



Healthcare Umbrella Liability Application

Instructions:

- Please print or type clearly all responses and answer all questions as instructed.
- If you need more space for a response, continue on the Comments section of this application or attach a separate sheet of paper.
- Coverage will not be considered until this application is completed and all required information is provided.
- All underlying carriers must have an AM Best Rating of "A-" or better.
- The following minimum limits of liability apply to underlying coverage:
 - Auto liability minimum limits of \$1,000,000
 - Employers liability minimum limits of \$500,000/\$500,000/\$500,000
 - Non-owned aircraft limits of \$5,000,000/helipad limits of \$1,000,000

A. Basic Policy Information

Name of Applicant: _____

Agency: _____

Policy Period: _____ Limits of Liability: _____

B. Underlying Insurance

Complete the chart below with all liability policies in force to apply as underlying insurance:

Coverage Type	Carrier	Policy Number	Policy Period	Limits of Liability	Annual Premium
Auto Liability					
Employers Liability					
Helipad Liability					
Non-Owned Aircraft Liability					
Other:					
Other:					

*All Wisconsin Applicants must complete the Wisconsin UM/UIM Supplement.

C. Underwriting Information

AUTO LIABILITY (List all vehicles below.)

Type	# Owned	# Non-Owned	# Leased	Property Hauled	0-50 Miles	50-200 Miles	Over 200 Miles
Private Passenger							
Trucks	Light						
	Medium						
	Heavy						
	Ex Heavy						
Trucks/ Tractors	Heavy						
	Ex Heavy						
Buses							

Explain all "yes" responses to questions 1 through 12 in the Comments section.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are explosives, caustics, flammables or other dangerous cargo hauled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are passengers carried for a fee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are any units not insured by underlying policies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are any vehicles leased or rented to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Are hired and non-owned coverages provided? Yes No
 6. Is auto symbol 1 (any auto) used on the underlying coverage? Yes No

AIRCRAFT & WATERCRAFT LIABILITY

7. Does the Applicant own, lease or operate any aircraft? Yes No
 8. Does the Applicant own, lease or operate any watercraft? Yes No

If yes, provide number owned, length and horsepower: _____

EMPLOYERS LIABILITY

9. Is the Applicant self-insured in any state? Yes No
 10. Is the Applicant subject to any of the following? Jones Act FELA STOP GAP OTHER: _____

LOSS HISTORY

11. Does the loss history provided with underlying coverages include umbrella loss history? Yes No
 If no, please provide detailed loss history for all umbrella losses in the Comments section or by attachment.

EXPOSURE ANALYSIS

12. Indicate if any of the following exposures apply to the Applicant's business.

<input type="checkbox"/> Aircraft Liability	<input type="checkbox"/> Care, Custody, Control	<input type="checkbox"/> Garagekeepers Liability	<input type="checkbox"/> Professional Liability (E&O)
<input type="checkbox"/> Aircraft Passenger Liability	<input type="checkbox"/> Employee Benefit Liability	<input type="checkbox"/> Liquor Liability	<input type="checkbox"/> Vendors Liability
<input type="checkbox"/> Additional Interests	<input type="checkbox"/> Foreign Liability/Travel	<input type="checkbox"/> Pollution Liability	<input type="checkbox"/> Watercraft Liability

13. What is the total number of employees? _____

D. Comments

Section and Question	Comments
_____	_____
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_____ _____ _____
 Applicant Signature Title Date