

Commercial Excess / Umbrella Liability Application P.O. Box 2009, Glen Allen, VA 23058-2009 Phone: (800) 262-7535 Fax: (804) 527-7784

O. Box 2009, Glen Allen, VA 23058-2009 Phone: (800) 262-7535 Fax: (804) 527-7784 Web site: www.horseinsurance.com Email: agapplications@markelcorp.com

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued.

Applicant:		Broker Name: Company Name: Mailing Address: City: State:			
		Phone #: () Fax #: () Email Address:			
Desired Effective Date: Limit of Insurance: \$\begin{bmatrix} \$1 Million \$\begin{bmatrix} \$2 Million \$\begin{bmatrix} \$3 Million \$\begin{bmatrix} \$4 Million \$\begin{bmatrix} \$5 Million \$\begin{bmatrix} Other: \$\begin{bmatrix} \$					
Required for Umbrella Policy – Primary Underlying Insurance (Must be with an admitted "A" rated carrier Effective / Expiration Annua				Annual	
Type of Insurance	Insurance Company & Policy Number	Date (MM-DD-YY)	Current Limits	Liability Premium	
General Liability	Co: <u>Markel Insurance Co.</u> Policy #		1 Million Other:	\$	
Commercial Auto Liability* (<i>Limit must be \$1,000,000</i>)	Co: Policy #		1 Million Other:	\$	
Employers Liability* (Limit must be \$500/500/500) Not Desired	Co: Policy #	= =	☐ 500/500/500 ☐ Other:	\$	

NOTE: Attach copies of all current declaration pages with coverage part, if coverage is not written with Markel Insurance Company.

1.	Do any of the policies above contain exclusions or restrictions of standard coverage limits?	🗌 Yes	🗌 No
2.	Do any of the policies above provide products coverage under claims made or a restricted form?	🗌 Yes	🗌 No
3.	a. Does applicant have any other subsidiary companies, partnerships, or operations coming under control at this premise or other locations?b. Are they to be covered under the above policies?	applican Yes	🗌 No
4.			
	a. have operations or sales outside the United States?	🗌 Yes	🗌 No
	b. sell, handle, or distribute any product?	🗌 Yes	🗌 No
	c. sign any contractual agreement other than lease of premises, easement, or sidetrack agreement	? Ves	🗌 No
	d. own, lease, or charter any watercraft or aircraft?	🗌 Yes	🗌 No
	e. own, operate, or maintain a railroad?	🗌 Yes	🗌 No
	f. have a need for professional liability?	🗌 Yes	🗌 No
	g. own, rent, or otherwise use cranes or heavy equipment?	🗌 Yes	🗌 No
5.	Has applicant previously carried umbrella or excess coverage?	🗌 Yes	🗌 No

**All questions answered "Yes" must have full detailed explanations. **

Employers Liability & Auto Insurance Information

1.	. Explain losses / incidents within the past 5 years with dates and details of loss, including amount paid.				
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E	mployers Liabi	lity			
1.	Is worker's compe	nsation subject to:	Jones Act? FELA?	☐ Yes ☐ No ☐ Yes ☐ No	
Α	uto				
1.	Does applicant wis	sh to cover applicant's c	ommercial automobil	e policy with this Umbrella?	🗌 Yes 🗌 No
	(Attach current MV	'R's and a copy of driver	's licenses of all drive	ers.)	
	a. If yes, give number of owned or leased vehicles. If none, indicate -0				
	Commercial:	Light	Trailers	Private	Passenger:
		Medium	_ Horse Vans	S	
		Heavy	_ Tractor/Tra	ailer	
		Extra Heavy	_		
	b. Give maximum radius of operation for commercial vehicles: Miles				
		r flammables hauled?			🗌 Yes 📋 No
d. Are any vehicles leased or rented to others?			🗌 Yes 📋 No		
	e. Does applicant have hired auto exposure or auto exposure not owned by applicant?				
g. Is any driver under 21?			Yes No		
	h. Is any driver ov				Yes No
	-	ave less than 5 years of	• •		
	•	have a reckless driving	•		∐ Yes ∐ No □ Yes □ No
		ransport people as part questions answere		ve full detailed explanati	

Standard Markel Insurance Company terms and conditions will apply to include but not be limited to the following exclusions: Asbestos, Employment Related Practices; Lead Liability; Punitive Damage; Total Pollution; Designated Products; Livery Stable Operation (Livery Stable Operations include, but are not limited to Rental of Saddle Animals, Hay Rides, Carriage Rides, Sleigh Rides, Trail Rides & Pack Trips); Athletic or Sports Participant (per endorsement MGL 185), Workers Compensation/Employers Liability; Mold; Terrorism. <u>Please review your entire policy wording for additional exclusions.</u> It is warranted that the information contained in this application is true and that no material facts have been suppressed or misstated.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Authorization					
I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.					
Signature Date Broker Signature (if applicable)					

Thank you for choosing Markel, The Insurance Company With Horse Sense®