



Producer Information		Umbrella Account Information			
Producer:		Effective Date:		Expiration Date:	
Producer Code:		Name Insured:			
Address:		Contact First Name:		Last Name:	MI:
City:		Phone:	Fax:		e-mail:
State:	Zip:	Mailing Address:			
Producer Contact Name:		City:		State:	Zip:
Phone:		Business Entity Type <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> Individual			
Fax:		<input type="checkbox"/> Joint Venture <input type="checkbox"/> Municipality <input type="checkbox"/> Partnership <input type="checkbox"/> LLC			
e-mail:		Company Website:			
Description of Operations:					

Umbrella Exposure Selection

1. CLEARANCE INFORMATION

Is this applicant a current insured of ACE Excess Casualty (ACE USA) for any layer of the excess casualty program? YES NO

Policy Number _____

Is this applicant a current insured of ACE Westchester for a layer of the excess casualty program? YES NO

Policy Number _____

Has a submission been made within the last 6 months for any layer of the excess casualty program to any other ACE underwriting unit (includes ACE Westchester or regional offices of ACE)? YES NO

2. PLEASE SELECT ANY OF THE FOLLOWING TO BE INCLUDED IN THE SCHEDULE OF UNDERLYING:

General Liability Exposure Auto Exposure Foreign Liability Exposure Liquor Liability Exposure

Target or Expiring Umbrella Premium (not including Terrorism):	Incumbent Carrier:	Umbrella Occurrence Limit:
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3. LOSS INFORMATION

Has the applicant had any single liability loss incurred over \$100,000 in the last 5 years? YES NO
(If "YES" please enter amount and details related to this loss)

	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Has the applicant had any policy in the last 5 years in which aggregate liability losses incurred are over \$250,000? (If "YES" please enter amount and details related to this loss)

	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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General Liability

Standard Industrial Classification (SIC) Code Selection

1. Please enter all applicable 4 digit SIC codes for the submission. You may enter up to 5 different SIC codes. If the applicant has more than 5 applicable SIC codes then this account falls outside the underwriting guidelines and you must trigger a referral to the underwriter by answering "Yes" to the guideline referral question immediately following this section.

To confirm that you have entered the correct SIC code please hit your tab key to see the SIC code description.

If you are unsure of the correct SIC code(s) please refer to the government's OSHA search tool (www.osha.gov/pls/imis/sicsearch.html).

- 2. Please enter an exposure amount associated with that SIC code. Revenue should be used except for Real Estate type SIC codes in which case square footage or number of units is acceptable.
- 3. Click on the Enter SIC into Rating button to save the SIC code and Exposure information.
- 4. A Primary SIC code must be chosen if more than one SIC code is entered.

Primary SIC Code	Description	Total Revenue, Square Footage or Units:
Additional SIC Code	Description	Total Revenue, Square Footage or Units:
Additional SIC Code	Description	Total Revenue, Square Footage or Units:
Additional SIC Code	Description	Total Revenue, Square Footage or Units:
Additional SIC Code	Description	Total Revenue, Square Footage or Units:

OTHER INFORMATION

Do you have foreign sales or operations? YES NO

Foreign Revenue amount (in US \$): _____

How many locations does the applicant have? _____
 See attached list as there are more than ten (10) named insured's

List of Named Insureds, Description of Operations and relationship to First Named Insured:
 See attached list as there are more than ten (10) named insured's.

1.	2.
3.	3.
4.	5.
6.	7.
8.	9.
9.	10.



GL INFORMATION Please check if the applicant's business operation includes any of the following: <input type="checkbox"/> No for all questions below			
<input type="checkbox"/>	Day Care, Child Care or Other Care of unattended minors	<input type="checkbox"/>	Asbestos
<input type="checkbox"/>	Hospitals, Nursing Homes or Assisted Living Facilities	<input type="checkbox"/>	Electro Magnetic Fields(EMF)
<input type="checkbox"/>	Municipalities or Public Entities	<input type="checkbox"/>	Lead
<input type="checkbox"/>	Railroad Operations	<input type="checkbox"/>	Manganese (Welding Rods)
<input type="checkbox"/>	Manufacturing or Distribution of Tires	<input type="checkbox"/>	Silica
<input type="checkbox"/>	Manufacturing of Aircraft or Aircraft Parts	<input type="checkbox"/>	Construction Operations performed by the applicant's employees
<input type="checkbox"/>	Manufacturing of any type of Medical Products	<input type="checkbox"/>	Construction of Residential Properties by, or directly overseen, or managed by the applicant's employees.
<input type="checkbox"/>	Manufacturing or Distribution of Pharmaceuticals or Nutraceuticals	<input type="checkbox"/>	Manufacturing of Automobiles or Automobile Parts
<input type="checkbox"/>	Manufacturing or Distribution of Chemicals		
Please indicate whether this applicant has any of the following: <input type="checkbox"/> No for all questions below			
	Formal written Loss Control and Safety Program (Attach a copy)	<input type="checkbox"/>	YES <input type="checkbox"/> NO
	Full-time dedicated Loss Control and Safety Manager (Provide Name & Phone Number)	<input type="checkbox"/>	YES <input type="checkbox"/> NO
	Formal written accident investigation program (Attach a copy)	<input type="checkbox"/>	YES <input type="checkbox"/> NO
	Written products quality control policy (Attach a copy)	<input type="checkbox"/>	YES <input type="checkbox"/> NO
	Formal employee training program (Attach a copy)	<input type="checkbox"/>	YES <input type="checkbox"/> NO
	Employee turnover rate measurably better than the applicant's industry norm (Provide both)	<input type="checkbox"/>	YES <input type="checkbox"/> NO

Liquor Liability		
Total underlying Liquor Liability premium		\$
Total Revenue generated from the sale of liquor consumed on the applicant's premises:		\$
Total revenue generated from sale of liquor sold directly to the public at the applicant's premises but NOT consumed on the applicant's premises:		\$
Does the applicant have any locations in Alabama, Alaska, Washington DC or Vermont at which they sell or provide liquor directly to the public or 3rd parties?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the applicant have any locations in Connecticut , Hawaii , Indiana , Iowa , Michigan , Montana , New Hampshire , New Mexico , New York , North Carolina , Oklahoma , Pennsylvania , Rhode Island , Texas , Washington or Wyoming at which they sell or provide liquor directly to the public or 3rd parties?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the applicant have any locations where the percentage of liquor revenue to total combined food and liquor revenue exceeds 50%?(not including wine tasting rooms)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all alcohol servers certified in a formal alcohol training course (e.g. TIPS, TAM, RAMP, BEST, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the applicant ever been cited, fined or put on notice by any regulatory or law enforcement entity for liquor related violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



Auto Liability

VEHICLE OPERATION INFORMATION

1. Please enter the "Current Number of Vehicles" for each "Vehicle Type" that applies to this applicant. You may leave the field blank for any vehicle types that do not apply.
2. You must also enter the "garaging location distribution (%)" and the "radius of operations distribution (%)" for each vehicle type that applies to this applicant.
3. All % fields must total to 100%.

Vehicle Type	Number of Vehicles	Garaging Location Distribution (%)				Radius of Operations Distribution (%)			
		Rural < 750k pop.	Urban > 750k pop. but not Metro	Metro (NYC, Long Island, Atlanta, Miami, Chicago, Dallas, Houston, Los Angeles, San Diego, San Jose, San Francisco, Oakland, Washington D.C.)	Total (%)	Local (<50 Miles)	Inter-mediate (51 to 200 Miles)	Long-Haul (>200 Miles)	Total (%)
Private Passenger									
Light Truck/Van									
Med Truck									
Heavy Truck									
Extra Heavy Truck									
Tractors									
Buses									
Hired & Non-Owned									
Foreign									
Total									

UNINSURED/UNDERINSURED MOTORISTS (UM/UIM)

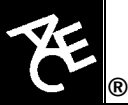
Please click on those states where the applicant has locations, employees or automobiles:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Florida |
| <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire |
| <input type="checkbox"/> Nevada | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Wisconsin | <input type="checkbox"/> West Virginia |

Do you want a quote from the Underwriter for UM/UIM coverage? YES NO

PLEASE CHECK ANY OF THE FOLLOWING EXPOSURES IF THEY APPLY TO THIS APPLICANT'S OPS: No for all questions below

<input type="checkbox"/> Taxi or other livery operations	<input type="checkbox"/> Fire, Police, Ambulance or EMT Vehicles	<input type="checkbox"/> Tow Truck Operator
<input type="checkbox"/> Automobile Hauler	<input type="checkbox"/> Mix-in-Transit Vehicles	<input type="checkbox"/> Trucker for hire
<input type="checkbox"/> Newspaper or Parcel Delivery	<input type="checkbox"/> Hazardous Material Haulers	<input type="checkbox"/> Leasing or rental of vehicles to others
<input type="checkbox"/> Airfreight Forwarder	<input type="checkbox"/> Fast Food Delivery	



Terrorism

PLEASE INDICATE WHETHER THE APPLICANT OWNS OR MANAGES ANY OF THE FOLLOWING:		<input type="checkbox"/> No for all questions
below		
High Profile Skyscrapers	<input type="checkbox"/> YES	<input type="checkbox"/> NO
High Profile Attractions	<input type="checkbox"/> YES	<input type="checkbox"/> NO
High Profile Government Buildings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
National or Historic Landmarks	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Symbolic Financial Buildings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
High Profile Bridges, Dams or Tunnels	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the Insured own, manage or perform services for any airport, train station or hospital or other similar healthcare facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the insured provide security services to others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES THE INSURED RENT OR LEASE ANY OF THE FOLLOWING TO OTHERS:		
Buses, Passenger cars, Vans, Trucks, Railroad cars or Shipping containers	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Umbrella Underlying Insurance

UNDERLYING PROGRAM SUPPLEMENT		
Are all underlying carriers rated at least A- VI by A.M. Best? (www.ambest.com)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What is the total premium for all General Liability policies:	\$	
What is the total premium for all Foreign General Liability policies:	\$	
Are there any underlying policies other than the following? (If YES please list below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<ul style="list-style-type: none"> • General Liability • Automobile Liability • Employers Liability • Employee Benefits Liability • Foreign General, Auto & Employers Liability • Liquor Liability • Garage Liability 		
Are all underlying policies written on an occurrence basis (other than Employee Benefits Liability)? (If NO please explain below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all underlying policies written with defense costs paid in addition to the limits? (If NO please explain below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does any General Liability, Foreign General Liability or Garage Liability policy have a deductible or SIR greater than \$10,000 (If YES please explain below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does any underlying policy include a sub-limit (other than Medical and Fire Damage Legal Liability)? (If YES please explain below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do all underlying limits fall within the following parameters:		
General Liability \$1,000,000 Each Occurrence \$2,000,000 General Aggregate (may include Prod/Comp Ops) \$1,000,000 Products-Completed Operations Aggregate \$1,000,000 Personal and Advertising Injury \$1,000,000 CSL (Hired or Non-Owned Auto)	<input type="checkbox"/> YES	<input type="checkbox"/> NO



Automobile Liability \$1,000,000 Combined Single Limit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Employers Liability* \$500,000 Bodily Injury by Accident – Per Accident Limit \$500,000 Bodily Injury by Disease – Policy Limit \$500,000 Bodily Injury by Disease – Each Employee Limit *In any jurisdiction, state or province where the amount of Employers Liability Insurance provided by the underlying insurer(s) is by law unlimited, the underlying Employers Liability limit(s) shown in the schedule of underlying insurance would not apply and no coverage would be provided for Employers Liability under Express Umbrella policy.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Employee Benefits Liability \$1,000,000 Each Occurrence \$1,000,000 General Aggregate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Liquor Liability \$1,000,000 Each Common Cause or Each Occurrence \$1,000,000 General Aggregate	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Coverage Type	Carrier	Effective Date	Expiration Date	Policy Premium	Limits	
GENERAL LIABILITY					Each Occurrence	\$
					General Aggregate	\$
					Products & Comp Ops Aggregate	\$
					Personal & Advertising Injury	\$
AUTOMOBILE					Combined Single Limit	\$
EMPLOYERS LIABILITY					Bodily Injury by Accident	\$
					Bodily Injury by Disease Employee	\$
					Bodily Injury by Disease Policy Lmt	\$
EMPLOYEE BENEFITS LIABILITY					Each Occurrence	\$
					General Aggregate	\$
LIQUOR LIABILITY					Each Common Cause/Occurrence	\$
					General Aggregate	\$
OTHER						\$
						\$
						\$
						\$



OTHER						\$
						\$
						\$
						\$
OTHER						\$
						\$
OTHER						\$
						\$
OTHER						\$
						\$
Applicant's Signature					Date	