

SERFF Tracking Number: ACPC-125758919 State: Arkansas
Filing Company: ACORD Corporation State Tracking Number: EFT \$50
Company Tracking Number: ACORD 2008-5 (COMMERCIAL UMBRELLA)
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: Other Liability-Occ/Claims Made
Project Name/Number: AR FILING 08-04-08 ACORD:131 (2007/09)/5 AR: ACORD 131 (2007/09)

Filing at a Glance

Company: ACORD Corporation
Product Name: Other Liability-Occ/Claims Made
TOI: 17.0 Other Liability - Claims Made/Occurrence
Sub-TOI: 17.0020 Commercial Umbrella & Excess
Filing Type: Form

SERFF Tr Num: ACPC-125758919 State: Arkansas
SERFF Status: Closed State Tr Num: EFT \$50
Co Tr Num: ACORD 2008-5 (COMMERCIAL UMBRELLA)
Co Status: State Status: Fees verified and received
Author: Daneen L. Carroll Reviewer(s): Betty Montesi, Edith Roberts
Date Submitted: 08/05/2008 Disposition Date: 08/12/2008
Disposition Status: Approved
Effective Date Requested (New): Effective Date (New):
Effective Date Requested (Renewal): 08/04/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: AR FILING 08-04-08 ACORD:131 (2007/09)
Project Number: 5 AR: ACORD 131 (2007/09)
Reference Organization: ACORD
Reference Title: Umbrella/Excess Section
Filing Status Changed: 08/12/2008
State Status Changed: 08/12/2008
Corresponding Filing Tracking Number: ACORD 2008-5 (Commercial Umbrella)
Filing Description:

Status of Filing in Domicile: Not Filed
Domicile Status Comments:
Reference Number: ACORD 131 (2007/09)
Advisory Org. Circular: ACORD 131
Deemer Date:

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August 4, 2008

Ms. Alexa Grissom
Senior Rate and Forms Analyst
Property and Casualty Division
Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

Re: ACORD Forms Filing 2008-5 (Comml Umbrella)
ACORD 131 (2007/09) Umbrella / Excess Section

Dear Ms. Grissom:

As a licensed Advisory Organization (# 8977), we hereby file two (2) new forms.

Attached are the following:

1. Copies of Form PC TD-1, P&C Transmittal Document
2. Copies of Form PC FFS-1, Form Filing Synopsis
3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One \$50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail jvolker@acord.org, if you need anything further.

Sincerely,

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Joel V. Volker
Staff Counsel

JVV:etb

Enclosures

Company and Contact

Filing Contact Information

Daneen L Carroll, Compliance Manager dcarroll@acord.org
Two Blue Hill Plaza (845) 620-1700 [Phone]
Pearl River , NY 10965-8529 (845) 620-3693[FAX]

Filing Company Information

ACORD Corporation CoCode: 44 State of Domicile: New York
Two Blue Hill Plaza Group Code: Company Type: Non-profit
3rd Floor
Pearl River, NY 10965-8529 Group Name: State ID Number:
(845) 620-1700 ext. [Phone] FEIN Number: 13-2940919

Filing Fees

SERFF Tracking Number: ACPC-125758919 State: Arkansas
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Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACORD Corporation	\$50.00	08/05/2008	21789280

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/12/2008	08/12/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status of Filing	Note To Reviewer	Daneen L. Carroll	08/11/2008	08/11/2008

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Disposition

Disposition Date: 08/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ACPC-125758919 *State:* Arkansas
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Note To Reviewer

Created By:

Daneen L. Carroll on 08/11/2008 10:51 AM

Subject:

Status of Filing

Comments:

Ms. Montesi:

Please advise concerning the filing status of AR Filing 08-04-08 ACORD:131 (2007/09).

Best regards,

Daneen L. Carroll

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Supporting Document Schedules

Satisfied -Name: ACORD 131 (2007/09) Property & Casualty Transmittal Document PC TD - 1 & Form Filing Schedule FFS-1: ACORD 2008-5 (Commercial Umbrella)
Review Status: Approved 08/12/2008

Comments:

ACORD 131 (2007/09) Property & Casualty Transmittal Document PC TD - 1 & Form Filing Schedule FFS-1: ACORD 2008-5 (Commercial Umbrella)

Attachment:

P&C Transmittal 2008-5 (Comml Umbrella).pdf

Satisfied -Name: ACORD 131 (2007/09) ACORD Cover Letter: ACORD 2008-5 (Commercial Umbrella)
Review Status: Approved 08/12/2008

Comments:

ACORD 131 (2007/09) ACORD Cover Letter: ACORD 2008-5 (Commercial Umbrella)

Attachment:

Letter 2008-5 (131).doc

Satisfied -Name: ACORD 131 (2007/09) Arkansas Certificate of Compliance: ACORD 2008-5 (Commercial Umbrella)
Review Status: Approved 08/12/2008

Comments:

ACORD 131 (2007/09) Arkansas Certificate of Compliance: ACORD 2008-5 (Commercial Umbrella)

Attachment:

Certification 2008-5 (Comml Umbrella).pdf

Satisfied -Name: ACORD 131 (2007/09) Explanation of Changes: ACORD 2008-5
Review Status: Approved 08/12/2008

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(Commercial Umbrella)

Comments:

ACORD 131 (2007/09) Explanation of Changes: ACORD 2008-5 (Commercial Umbrella)

Attachment:

131.pdf

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Review Status:

Satisfied -Name: ACORD 131 (2007/09) ACORD Form: ACORD 2008-5 (Commercial Umbrella) Approved 08/12/2008

Comments:

ACORD 131 (2007/09) ACORD Form: ACORD 2008-5 (Commercial Umbrella)

Attachment:

131.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: _____ Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



August 4, 2008

Ms. Alexa Grissom
Senior Rate and Forms Analyst
Property and Casualty Division
Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

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5. An explanation of the use of each form
6. One \$50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail jvolker@acord.org, if you need anything further.

Sincerely,

Joel V. Volker
Staff Counsel

JVV:etb

Enclosures

New York

Two Blue Hill Plaza
3rd Floor
PO Box 1529
Pearl River, NY 10965-8529
U.S.A.

Tel +1 845 620 1700
Fax +1 845 620 3600

London

London Underwriting Centre
Suite 1/3
3 Minster Court
Mincing Lane
London EC3R 7DD
United Kingdom

Tel +44 (0)20 7617 6400
Fax +44 (0)20 7617 6401

**ACORD 131 (2007/09), UMBRELLA / EXCESS SECTION,
replaces ACORD 131 (2006/08)**

EXPLANATION OF CHANGES

Note: This form is now 5 pages

Page 1

1. Add field for AGENCY CUSTOMER ID: to the top of page 1
2. Reformat Header to new "standard" format for Sections
3. In POLICY INFORMATION section, delete YES/NO check boxes with one field to capture a Y or N response
4. Add a new section titled EMPLOYEE BENEFITS LIABILITY
5. Expand size of PRIMARY LOCATION AND SUBSIDIARIES section and add separate fields for NAME, LOCATION and DESCRIPTION
6. In PRIMARY LOCATION AND SUBSIDIARIES section, expand width of # column
7. Add another blank row to the UNDERLYING INSURANCE section and resize the blank rows
8. In the UNDERLYING INSURANCE section, move everything from UNDERLYING GENERAL LIABILITY INFORMATION Questions on to Page 2
9. Move ATTACH TO ACORD 125 AND 126 above the border at the bottom of the form
10. Update ACORD copyright with year as first item after the copyright symbol
11. Revise footer to Page 1 of 5

Page 2

12. Add field for AGENCY CUSTOMER ID: to the top of page 2
13. In UNDERLYING INSURANCE (continued) section, delete horizontal line next to Question numbers and add a period after the Question numbers
14. In UNDERLYING INSURANCE (continued) section, create a field under Question 3
15. boxes with one field to capture a Y or N response and add a line next to EFF. DATE:
16. In UNDERLYING INSURANCE (continued) section, increase field size under UNDERLYING INSURANCE COVERAGE INFORMATION and PREVIOUS EXPERIENCE sections
17. In UNDERLYING INSURANCE (continued) section, Question 6, delete YES/NO check
18. Reformat CARE, CUSTODY AND CONTROL section to allow more space for Column D* to define Other and to provide more space for OCCUPANCY / DESCRIPTION field
19. Move VEHICLES section from Page 3 to Page 2, immediately below the CARE, CUSTODY AND CONTROL section
20. Delete REMARKS section
21. Revise footer to Page 2 of 5

Page 3

22. Add field for AGENCY CUSTOMER ID: to the top of page 3
23. Expand ADDITIONAL EXPOSURES section to add fields beneath each question, where required
24. In ADDITIONAL EXPOSURES section, reformat YES / NO check boxes to one field to capture a Y or N response
25. Revise footer to Page 3 of 5

131 (2007/09)
Umbrella / Excess Section
(continued)

Page 4

26. Add field for AGENCY CUSTOMER ID: to the top of page 4
27. In ADDITIONAL EXPOSURES section, reformat YES / NO check boxes to one field to capture a Y or N response
28. Expand REMARKS section
29. Move SIGNATURE section to Page 5
30. Revise footer to Page 4 of 5

Page 5

31. Add field for AGENCY CUSTOMER ID: to the top of page 4
32. Add REMARKS section
33. In BINDER/SIGNATURE section, expand FRAUD WARNING to include additional state specific warnings
34. In SIGNATURE section, move second sentence, beginning with the words IF THE COMPANY TO WHICH I AM APPLYING, etc., to the top of the section and add additional fields and text
35. In SIGNATURE section, revise the sentence, beginning with APPLICABLE ONLY IN, etc.
36. In SIGNATURE section, delete the section regarding Indiana
37. In the UM Selection section, center and bold APPLICABLE ONLY IN GEORGIA, LOUISIANA, NEW HAMPSHIRE and VERMONT and add WISCONSIN
38. Bold APPLICABLE ONLY IN GEORGIA AND LOUISIANA
39. Bold APPLICABLE ONLY IN NEW HAMPSHIRE
40. Bold APPLICABLE ONLY IN VERMONT
41. Add new WISCONSIN section
42. Add Page 5 of 5 to footer



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

AGENCY				APPLICANT (First Named Insured)			
POLICY NUMBER				CARRIER		NAIC CODE	
EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN	AUDIT	FOR COMPANY USE ONLY		

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT	
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	RETROACTIVE DATE		\$	EA OCC	\$
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> PROPOSED	<input type="checkbox"/> CURRENT			
EXPIRING POL #:				\$	FIRST DOLLAR DEFENSE (Y/N)		

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+/-
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		RATING MOD
AUTOMOBILE LIABILITY				CSL EA. ACC. \$	\$		
				BI EA. ACC. \$	\$		
				BI EA. PER. \$	\$		
				PD EA. ACC. \$	\$		
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$	PREM/OPS		
				GENERAL AGGR \$	\$		
				PROD & COMP OPS AGGREGATE \$	PRODUCTS		
				PERSONAL & ADV INJURY \$	\$		
				DAMAGE TO RENTED PREMISES \$	OTHER		
				MEDICAL EXPENSE \$	\$		
EMPLOYERS LIABILITY				EACH ACCIDENT \$			
				DISEASE EACH EMPLOYEE \$	\$		
				DISEASE POLICY LIMIT \$			

ATTACH TO ACORD 125 AND ACORD 126

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	UNLIMITED?
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:			
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y/N) <input type="checkbox"/>			
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:			
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y/N) <input type="checkbox"/> EFF. DATE: _____			

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/> CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input type="checkbox"/> CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
<input type="checkbox"/> COVERAGE	EXPOSURE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> AIRCRAFT LIABILITY	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> ADDITIONAL INTERESTS	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
	POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS/TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
ADVERTISERS LIABILITY	
1. MEDIA USED: ANNUAL COST: \$	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	<input type="checkbox"/>
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	<input type="checkbox"/>
AIRCRAFT LIABILITY	
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?	<input type="checkbox"/>
AUTO LIABILITY	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	<input type="checkbox"/>
6. ARE PASSENGERS CARRIED FOR A FEE?	<input type="checkbox"/>
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	<input type="checkbox"/>
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	<input type="checkbox"/>
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?	<input type="checkbox"/>
CONTRACTORS LIABILITY	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	<input type="checkbox"/>
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach additional sheets if more space is required)	
12. DESCRIBE AGREEMENT (Attach additional sheets if more space is required)	
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	<input type="checkbox"/>
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	<input type="checkbox"/>
EMPLOYERS LIABILITY	
15. IS APPLICANT SELF-INSURED IN ANY STATE?	<input type="checkbox"/>
16. SUBJECT TO:	
<input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:	
INCIDENTAL MALPRACTICE LIABILITY	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	<input type="checkbox"/>
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	<input type="checkbox"/>
19. INDICATE # OF DOCTORS: NURSES: BEDS:	

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y/N									
POLLUTION LIABILITY																			
EPA #:																			
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?										<input type="checkbox"/>									
21. INDICATE THE COVERAGES CARRIED:																			
<input type="checkbox"/>	GL WITH STANDARD ISO POLLUTION EXCLUSION				<input type="checkbox"/>	GL WITH POLLUTION COVERAGE ENDORSEMENT													
<input type="checkbox"/>	GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY				<input type="checkbox"/>	SEPARATE POLLUTION COVERAGE													
PRODUCT LIABILITY																			
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?										<input type="checkbox"/>									
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)										<input type="checkbox"/>									
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)										<input type="checkbox"/>									
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____																			
PROTECTIVE LIABILITY																			
26. DESCRIBE INDEPENDENT CONTRACTORS (Attach additional sheets if more space is required)																			
WATERCRAFT LIABILITY																			
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?										<input type="checkbox"/>									
# OWNED		LENGTH			HORSEPOWER			# OWNED		LENGTH			HORSEPOWER						
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS																			
# STORIES		# UNITS		# SWIMMING POOLS			# DIVING BOARDS			# STORIES		# UNITS		# SWIMMING POOLS			# DIVING BOARDS		

REMARKS (Attach additional sheets if more space is required)

REMARKS

AGENCY CUSTOMER ID: _____

Large empty rectangular box for entering remarks.

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN GEORGIA, LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN GEORGIA AND LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS) (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS) (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

UM COVERAGE: IS AVAILABLE IS NOT AVAILABLE UIM COVERAGE: IS AVAILABLE IS NOT AVAILABLE

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE

DATE