



Umbrella Supplemental Application

If applying for Excess D&O (Nonprofit Only), or Excess Automobile Liability, or Excess Employer's Liability please complete this supplemental application.

This application must be attached to a completed CIBA General Application and a completed CIBA-AWAC Excess General Liability Supplemental Application.

The CIBA Program provides Excess General Liability only, unless there is a specific quotation or endorsement to provide excess coverage for other lines, such as Excess D&O (Nonprofit only), Excess Automobile Liability or Excess Employer's Liability.

Broker/Company: _____ Office: _____ Submitted By: _____
 Phone Number: _____ E-Mail Address: _____

Account Name (and Account ID if existing CIBA Account):		
Named Insured:		
Location Address	Address 2:	
City:	State:	Zip Code:

Policy Information

Effective Date:	Expiration Date:
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Umbrella Limit Desired:	
<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000

Underlying Policy Questions

Are all underlying Auto and Liability policies on an occurrence form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Underlying Auto Defense Costs are Outside the Primary Limits of Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Primary Auto Policies contain sub-limits less than \$1,000,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Underlying Issuing Company with an AM Besting Rating Less than A- VII?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Program / Industry Questions

Does the insured request Driver History Reports (MVRs) and/or offer Driver Safety Courses?	<input type="checkbox"/> N/A – Insured does not own / operate any vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any scheduled automobiles used outside the scope of the insured's business operations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Schedule of Underlying Information: Carrier / Effective Period / Limits

Auto Liability

Underlying Carrier: _____			
Policy Effective Date: _____		Policy Expiration Date: _____	
Primary Policy Number (Optional): _____			
Primary Policy Premium (Optional): _____			
Limit of Liability: Combined Single Limit: _____			
Defense costs are outside the Policy Limits listed above:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employers Liability

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Underlying Carrier: _____		
Policy Effective Date: _____	Policy Expiration Date: _____	
Primary Policy Number (Optional): _____		
Primary Policy Premium (Optional): _____		
Limit of Liability: Bodily Injury Each Accident: _____		
Limit of Liability: Bodily Injury By Disease – Each Employee: _____		
Limit of Liability: Bodily Injury By Disease – Policy Aggregate: _____		
Defense costs are outside the Policy Limits listed above:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Directors & Officers Liability

Applicable Only to Non-Profit Condominium & Cooperative Exposures

Underlying Carrier: _____		
Policy Effective Date: _____	Policy Expiration Date: _____	
Primary Policy Number (Optional): _____		
Primary Policy Premium (Optional): _____		
Limit of Liability Each Claim: _____		
Limit of Liability Aggregate: _____		
Defense costs are outside the Policy Limits listed above:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does the Insured have any of the following Miscellaneous Liability Exposures Scheduled?

Personal Umbrella Liability **Garage Keepers Legal Liability**

Personal Umbrella

Underlying Carrier: _____		
Policy Effective Date: _____	Policy Expiration Date: _____	
Primary Policy Number (Optional): _____		
Primary Policy Premium (Optional): _____		
Limit of Liability: Each Occurrence: _____		
Defense costs are outside the Policy Limits listed above:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Garage Keepers Legal Liability

Underlying Carrier: _____		
Policy Effective Date: _____	Policy Expiration Date: _____	
Primary Policy Number (Optional): _____		
Primary Policy Premium (Optional): _____		
Limit of Liability: Each Occurrence: _____		
Defense costs are outside the Policy Limits listed above:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Exposure Rating / Location Details Section

Vehicle Schedule

Please enter the Insured's Vehicle Fleet Exposure Summary

<input type="checkbox"/> Private Passenger Vehicles	_____
<input type="checkbox"/> Light Truck (Gross Vehicle Weight 10,000lbs or less) – No Passengers	_____
<input type="checkbox"/> Medium Truck (Gross Vehicle Weight 10,001lbs to 20,000lbs) – No Passengers	_____
Does the insured own or operate any vehicle not meeting the above criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a vehicle schedule including Make / Model / Year / VIN Number of the vehicles not meeting the above criteria	_____

Loss Information Section

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Automobile Liability – Summation of losses for all scheduled vehicles		
Are currently valued (within 6 months of the effective date), ground up Automobile Liability loss details for the past three years on file with the Program Administrator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please explain why: _____		
Has the Insured Observed a Single AL loss in excess of \$100,000 Total Incurred during the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Automobile Liability Loss Summary

Policy Term	# of Claims	Paid Loss	Paid Expense	Loss Reserve	Expense Reserve	Total Incurred
2016 / 2017						
2015 / 2016						
2014 / 2015						
2013 / 2014						
2012 / 2013						

Automobile Liability – Losses in Excess of \$100,000 Total Incurred

Accident Date	Brief Description of Loss	Closed / Open	Paid Loss	Paid Expense	Loss Reserve	Expense Reserve	Total Incurred

Non-Profit Condo / COOP Directors & Officers Liability – Summation of losses for all scheduled locations

Are currently valued (within 6 months of the effective date), ground up Directors & Officers Liability loss details for the past three years on file with the Program Administrator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please explain why: _____		
Has the Insured Observed a Single Directors & Officers Liability loss during the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Non-Profit Condo / COOP Directors & Officers Liability – Observed Losses

Accident Date	Brief Description of Loss	Closed / Open	Paid Loss	Paid Expense	Loss Reserve	Expense Reserve	Total Incurred

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Fact Statements & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement – Terms & Conditions of Membership (Include Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002

Fact Statements & Fraud Notice. The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereof, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Applicant Signature

Date

Name (Print): _____

Title: _____

Agent / Broker Signature

Date

Name (Print): _____

Title: _____