



Pennsylvania National Mutual Casualty Insurance Company
P.O. Box 2361
Harrisburg, PA 17105-2361
800-388-4764 phone
717-257-6960 fax

**INSURANCE AGENTS' UMBRELLA
SUPPLEMENTAL APPLICATION**

GENERAL INFORMATION

1. APPLICANT		2. DATE	3. <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	4. EXPIRING POLICY NUMBER
5. MAILING ADDRESS				
6. PROPOSED POLICY PERIOD (12:01 a.m. Standard Time) FROM: TO:			7. TELEPHONE (Incl Area Code)	
8. BUSINESS ADDRESS (Enter "Same" or indicate address, if different from above)			9. FAX NUMBER (Incl Area Code)	
10. CONTACT PERSON		11. E-MAIL ADDRESS		12. AGENCY WEBSITE ADDRESS

LIMITS

13. UMBRELLA LIMITS REQUESTED

COMMERCIAL UMBRELLA COVERAGE	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000	Other (specify) \$
	INSURED'S RETAINED LIMIT: <input type="checkbox"/> \$10,000 (Standard) <input type="checkbox"/> \$0 (Optional)					
PERSONAL UMBRELLA ENDORSEMENT (Optional)	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000	N/A
	INSURED'S RETAINED LIMIT: <input type="checkbox"/> \$250 (Standard) <input type="checkbox"/> \$0 (Optional)					

IF ANY UNDERLYING INSURANCE INCLUDES DEFENSE WITHIN LIMITS, THIS INSURANCE WILL ALSO PROVIDE DEFENSE WITHIN LIMITS. APPLICABLE ONLY IN NEW YORK: THE DEFENSE COSTS CHARGED AGAINST THE LIMITS OF INSURANCE WILL NOT EXCEED 50% OF SUCH LIMITS; AND, WE WILL ASSUME ANY DEFENSE COSTS OVER THIS AMOUNT.

ERRORS & OMISSIONS SUPPLEMENTAL INFORMATION

14. RETROACTIVE DATE OF PRIMARY E&O POLICY (if any)

15. EXTENDED DISCOVERY PERIOD? YES NO IF YES, LENGTH OF TIME

16. DOES PRIMARY E&O POLICY INCLUDE DEFENSE INSIDE OR OUTSIDE POLICY LIMIT? INSIDE OUTSIDE

17. LIST ALL COMPANIES YOU WRITE BUSINESS WITH THAT ARE NOT RATED B+ OR BETTER BY AM BEST	DOLLARS	PERCENTAGE (%)

18. TOTAL GROSS COMMISSION INCOME OF AGENCY (Do not include Profit Sharing/Contingent Commission) \$

19. TOTAL NUMBER OF AGENCY STAFF INCLUDING OWNERS, OFFICERS AND PARTNERS:

20. HAVE YOU PLACED ANY BUSINESS WITH A COMPANY THAT IS PRESENTLY INSOLVENT? YES NO (if yes, explain in remarks section)

21. DOES YOUR AGENCY DERIVE REVENUE THROUGH INTERNET TRANSACTIONS? YES NO
IF YES, WHAT PERCENTAGE?

22. IDENTIFY THE PERCENTAGE OF TOTAL WRITTEN PREMIUM IN THE FOLLOWING LINES OF BUSINESS (if any)
FLOOD____% MEDICAL MALPRACTICE____% COASTAL PROPERTY____%

23. IDENTIFY THE PERCENTAGE OF TOTAL WRITTEN PREMIUM PLACED IN THE FOLLOWING (if any)
SELF INSURED CAPTIVES____% RISK RETENTION GROUPS____% MULTIPLE EMPLOYER TRUSTS____% MULTIPLE EMPLOYER WELFARE TRUSTS____%

24. DOES YOUR PRIMARY E&O POLICY CONTAIN ANY COVERAGE(S) WITH SUBLIMITS? YES NO
COVERAGE _____ SUBLIMIT (EA CLAIM/AGG) _____ / _____ COVERAGE _____ SUBLIMIT (EA CLAIM/AGG) _____ / _____

BUSINESS OTHER THAN INSURANCE: (Complete this section only if engaged in any business other than insurance)

25. IS AGENCY LICENSED FOR SELLING REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	26. GROSS INCOME \$	27. # OF EMPLOYEES
28. OTHER BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain in remarks section)	29. GROSS INCOME \$	30. # OF EMPLOYEES
31. ARE OTHER BUSINESS OPERATIONS COVERED BY UNDERLYING POLICIES? (to include E & O) <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, explain in remarks section)		

UNDERLYING EXPOSURES (OTHER THAN ERRORS & OMISSIONS)

AUTOMOBILE

32. TOTAL NUMBER OF AUTOS OWNED OR LEASED BY THE AGENCY:

33. ANY DRIVERS UNDER THE AGE OF 25? YES NO

34. PROVIDE THE NAMES, DATES OF BIRTH, AND DRIVERS LICENSE NUMBERS FOR ALL DRIVERS

NAME OF DRIVER	DATE OF BIRTH	DRIVERS LICENSE NUMBER

WATERCRAFT

35. WATERCRAFT: LIST ALL WATERCRAFT OWNED				WATERCRAFT IS			NUMBER		APPLICANT			USE OF WATERCRAFT			
YEAR	MAKE	MODEL	DOCKED AT	HORSE POWER	LENGTH	IN-BOARD	OUT-BOARD	INBOARD OUTBOARD	OF PASSENGERS	SLEEPS	IS OWNER	LEASES	LOANS/RENTS TO OTHERS	BUSINESS	PLEASURE
														%	%
														%	%

36. ANY WATERCRAFT ABOVE USED FOR WATER SKIING?
 YES NO

37. ANY WATERCRAFT CHARTERED DURING THIS POLICY PERIOD?
 YES NO (if yes, explain in remarks section)

AIRCRAFT

38. ANY AIRCRAFT OWNED OR LEASED BY APPLICANT? YES NO

39. ANY AIRCRAFT CHARTERED DURING THIS POLICY PERIOD?
 YES NO (if yes, explain in remarks section)

40. DOES AGENCY INSURE AIR SHOW? YES NO

LOSS EXPERIENCE

41. CLAIM EXPERIENCE (GL OR BOP, EMPLOYERS' LIABILITY, AUTO) DESCRIBE ALL CLAIMS DURING THE PAST FIVE YEARS WHICH INVOLVED PAYMENTS/RESERVES IN EXCESS OF \$250,000.	DATE OF CLAIM MO DAY YR	AMOUNT RESERVED	AMOUNT PAID
		\$	\$
		\$	\$
		\$	\$

EXCESS EMPLOYMENT PRACTICES LIABILITY

42. INCLUDE EXCESS EMPLOYMENT PRACTICES LIABILITY COVERAGE? (\$1,000,000 minimum underlying limit required) YES NO

43. EXCESS EMPLOYMENT PRACTICES LIABILITY LIMITS REQUESTED (choose one)
 \$1,000,000 \$2,000,000

ITEMS REQUIRED WITH APPLICATION SUBMISSION

- 1) Copy of primary E&O application
- 2) Copy of each underlying policy declarations: Auto, GL or BOP, Employers' Liability, and E&O (refer to state rate sheet for underlying policy limit requirements)
- 3) If requested umbrella limit is greater than 5M, or if there have been E&O claims in the past five years, submit five year currently-valued E&O loss runs.
- 4) For each owner/officer applying for the personal umbrella endorsement, attach:
 - Accord 83 (Personal Umbrella Application)
 - Copies of underlying personal policy declarations pages to be covered by personal umbrella
- 5) If excess Employment Practices Liability is requested, attach:
 - Copy of primary Employment Practices Liability application
 - Five year currently-valued Employment Practices Liability loss runs

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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. (Not applicable in NE, NY, OH or OR. In DC, TN and VA insurance benefits may also be denied.)

APPLICABLE IN NEW YORK ONLY:

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.

IMPORTANT

THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

SIGNATURE OF INDIVIDUAL OWNER, PARTNER OR OFFICER

DATE SIGNED

COMMERCIAL SCHEDULE OF UNDERLYING INSURANCE (Attach A Copy Of Each Declarations Page)

COVERAGE	CARRIER/POLICY NUMBER	POLICY EFF/EXP DATES	LIMITS		ANNUAL PREMIUM
AUTOMOBILE LIABILITY			CSL/BI EA. OCC.	\$	
			BI EA. PER.	\$	
			PD EA. ACC	\$	
GENERAL LIABILITY			EACH OCCURRENCE	\$	
			GENERAL AGGR	\$	
			PROD & COMP OPS AGGREGATE	\$	
			PERSONAL & ADV INJURY	\$	
			DAMAGE TO RENTED PREMISES	\$	
			MEDICAL EXPENSE	\$	
EMPLOYERS' LIABILITY			EACH ACCIDENT	\$	
			DISEASE EACH EMPLOYEE	\$	
			DISEASE POLICY LIMIT	\$	
ERRORS & OMISSIONS			EACH CLAIM	\$	
			AGGREGATE		
			CSL		
NOTARY PUBLIC E & O			EACH CLAIM	\$	
			AGGREGATE		
			CSL		
EMPLOYMENT PRACTICES LIAB			CSL	\$	
WATERCRAFT			EACH ACCIDENT OR OCCURRENCE	\$	