

Excess Casualty™

1. Insured Information

D & B Number:	
Company Name:	
Address:	
City:	
State:	
Zip Code:	
Total Employees:	
Sales:	\$
Year Established:	
Brokerage Contact:	Stanley McDonald Agency
Email Address:	

2. Policy Term

Effective Date:		Expiration Date:	
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3. Umbrella Limit Desired \$1,000,000

4. Are all Underlying Auto and General Liability policies on occurrence forms?

Yes No

5. Underlying Carrier & Limits

Automobile Liability

Underlying Carrier:	
ISO Form:	
Combined Single Limit: (\$1,000,000 Minimum)	
Premium (\$):	
Policy Effective Date:	
Policy Expiration Date:	

General Liability

Underlying Carrier:	Tudor Insurance Company
ISO Form	Yes
Limit of Liability (\$):	
Per Occurrence	\$1,000,000
Aggregate	\$2,000,000
Product & Completed Ops. Aggregate	\$2,000,000
Policy Effective Date	
Policy Expiration Date	

Waive Employer's Liability? Yes No

5. Underlying Carriers & Limits (Continued)

Employer's Liability

Underlying Carrier:	Not Applicable
WC Bureau or NCCI Form	
Limit of Liability (\$)	
Each Accident	
Policy Limit	
Each Employee	
Policy Effective Date	
Policy Expiration Date	

6. Select any Miscellaneous or Error & Omissions Exposures

- Not Applicable
- Printers Professional Liability
- Employee Benefits Liability
- Beauticians/Barbers Professional Liability
- Morticians Professional Liability
- Other:

Do you want coverage in excess of the primary on the Misc. Or E & O exposures selected? Yes No
 (If yes, please provide underlying carrier info.)

Misc. or E & O exposures – Underlying Carrier & Limits

Underlying Carrier:	Not Applicable
ISO Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit of Liability (\$)	
Per Occurrence	
Aggregate	
Products & Completed Ops. Aggregate	
Policy Effective Date	
Policy Expiration Date	

7. The Insured's receipts for the last three (3) Years:

	\$
	\$
	\$

8. Brief description of insured's operations:

9. Automobile Fleet Breakout: (Including Foreign Vehicles)

Private Passenger Vehicles: (Including Hired and Non-Owned)	
Light Trucks: 0 to 10,000 lbs (Including 1-8 passenger vans)	
Medium Trucks: 10,000 to 20,000 lbs (Including 9-20 passenger vans)	
Heavy Trucks: 20,001 to 45,000 (Units not for Hire)	
Extra Heavy Trucks / Tractors: Over 45,000 lbs (Short Haul) (Units not for Hire)	
Extra Heavy Trucks / Tractors: Over 45,000 lbs (Long Haul) (Units not for Hire)	
Busses: (Over 20 Passengers Only)	

Does the auto fleet contain any of the following exposures? Yes No
 School Busses or Vans, Police Vehicles, Fire Trucks, Ambulances,
 Busses (in excess of 20 passengers), Rapid Delivery Operations (i.e. pizza
 newspaper, magazine), Gasoline Hauling, Hazardous Waste/Red Label or
 commodity III or IV Hauling?

Are any vehicles registered or principally garaged in Ohio? Yes No

10. Any sales outside of the United States? Yes No
 (If yes, please enter the percent of receipts from foreign
 sales and select foreign coverage structure)

Please select foreign coverage structure if applicable:

- Foreign General Liability/Automobile Liability included in coverage already entered in Domestic General Liability
- Foreign Automobile Liability Policy
- Foreign General Liability
- No underlying Foreign General Liability

11. Any foreign operations? Yes No

Five year loss summary (Required)

12. Any individual loss in excess of \$100,000 in the past five (5) years? Yes No

Loss Information	> \$100,000	In the past 5 years
Any GL losses in excess of		
Any AL losses in excess of		
Any other losses in excess of		

13. For general liability or products coverages, any aggregate losses in excess of \$100,000 in and policy year for the past five (5) years? Yes No

Loss Summary Term	General Liability		Auto Liability		Other	
	# of Claims	Total \$	# of Claims	Total \$	# of Claims	Total \$