



EXCESS LIABILITY INSURANCE APPLICATION

PRODUCER		DATE OF SUBMISSION: _____
		DESIRED EFFECTIVE DATE: _____
Excess Policy: <input type="checkbox"/> New <input type="checkbox"/> Renewal		

APPLICANT INFORMATION

Business Name: _____

Contact/Owner: _____

Address: _____

Phone: _____ **Fax:** _____

Business Type: ___ Individual ___ Partnership ___ Joint Venture ___ Corporation ___ Other

Years in Business: _____ **Years of Experience:** _____ **License #** _____

Website: _____ **FEIN:** _____

OPERATIONS

General Description: _____

States of Operation: _____

Division of Work (Each line should add up to 100%)

Line1	GC		Sub		Other Contractor		=100%
Line2	Residential				Commercial		=100%
Line3	New		Remodel		Service		=100%

- Operations include exterior work over 3 stories in height
- Operations include condo, townhome, or apartment work

Largest jobs in the last 3 years

1). **Description:** _____

Revenue: _____

2). **Description:** _____

Revenue: _____

3). **Description:** _____

Revenue: _____

OPERATIONS CONTINUED



Annual Gross Receipts: \$ _____

(Projected Receipts for next year including all revenues and no deductions for subcontractor costs, taxes, fees or other)

Annual Payroll: \$ _____ **Number of Employees:** _____

Annual Subcontracted Expense: \$ _____

Describe Operations that are Subcontracted out: _____

UNDERLYING INSURANCE

Occurrence Claims-made

Insurer: _____

Policy #: _____ **Annual Premium:** \$ _____

Effective Date: _____ **Expiration Date:** _____

Per occurrence or Per claim limit: _____

Aggregate limit: _____

NOTE: Attach a copy of the underlying policy's Declarations Page

CLAIM INFORMATION

Loss Runs Attached

Provide details of all liability claims exceeding \$10,000 or occurrences that may give rise to claims during the past five years, whether insured or not. Specify date, description, amount paid, and amount outstanding.

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials including the required membership agreement ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts and are made with the knowledge that the company will act in reliance upon them. Furthermore, the Applicant authorizes the Company, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understand that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company

Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and form a part of such policy and any misrepresentations by the application may result in denial of coverage or the cancellation of any subsequently issued policy or policies.

THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. INSURANCE SOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUPS. THEREFORE THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF YOUR RISK RETENTION GROUP, THE INSURER, BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.

Date: _____

Signature of Applicant _____ **Title (Owner, Officer, Partner):** _____