



**COMMERCIAL APPLICATION  
COMMERCIAL EXCESS LIABILITY**

Agency Name	
Agency Number	Telephone Number

Non-Bound Application

Please complete and attach to Commercial Application.

GENERAL				
Applicant (First Named Insured)			Effective Date	
Name and Location of Primary and All Secondary Companies (Describe Operations)	Annual Payroll	Annual Gross Sales	Foreign Gross Sales	Number of Employees

LIMITS	
Limit of Insurance	Retained Limit
<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$ _____

UNDERLYING INSURANCE					
Coverage	Limits	Carrier and Policy Number	Annual Premium	Effective From To	
Business Auto Liability	Combined Single Limit - Each Accident		\$		
	Bodily Injury - Each Person		\$		
	Bodily Injury - Each Accident		\$		
	Property Damage - Each Accident		\$		
General Liability	General Aggregate		PREMISES - OPERATIONS		
	Products and Completed Operations Aggregate		\$		
	<input type="checkbox"/> Claims Made		Each Occurrence		\$
			Personal and Advertising Injury		\$
	<input type="checkbox"/> Occurrence		Fire Damage		\$
Medical Expense	\$				
Employer's Liability	Each Accident		\$		
	Disease - Policy Limit		\$		
	Disease - Each Employee		\$		

UNDERLYING GENERAL LIABILITY COVERAGE		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does the underlying coverage include any exclusion endorsements, subrogation waivers or other restrictions?
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the underlying policy provide:
<input type="checkbox"/>	<input type="checkbox"/>	a. fire legal liability?
<input type="checkbox"/>	<input type="checkbox"/>	b. contractual liability?
<input type="checkbox"/>	<input type="checkbox"/>	c. employees as insureds?
<input type="checkbox"/>	<input type="checkbox"/>	d. additional insured coverage?

PLEASE COMPLETE REVERSE SIDE

**UNDERLYING GENERAL LIABILITY EXPOSURES**

Yes No

- 1. Is an advertising agency used? If yes, annual budget is \$ \_\_\_\_\_
- 2. Does applicant own, lease, charter or operate aircraft?
- 3. Is bridge, dam or marine work performed?
- 4. Does applicant own, rent or operate cranes?
- 5. Do subcontractors carry coverages or limits less than the applicant?
- 6. Is a hospital, clinic or first aid facility maintained?
- 7. Is coverage provided for doctors or nurses?
- 8. Is separate pollution coverage purchased?
- 9. Does applicant own or lease watercraft?

Check if any exposures are present and explain in Remarks section. Also check if coverage is provided in the underlying policies.

Exposure	Underlying Policy	Coverage Provided	Exposure	Underlying Policy	Coverage Provided
<input type="checkbox"/>	Aircraft Liability	<input type="checkbox"/>	<input type="checkbox"/>	Pollution Liability	<input type="checkbox"/>
<input type="checkbox"/>	Aircraft Passenger Liability	<input type="checkbox"/>	<input type="checkbox"/>	Professional Liability	<input type="checkbox"/>
<input type="checkbox"/>	Additional Interests	<input type="checkbox"/>	<input type="checkbox"/>	Vendor's Liability	<input type="checkbox"/>
<input type="checkbox"/>	Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>	Watercraft Liability	<input type="checkbox"/>

**AUTOMOBILE EXPOSURES**

Number of Vehicles Owned and Leased		<b>Yes</b>	<b>No</b>	
Private Passenger _____	Heavy Trucks _____	<input type="checkbox"/>	<input type="checkbox"/>	1. Does applicant operate any trucks over a 200-mile radius?
Light Trucks _____	Buses _____	<input type="checkbox"/>	<input type="checkbox"/>	2. Does applicant haul explosives, caustics, flammables or other dangerous cargo?
Medium Trucks _____	Tractor-Trailer Units _____	<input type="checkbox"/>	<input type="checkbox"/>	3. Does underlying policy contain any restrictive endorsements?
		<input type="checkbox"/>	<input type="checkbox"/>	4. Are passengers carried for a fee?
		<input type="checkbox"/>	<input type="checkbox"/>	5. Are there any units not insured by the underlying policies?
		<input type="checkbox"/>	<input type="checkbox"/>	6. Are there any vehicles leased or rented to others?
		<input type="checkbox"/>	<input type="checkbox"/>	7. Is hired and nonowned coverage provided?

**EMPLOYER LIABILITY EXPOSURES**

Form of Underlying Coverage	Applicant Subject to:
<input type="checkbox"/> Insurance	<input type="checkbox"/> Jones Act <input type="checkbox"/> Federal Employers' Liability Act
<input type="checkbox"/> Self-insurance	<input type="checkbox"/> U.S. Longshoremen's and Harbor Worker's Act
<input type="checkbox"/> State Fund	
<input type="checkbox"/> Stop Gap	
If applicant is self-insured in any state, what excess Workers' Compensation and Employers Liability Insurance is carried?	

Explain all "Yes" answers: