

Umbrella Questionnaire



Agency Information

Name of Agency:	
Contact First Name:	
Contact Last Name:	
Address:	
City: State: Zip:	
Phone #: Fax #:	
Email Address:	
Need by (Date mm/dd/yyyy):	

Primary Applicant Information

Primary Name Insured:	
Care Of:	
Mailing Address:	
City: State: Zip:	
Excess of Directors and Officers:	<input type="radio"/> D&O Claims Made <input type="radio"/> Occurrence
Proposed Effective Date:	
Expiration Date:	
Desired Limits	___\$5,000,000 ___\$15,000,000 ___ \$50,000,000 ___\$10,000,000 ___\$25,000,000 (\$50 Million not available in Texas)
Current Umbrella Carrier:	
Current Umbrella Premium:	\$
Current Umbrella Limit:	\$
Does your agency currently write this account?:	<input type="radio"/> Yes <input type="radio"/> No

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Applicant Information -- Location #1

Name of Association:	
Description of Operations (if commercial or office condominium - list occupants here):	

Insured Property Location

Property Address:	
Additional Address Information:	
City: State: Zip:	
County:	
Community Association Type:	
Excess of Underlying Insurance Coverage's (select one or more):	<input type="radio"/> General Liability <input type="radio"/> Commercial Automobile <input type="radio"/> Liquor Liability <input type="radio"/> Employers Liability <input type="radio"/> Directors & Officers <input type="radio"/> Builder Developer on Board
# of Employees:	
# of Private Passenger Vehicles:	
# of Trucks:	Light___ Medium___ Heavy___
# of Shuttle Buses: Shuttle Bus Capacity:	
# of Buses: Bus Capacity:	

Rating Information

Year Built:	
Construction:	
# of Residential/Homeowner Units: # of Stories:	
Club House?:	Yes__ No__ Square Footage: Rented to others? Yes__ No__ * Note: If "Rented To Others?" is Yes , Association must obtain Cert of Insurance from Homeowners
Underlying GL Premium:	\$ (Note: For this location only)
Sprinklers:	
Smoke Detectors:	
Standpipes?:	Yes__ No__ N/A__
Elevator Recall?:	Yes__ No__ N/A__
Manual Pull Fire Alarms?:	Yes__ No__ N/A__
Emergency Lighting?:	Yes__ No__ N/A__
Annunciator Panels?:	Yes__ No__ N/A__
Two Exits per floor?:	Yes__ No__ N/A__ (If No, the insured is ineligible.)
Enclosed Stairwells?:	Yes__ No__ N/A__
Does the Insured Own/Operate a Golf Course(s)?:	Yes__ No__ If yes, # of holes _____
# of Pools:	

Pool Questionnaire Location #1

Does Pool Have Any Slides?	Yes__ No__	Slide Height?	
Number Diving Boards?		Diving Board Height?	
Is pool fenced and locked when closed?	Yes__ No__	Pool depths clearly marked?	Yes__ No__
Lifesaving equipment available?	Yes__ No__	Are pool rules clearly posted?	Yes__ No__
Are lights kept on during evening hours?	Yes__ No__	Notes:	

Auto Exposure

Check Here if "Not Applicable":	N/A__
Hired/Non-Owned Auto Only?:	Yes__ No__
Excess of Owned Auto?:	Yes__ No__ (If No , skip to next section)

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Combined Single Limit: (\$1,000,000 underlying minimum req.)	\$
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Additional Exposures

Additional Exposures:	Yes__ No__ (If No , skip to next section)
Please Check All That Apply:	Restaurant__ Boat Slips__ Exercise/Weight Room__ Tot Lots__ Golf Course__ Retail Stores__ Marina__ Day Care__ Lakes/Ponds/Retention Basins__ Offices__ Other: __
	If Boat Slips was selected, # of Slips: If Retail Stores was selected, list square footage: If Liquor Liability was selected, list Receipts-Food/Liquor: \$ If Lakes/Ponds/Retention Basins was selected, List # of Acres: Depth: ft. Swimming/Skating Allowed?: Y N

Liability Exclusions and Endorsements

Check All that Apply:	__ Standard ISO Forms __ Designated Premises Limitation __ Lead Contamination Exclusion __ Professional Liability Exclusion __ Assault and Battery Exclusion __ Physical/Sexual Abuse __ Asbestos Exclusion __ Terrorism __ Punitive Damages Exclusion __ Mold/Fungus/Spore __ Employment Related Exclusion Other: _____
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Boiler & Machinery

Property Value of clubhouse and/or community property:	\$
Number of Boilers at premises:	
Notes:	
Limit desired:	__\$5,000,000 __\$15,000,000 Other: \$ __\$10,000,000 __\$20,000,000
Any B&M losses in the last 5 years?:	Yes__ No__
If boiler at premises Contact person for inspection/jurisdictional:	Name: Phone: Fax:
Current Carrier:	Premium Amt: \$

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Boiler and Machinery Loss History Information

List all Boiler and Machinery occurrences, claims and losses for past 5 years over \$25,000. You must forward 5 years of **company hard copy loss runs**.

Check Here If No Prior Boiler and Machinery Losses for past 5 years over \$25,000

Date	Type/Description of Occurrence	Paid Amount	Reserve Amount	Status
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Prior Carrier Information

Has any insurance been non-renewed or cancelled by an insurance company in the last 3 years?: Yes___ No___
If "Yes", please describe circumstances, giving name, reasons for non-renewal/cancellation and dates:

Schedule of Underlying Liability

PRIMARY LIABILITY: (Carrier must be A-VII or better)

Carrier:	Policy #:
Liability Limit: \$	Effective Date:
General Aggregate: \$	(Note: Minimum must be \$2,000,000)
Per Location Aggregate:	__Yes (Note: Per Location Aggregate is a requirement for any insured with more than 1 location)

DIRECTORS and OFFICERS: (Carrier must be A-VII or better)

Directors and Officers Desired?:	Yes___ No___ N/A___ (If No Or N/A , skip to next section)
Carrier:	Policy #:
Liability Limit: \$	Effective Date:
Premium: \$	

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EMPLOYERS LIABILITY: (Carrier must be A-VII or better)

Employers Liability Desired?:	Yes No N/A (If No or N/A , skip to next section)
Carrier:	Policy #:
Liability Limit: \$	Effective Date:

AUTOMOBILE LIABILITY: (Carrier must be A-VII or better)

Automobile Liability Desired?:	Yes No N/A (If No Or N/A , skip to next section)
Carrier:	Policy #:

Loss History Information

List all liability occurrences, claims and losses for past 5 years over \$25,000. You must forward 5 years of **company hard copy loss runs**. Describe any general liability, automobile or workers' compensation claims exceeding \$250,000

Date	Type/Description of Occurrence	Paid Amount	Reserve Amount	Status
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Unacceptable Commercial Exposures

Do Any Locations Have Any of the Following Tenants?:

THIS LIST DOES NOT ENCOMPASS ALL INELIGIBLE TENANTS.
UNDERWRITING REVIEW WILL DETERMINE FINAL ELIGIBILITY.

<input type="checkbox"/> Yes	<input type="checkbox"/> No (if yes insured is ineligible!)
Amusement Parks	Assisted Living
Auto Tire Recapping	Bamboo, Rattan, Willow Stocks
Bowling Alleys	Burlap Stocks
Carnivals	Casinos
Chemical Storage	Circuses
Dormitories	Dwellings, Seasonal
Facilities with Armed Guards/Dogs	Fairs
Fireworks	Furnished Rooms
Government Offices	Marinas
Mobile Homes	Nightclubs
Pillow Storage	Postal Offices
Schools; including Learning Facilities	Scrap Yards
Shooting Galleries	Stadiums
Theaters	Trailer Homes
	Auto Body/Paint Shops
	Boarding/Rooming Houses
	Candle (wax) storage
	Celluloid Goods
	Day Care
	Explosives
	Farms
	Furniture Refinishing
	Mattress Storage
	Nursing Homes
	Riding Academies
	Senior Residences with extended care
	Student Housing
	Vacant Buildings

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Additional Comments

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough space, please enter them here.

FRAUD CLAUSE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.