

# UMBRELLA APPLICATION

## Construction

Producer ID \_\_\_\_\_  
 User Name \_\_\_\_\_  
 User Phone # \_\_\_\_\_  
 User e-mail Address \_\_\_\_\_

**1. General Information**

- a. Lead Named Insured \_\_\_\_\_
- b. Address (line 1) \_\_\_\_\_  
 Address (line 2) \_\_\_\_\_  
 City, State, ZIP code \_\_\_\_\_
- c. Employer Identification Number \_\_\_\_\_
- d. Proposed Effective Date \_\_\_\_\_
- e. List Other Named Insureds \_\_\_\_\_
- f. Insured ID \_\_\_\_\_
- g. Submission ID \_\_\_\_\_
- h. SIC Code \_\_\_\_\_
- i. NAIC Code \_\_\_\_\_

**2. Business Operations**

- a. Number of years of management experience: \_\_\_\_\_
- b. Describe operations performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Schedule of Locations and Operations**

Number of Locations: \_\_\_\_\_

Address	City	State	ZIP	Operation Type	Area (sq. ft)
1)					
2)					
3)					
4)					
5)					
6)					
7)					

Additional locations should be listed on an additional sheet of paper and attached to this application

4. Does any insured have any other business interests, operations or locations not listed on this application?  Yes  No

If Yes:

Entity	Business Type	Location
1)		
2)		
3)		
4)		
5)		
Additional business interests, operations or locations should be listed in the comments section of this application		

5. Automobile Exposures

a. Number of PPT's: \_\_\_\_\_ o None

b. Commercial Vehicles

	Vehicles/Driving Radius		
	0 – 50	50 – 100	100+
Light Commercial			
Medium Commercial			
Heavy Commercial, excluding truck tractors			
Truck Tractors			

Total Commercial: \_\_\_\_\_

Total Vehicle Count: \_\_\_\_\_

c. Does the insured have vehicles registered in or employees located in any of the following states?

	Number of Vehicles			Employees
	PPT/Light/Medium	Heavy truck & tractor	Extra heavy truck & tractor	
Florida				
Indiana				
Louisiana				
New Hampshire				
South Dakota				

d. Has any driver of company vehicles had a DWI or DUI conviction in the past five- (5) years?  Yes  No

e. How many drivers of company vehicles have had their licenses suspended \_\_\_\_\_ or revoked in the past five- (5) years? o None

Name	License #	State	Violation History Detail
1)			
2)			
3)			
Additional drivers with suspensions or revocations in the last 5 years should be listed in the comments section of this application			

**6. Underlying Insurance Information**

a. Schedule of Underlying

General Liability

Insurer \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
 Limits \$ \_\_\_\_\_ per occurrence  
 \$ \_\_\_\_\_ personal/ advertising injury  
 \$ \_\_\_\_\_ general aggregate  
 \$ \_\_\_\_\_ products/ completed operations aggregate  
 Annual Premium \$ \_\_\_\_\_

Automobile Liability

Insurer \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
 Limits \$ \_\_\_\_\_ Combined Single Limit  
 Annual Premium \$ \_\_\_\_\_

D&O – Condo/Co-op Liability

Insurer \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
 Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
 \$ \_\_\_\_\_ aggregate  
 Annual Premium \$ \_\_\_\_\_

Employee Benefits Liability

Insurer \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
 Limits \$ \_\_\_\_\_  
 Annual Premium \$ \_\_\_\_\_

Employers Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ each accident  
\$ \_\_\_\_\_ disease policy limit  
\$ \_\_\_\_\_ disease per employee  
Annual Premium \$ \_\_\_\_\_

Lead Paint Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Liquor Law Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Pesticide/Herbicide Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Professional Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Other Liability

Insurer \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
 Limits \$\_\_\_\_\_ per \_\_\_\_\_  
 \$\_\_\_\_\_ aggregate  
 Annual Premium \$\_\_\_\_\_

- b. Are there any 3<sup>rd</sup> party liability policies other than those listed above?  Yes  No
- c. Do any of the underlying policies exclude punitive damages?  Yes  No
- d. Do any of the underlying policies have any modifications that add coverage or manuscript amendments to existing policy language?  Yes  No

**If Yes:**

1) What coverage has been added? _____
2) What modifications have been made to standard policy language? _____ _____

- e. Does the general aggregate limit apply per location/project?  Yes  No

**If Yes:**

1) Number of insured locations	
2) Maximum number of off-premises jobs at any one time	
3) Anticipated number of off-premises jobs in the next 12 months	

**7. Loss Information**

Are there any individual or policy-year aggregate losses, paid or reserved, for amounts greater than \$100,000 during the last five-(5) full years for all lines other than property?  Yes  No

**If Yes:**

Date of Loss	Paid	Reserved	Type of Loss	Comments
1)				
2)				

Additional business interests, operations or locations should be listed in the comments section of this application

**8. Expiring Umbrella Information**

Did the applicant carry any umbrella or excess liability coverage during the past policy year?  Yes  No

**If Yes:**

1) Insurer	
2) Limits	\$
3) Premium	\$

## IRF Construction Group:

### 1. Number of Employees

- a. Full time \_\_\_\_\_  
b. Part time \_\_\_\_\_

2. Annual Revenue \$ \_\_\_\_\_

3. Annual Payroll \$ \_\_\_\_\_

4. Does the insured operate as a homebuilder?  Yes  No

5. Is work subcontracted to others?  Yes  No

#### If Yes:

a. Percent of work that is subcontracted	_____ %
b. Do all subcontractors maintain same underlying limits as contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are certificates of insurance obtained in accordance with the terms of the contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Does the insured provide engineering or design work?  Yes  No

7. Does the insured perform any electrical work in hazardous environments, flammable surroundings or explosive atmospheres?  Yes  No

### 8. Does the insured perform any of the following services?

- a. Concrete or foundation work on buildings:  
In excess of 3 stories?  Yes  No  
In excess of 10 stories?  Yes  No
- b. Electrical work related to airports, subways or security?  Yes  No
- c. Landscaping or gardening involving pools, excavation, tree surgery, tree removal, or concrete work?  Yes  No
- d. Work involving scaffolding?  Yes  No

#### If Yes:

Number of stories: _____
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e. Plumbing involving fire protection sprinklers?  Yes  No

#### If Yes:

1) In private residences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) In multi-family or commercial properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. Plumbing involving process piping for chemical or petroleum operations?  Yes  No

g. Railroad construction operations?  Yes  No

#### If Yes:

1) Any track or signal installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) List any other railroad construction activities	

h. Rebar construction operations?  Yes  No

i. Structural Steel erection?  Yes  No

j. Excavation operations?  Yes  No

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| k. Highway, street or roadwork?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Water, Sewer line or related structures?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Power or communication line or related structures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Boiler or Building equipment installations?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Heavy or civil engineering construction?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Roofing, siding or chimney work?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***Any and all information provided in connection with this application is warranted to be true, complete and contain no material misrepresentation of any kind that might reasonably be anticipated to affect the decision of whether or not to accept this applicant.***

**Correct**

**Incorrect**

Comments (if additional space is needed, please continue on a separate page)