



PENN-AMERICA GROUP, INC.

COMMERCIAL UMBRELLA APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

THIS IS AN "OCCURRENCE" POLICY APPLICATION. "CLAIMS MADE" UNDERLYING POLICIES ARE PROHIBITED.

1. Name of Applicant and all affiliated companies: _____

2. Mailing address: _____

Principal location: _____

3. Give a complete description of the Applicant's operations: _____

4. Annual sales or gross receipts: _____ Payroll: _____ Number of employees: _____ Years in business: _____

5. Any foreign operations? Yes ___ No ___ If yes, please indicate where: _____

6. Limit of liability requested: \$ _____,000,000 in excess of primary or self-insured retention

7. Has Applicant previously carried umbrella or excess coverage? Yes ___ No ___

If yes, give name of insurer, policy number, limits of liability, expiration date, and premium: _____

8. Has any insurer rejected, cancelled or refused renewal of any umbrella or excess coverage? Yes ___ No ___

If yes, give name of carrier and reason. _____

9. AUTOMOBILE LIABILITY

Indicate number and operating radius of all owned and/or leased vehicles.

NUMBER	DESCRIPTION	RADIUS	NUMBER	DESCRIPTION	RADIUS
_____	Private passenger	_____	_____	Fuel oil (less than 3,500 gal)	_____
_____	Light trucks 10,000 or less	_____	_____	Fuel oil (3,500 gal or more)	_____
_____	Medium trucks 10,001 to 20,000 lbs	_____	_____	Gas or LPG (less than 3,500 gal)	_____
_____	Heavy trucks 20,001 to 45,000 lbs	_____	_____	Gas or LPG (3,500 gal or more)	_____
_____	Extra heavy trucks over 45,000 lbs	_____	_____	Bus – 15 passengers or less	_____
_____	Heavy tractor TRL 45,000 or less	_____	_____	Bus – 16 to 44 passengers	_____
_____	Extra hvy. tractor TRL over 45,000 lbs	_____	_____	Bus – over 44 passengers	_____
_____	Trailers	_____	_____	Other	_____
_____	Recreational vehicles	_____	_____	Other	_____

10. Is Applicant a contract hauler? ___ Yes ___ No

11. CONTRACTORS

Payroll: \$ _____ Gross receipts: \$ _____

12. Describe types of work performed: _____

13. Describe work performed by subcontractors, including estimated costs. (If none, state so.) _____

14. Has Applicant performed work for public utilities, transportation or government entities? Yes ___ No ___

If yes, describe: _____

15. Briefly describe Applicant's three largest contracts in past five years: _____

16. CONTRACTUAL LIABILITY

Does the Applicant ever agree orally or in writing to assume the liability of others? Yes ___ No ___ If yes, please explain (attach assumption or hold harmless agreements): _____

PREMISES—OPERATIONS

17. Construction of bldg. is: Fire resistive: ___% Masonry/block: ___% Frame or brick veneer: ___%

18. Date built? _____ No. of stories: _____ No. of elevators: _____

19. Part occupied by Applicant: _____

Interest: Owner/operator: ___ Lessor: ___ Tenant: ___

20. Describe business of tenant if applicable: _____

21. Applicant's exposure basis for policy rating: Total floor area: _____ Parking area: _____

No. of units: _____ Receipts other than room rental: _____ Persons: _____ Admissions: _____

Other _____

22. Does Applicant maintain a pool, lake or bathing beach? Yes ___ No ___

If yes, describe security on page 4 (fencing, lifeguards, etc.).

23. Does Applicant or tenant handle, use or store chemicals? Yes ___ No ___

Does Applicant have underground storage tanks on premises owned or leased? Yes ___ No ___

Is Applicant aware of any prior use or storage of any chemicals on premises owned or leased? Yes ___ No ___

If yes to any of these questions, describe: _____

24. PROFESSIONAL LIABILITY

Enclose copy of primary carrier's completed application (if applicable). Is underlying coverage on an occurrence basis? Yes ___ No ___

25. PRODUCTS LIABILITY

Give a completed description of products manufactured, sold, handled or distributed by the insured and attach product brochure or other descriptive literature. (List separately **all** discontinued products and reason for discontinuation.) _____

26. Provide gross receipts/sales for each type of product. Use remarks section if necessary.

27. EMPLOYER'S LIABILITY

Does Applicant have employees covered under the Jones Act, Federal Railroad Employees Act or Long Shoreman's and Harbor Workers Act? Yes ___ No ___

If so, describe: _____

28. AIRCRAFT, WATERCRAFT, OR RAILROADS

Does insured own, operate, maintain or use any aircraft, watercraft or railroad? Yes ___ No ___

If yes, describe: _____

29. ADVERTISING LIABILITY

Give annual expenditure and media used. \$ _____ Media _____

30. UNDERLYING INSURANCE

List all primary or underlying and compensation policies: _____

TYPE OF INSURANCE	INSURANCE COMPANY & POLICY NUMBER	POLICY TERM	LIMITS OF LIABILITY	PREMIUM	% DEBIT CREDIT
Does GL policy contain annual policy aggregate for all coverages? Yes ___ No ___ If yes, do the aggregate limits apply per project? Yes ___ No ___ Per location? Yes ___ No ___					
Are defense costs: within aggregate limits? ___ a separate limit? ___ unlimited? ___					
Commercial General Liability Coverage From Cg 0001 (ISO "Occurrence" Or Equivalent) (See Question 31 Below.)			General Aggregate \$ Prod./Cops. Aggregate \$ Per./Adv. Injury \$ All Other BI/PI Per Occurrence \$ Medical Payments \$ Fire Damage \$	\$	
___ Comprehensive Auto Liability ___ Non-Owned Auto ___ Hired Car			BI \$ PD \$	\$ \$	

___ Garage Liability (Identify Form)					
Professional Liability			\$ _____ each claim \$ _____ aggregate	\$ _____	
Employer's Liability			\$ _____ any one accident	\$ _____	
Aircraft Or Watercraft Liability			BI \$ _____ PD \$ _____	\$ _____	
Employee Benefit Liability Occurrence ___ Claims Made ___			Each employee \$ _____ Aggregate \$ _____	\$ _____	
Other					

31. UNDERLYING COVERAGES – Current ISO CGL or equivalent

List all coverages included in the underlying liability policies.

Premises/Operations	Yes ___ No ___	Explosion ___ Collapse ___ Underground ___	Yes ___ No ___
Products/Completed Operations	Yes ___ No ___	Professional Liability	Yes ___ No ___
Contractual Liability	Yes ___ No ___	Errors and Omissions	Yes ___ No ___
Personal/Advertising Injury	Yes ___ No ___	Hired Car	Yes ___ No ___
Medical Payments	Yes ___ No ___	Non-Owned Auto	Yes ___ No ___
Fire Damage Legal	Yes ___ No ___	Injury to Athletic Participants	Yes ___ No ___
Broad Form Property Damage	Yes ___ No ___	Liquor Liability	Yes ___ No ___
Host Liquor	Yes ___ No ___	Owners' and Contractors' Protective	Yes ___ No ___
Incidental Medical Malpractice	Yes ___ No ___	Teacher's Liability ___ Corporal Punishment ___	Yes ___ No ___
Non-Owned Watercraft	Yes ___ No ___	Vendors Liability	Yes ___ No ___
Limited World Wide Liability	Yes ___ No ___	Water Damage Liability	Yes ___ No ___
Additional Persons Insured	Yes ___ No ___	Pollution Liability	Yes ___ No ___
Extended Bodily Injury	Yes ___ No ___	Care Custody Control	Yes ___ No ___
Automatic Coverage for Newly Acquired Organizations	Yes ___ No ___		

Additional coverages? _____

Do underlying policies contain restrictive (laser) endorsements or exclusions? Yes ___ No ___

If yes, describe: _____

32. LOSSES PAID OR RESERVED (INSURED OR UNINSURED)

List all losses paid or now reserved in an amount of \$10,000 or more during last five years. If none, so state.

YEAR	DESCRIPTION OF OCCURRENCE	IDENTIFY (G.L., PRODUCTS, AUTO...)	NUMBER OF CLAIMS	AMTS PAID OR RESERVED	
				BI	PD

Describe largest claim ever made against Applicant:

33. ADDITIONAL INFORMATION OR REMARKS: _____

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 VIOLATION.

APPLICANT'S WARRANTY STATEMENT. I HAVE READ THIS APPLICATION, AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE, AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I AGREE THAT THIS APPLICATION WILL BE MADE A PART OF THE POLICY, SHOULD THE COMPANY EVIDENCE ITS ACCEPTANCE OF THIS APPLICATION BY ISSUANCE OF A POLICY.

Applicant's signature: _____ Date: _____

Agent's/broker's signatures: _____ Date: _____

Address: _____