

UMBRELLA APPLICATION

Wholesale

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			

f. Does the insured provide delivery service? Yes No

If Yes:

1) Number of owned vehicles	_____
2) Number of hired vehicles	_____
3) Number of non-owned vehicles	_____
4) Number of delivery personnel in autos	_____
5) Number of delivery personnel in other vehicles	_____

6. Does the insured have any of the following exposures:

a. Railroad operations? Yes No

If Yes:

Describe all activities: _____

b. Security personnel at any location? Yes No

If Yes:

1) Which location numbers?	_____
2) Number of employed security personnel	_____
3) Are employed security personnel armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Number of contracted security personnel	_____
5) Are contracted security personnel armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Are there contracts with security services indemnifying the insured and requiring liability insurance with limits of at least \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Are certificates of insurance obtained in accordance with the contract provisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Are there guard dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. 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 3rd 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	_____

8. 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:

<u>Date of Loss</u>	<u>Paid</u>	<u>Reserved</u>	<u>Type of Loss</u>	<u>Comments</u>
1)				
2)				

Additional losses should be listed in the comments section of this application

9. 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 Wholesale Group:

1. Does the insured assume contractual liability in whole or part for any product it distributes? Yes No

2. Does the insured distribute foreign products? Yes No

If Yes:

a. Does the foreign manufacturer have a United States operating company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Revenue Information

a. Annual Revenue \$ _____

b. Revenue Sources:

Wholesales _____%

Servicing _____%

Installation _____%

4. Annual Payroll: \$ _____

5. Do the sales from tobacco products exceed 20% of the insured's revenue? Yes No

6. Does the insured's operation serve alcoholic beverages? Yes No

If Yes:

a. Maximum percent of total sales at any one location	_____%
b. Explain in detail:	_____

<p><i>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.</i></p> <p><input type="radio"/> Correct <input type="radio"/> Incorrect</p>

Comments:
