

UMBRELLA

UNDERWRITING REQUIREMENTS

Underwriting Requirements:

1. FULLY COMPLETED APPLICATIONS

- A. Umbrella Application: Either our Brownyard Programs App <OR> the Acord Umbrella App
- B. GL / E&O Application: Brownyard Programs Application (# C28264)

1) GL / E&O Application must be Dated & Signed by the Insured!

Note: The program includes Errors & Omissions coverage, and signed applications are always mandatory, for ANY insurance programs writing E&O/Professional Liability exposures.

2. HARD-COPY LOSS RUNS

- A. Must include ALL underlying coverages!
- B. Must be recently valued
- C. Include 5 Years Experience

1) Or for length of time in business, if in business less than 5 years

Loss Runs should Include:

The Insured's Name - Carrier's Name - Policy Number - Policy Term -
Type of Coverage - Valuation Date - Number of Claims

And for Each Loss, should show:

Claim Number - Date of Loss - Detailed Description of Loss -
Claim Status (Open or Closed) - Amount Paid - Amount Reserved

3. SCHEDULE OF ALL VEHICLES

4. UNDERLYING POLICY PREMIUMS

5. ALL UNDERLYING CARRIERS:

- A. Must have an A.M. Best's rating of at least: A- VII

6. MINIMUM REQUIRED UNDERLYING LIMITS:

Auto:	\$1,000,000 - Combined Single Limit
GL:	\$1,000,000 - Each Occurrence \$1,000,000 - General Aggregate
WC:	\$500,000 - Each Accident \$500,000 - Disease / Policy \$500,000 - Disease - Each Employee

BROWNYARD PROGRAMS, LTD.

Umbrella Liability Insurance Application for: • Private Security Agencies

86 Carleton Avenue • P.O. Box 599 • East Islip, New York 11730 www.BrownyardPrograms.com
Voice: (631) 581-9300 • (800) 665-7304 • FAX: (631) 581-9385 • E-mail: info@brownyardprograms.com

- 1) Name _____ Date _____
- 2) Contact _____ Title _____
- 3) Telephone _____ Fax Number _____
- 4) Number of locations _____ Email Address _____

Location #	Name & Location of primary and all subsidiary companies (use another sheet if necessary)

- 5) Type of business activity (check as applicable)
- Security Guard/Patrol Executive Protection Private Investigation Temp Help
 Armored Car/Courier Burglar/Fire Alarm Janitorial Other _____

6) Policy Information

<input type="checkbox"/> New <input type="checkbox"/> Renewal Expiring Policy #: _____	Effective Date:	Limit of Liability	Retained Limit
	Expiration Date:	\$ _____ Each Occ \$ _____ Aggregate	<input type="checkbox"/> \$10,000 <input type="checkbox"/> Other _____

7) Payroll, Sales, and # of Employees

Annual Payroll	Annual Sales	Number of Employees			
\$	\$	Total	Full Time	Part Time	Armed

8) Underlying Insurance

Type	Carrier & Policy Number	Policy Effective & Expiration Date	Limits	Annual Premium
Automobile Liability		-	CSL \$	\$
			BI \$	
			PD \$	
General Liability Policy Type <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made	<input type="checkbox"/> Including E & O <input type="checkbox"/> EBL, Limit: _____	-	Each Occurrence \$	Prem/Ops \$
			General Aggregate \$	Products \$
			Prod & Co Agg \$	\$
			Personal & Adv Inj \$	\$
			Fire Damage \$	Other \$
			Medical Expense \$	\$
Employers Liability		-	Each Accident \$	\$
			Disease Policy Limit \$	
			Disease Each Empl \$	

9) Check all coverages in underlying policies. Also check if exposures are present for each coverage.

Check if appropriate	Coverage	Exposure	Coverage	Exposure
<input type="checkbox"/> CGL - Occurrence	<input type="checkbox"/> Lost Key	<input type="checkbox"/>	<input type="checkbox"/> Aircraft Liability	<input type="checkbox"/>
<input type="checkbox"/> Owned Auto	<input type="checkbox"/> Theft - Employee	<input type="checkbox"/>	<input type="checkbox"/> Watercraft Liability	<input type="checkbox"/>
<input type="checkbox"/> Non - Owned & Hired Auto	<input type="checkbox"/> Theft - 3 rd Party	<input type="checkbox"/>	<input type="checkbox"/> Liquor Liability	<input type="checkbox"/>
<input type="checkbox"/> Coverage Exposure	<input type="checkbox"/> Incidental Medical Malpractice	<input type="checkbox"/>	<input type="checkbox"/> Pollution Liability	<input type="checkbox"/>
<input type="checkbox"/> Vicarious Liability for Intentional	<input type="checkbox"/> Employee Benefit Liability	<input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/>
<input type="checkbox"/> Professional Liability (E&O)	<input type="checkbox"/> Blanket Additional Insured	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Care, Custody, Control	<input type="checkbox"/> Blanket Waiver of Subrogation	<input type="checkbox"/>		<input type="checkbox"/>

10) Prior Experience No such claims
 Give details of all liability claims exceeding \$10,000 or occurrences that may give rise to claims, during the past five years.

11) Additional exposures Explain all "yes" responses and provide the information required.

ADVERTISERS LIABILITY				Yes	No	PRODUCT LIABILITY				Yes	No
1. Are services of an advertising agency used?						11. Are foreign products distributed in US?					
Media Used:		Annual Cost?				12. Are U.S. products sold/distributed in foreign countries?					
2. Any coverage provided under agency's policy?						13. Product liability loss in past 3 years?					
AIRCRAFT LIABILITY						14. Gross sales for the last 3 years?					
3. Does applicant own/lease/operate aircraft?						\$ \$ \$					
AUTO LIABILITY											
4. Any units not insured by underlying policies?						WATERCRAFT LIABILITY					
5. Are any vehicles leased or rented to others?						15. Does applicant own or lease watercraft?					
6. Are hired and non-owned coverage provided?						#Owned Length Horsepower					
7. Vehicles: #Owned # Non-Owned # Leased						POLLUTION LIABILITY 16. Indicate the coverages carried: <input type="checkbox"/> GL with standard ISO Pollution exclusion <input type="checkbox"/> GL with standard ISO Pollution exclusion, except Hostile Fire <input type="checkbox"/> Other:					
Private Passenger											
Trucks - Light											
Medium											
Heavy											
Ex-Heavy											
EMPLOYERS LIABILITY						OTHER LIABILITY - Describe:					
8. Is applicant self-insured in any state?											
9. Subject to: <input type="checkbox"/> Jones Act <input type="checkbox"/> Fela <input type="checkbox"/> Stop Gap <input type="checkbox"/> Other _____						INCIDENTAL MALPRACTICE LIABILITY					
10. Do you provide professional medical or health care services?											

Applicable only in Louisiana, New Mexico, Ohio, Tennessee and Vermont:
 I acknowledge that uninsured motorist (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 limit indicated in this application. _____ (initials) or 2. I reject UM coverage in its entirety. _____ (initials)

NOTICE TO APPLICANTS: 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. This application must be completed in full as the quote will be based solely on the information provided. Any persons 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 any fact material thereto, commits a fraudulent act, which is a crime.

Applicant's Signature Title Date

Name of Insurance Broker, address, phone number, email address