smoke detectors located in common areas? YES NO Hardwired Battery

If above are battery operated, is there a battery maintenance plan in effect? YES NO

Roof access secured from unauthorized entry? YES NO

Wiring Type: Copper Aluminum Electricity: Fuses Circuit Breakers

V. UNDERLYING POLICY INFORMATION

POLICY TYPE	POLICY NUMBER	PREMIUM	LIMIT	CARRIER	EXPIRATION
General Liability	_____	_____	_____	_____	_____
Business Automobile	_____	_____	_____	_____	_____
Directors and Officers	_____	_____	_____	_____	_____
Employers Liability	_____	_____	_____	_____	_____
Garagekeepers Legal	_____	_____	_____	_____	_____

Is there a per location aggregate included on the General Liability Policy? YES NO

If no owned autos, is Hired/Non-owned Automobile included on the General Liability Policy? YES NO

Is there a Business Automobile Exposure? YES NO

If yes, please list by type: PPT LIGHT MEDIUM HEAVY OTHER*

*Description of Other: _____

Agent Signature _____ Date _____

Agent Name (print) _____

Insured Signature _____ Date _____

Insured Name (print) _____

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I. PRODUCER INFORMATION

Agency: _____ Submitted by: _____
 Address: _____ Agency Phone: _____ Fax: _____
 City: _____ ST: _____ ZIP: _____ Submitter Email: _____

In order to receive a quote, the following is required:

- This application completed in its entirety, and signed by the above agent.
- 5 years of currently valued loss history.
- Any applicable supplemental forms.

II. CERTIFICATE INFORMATION

Limit (s) Requested \$5 Million \$15 Million \$50 Million \$100 Million
 \$10 Million \$25 Million \$75 Million

Effective Date: _____ Expiration Date: _____

First Name Insured: _____

C/O: _____

Mailing Address: _____

City: _____ St: _____ ZIP: _____

Does the above agency currently control the primary accounts? YES NO

Is the risk currently participating in a Commercial Umbrella program? YES NO

If currently in an Umbrella Program, which companies provide the coverage? _____

What is the expiring Umbrella premium (if applicable)? _____ Expiring Limit: _____

How many location to be quoted? * _____ Are any other locations owned by this named insured? YES NO

(*If more than one location, supplemental application required or equivalent schedule – i.e. Excel Spreadsheet)

III. LOCATION INFORMATION (FIRST LOCATION—ADDITIONAL LOCATIONS REQUIRE SUPPLEMENTAL APPLICATION)

Street Address: _____ City: _____ ST: _____ ZIP: _____

Stories: _____ Building Square Footage: _____ Year Built: _____

Construction: Frame: Fire Resistive: Other (Specify): _____

 Joisted Masonry: Non-combustible:

Is this location a minimum of 75% occupied? YES NO

Is there any construction being performed or scheduled? YES NO

If yeas, please describe the extent of the work: _____

VACANT LAND*

Is there a vacant land exposure? YES NO If yes, how many acres? _____

Is there any development planned on this land during the requested term? YES NO

*Vacant land may not be covered on a standalone basis. Address/Lot number of vacant lot required.

LOSS INFORMATION

Any individual general liability losses exceeding \$100,000? YES NO

Aggregate losses exceeding \$250,000? YES NO

Any losses paid for directors and officers liability the past three years? YES NO

Any reported directors and officers occurrences during the past year? YES NO