

Commercial Umbrella Product

EXCESS COMMERCIAL AUTOMOBILE SUPPLEMENTAL APPLICATION

Name Insured: _____

ELIGIBILITY	Eligible	Prohibited
1. Have there been any automobile liability losses greater than \$100,000 in the past three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Have there been more than three auto liability losses greater than \$10,000 in the past three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Does any vehicle EVER travel a distance greater than 500 miles?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Does risk include any tow trucks or flat bed trucks with the capacity to tow/haul heavy or extra heavy trucks	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Does risk operate as a driving school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Is risk a livery operation (in business to transport people)?		
a. If "Yes," does underlying vehicle schedule contain more than 15 vehicles?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
b. If "No," does underlying vehicle schedule contain more than 25 vehicles?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. For livery accounts, are motor vehicle records reviewed for acceptability once a year?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does risk include any vehicles with seating capacity of greater than 26 passengers?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9. Does risk include any taxi cabs, charter buses, commuter buses and/or public buses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10. Is risk a "black car" operation located in the boroughs of New York City?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11. Do you require all drivers operating vehicles designed to transport more than 15 passengers or involved in the transportation of children to have a valid commercial drivers license?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does underlying vehicle schedule contain any owner operated vehicles?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
13. Is risk in business for the transportation of the elderly, handicapped or non-emergency medical patients (i.e. paratransit or non-emergency ambulettes)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
14. Does risk include any emergency vehicles (police, ambulance, emergency medical technicians, fire/rescue)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

DRIVER INFORMATION: Total number of drivers: _____

Please indicate the number of drivers that include the following on their Motor Vehicle Record (MVR):

- _____ Three or more moving violations/at fault accidents within the last three years
- _____ Two or more moving violations/at fault accidents in the last year
- _____ DUI – Driving under the influence of drugs/substance abuse
- _____ DWI – Driving While Intoxicated
- _____ License suspension/Revocation (for other than failure to pay fines)
- _____ Leaving the scene of an accident
- _____ Reckless or careless driving
- _____ Negligent or vehicular homicide
- _____ Vehicle operation while license is suspended or revoked
- _____ Vehicle usage in the commission of a felony
- _____ Grand theft auto
- _____ Permitting unlicensed person to drive
- _____ Speed contest/Racing

* All drivers including any of the above on their MVR must be excluded from coverage. Please provide their name(s) below:

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The state of New York requires that we have the name and address of your (insured's) authorized agent or broker.

Name of authorized agent or broker: _____

Address: _____

Applicant's signature: _____ Date: _____