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UMBRELLA / EXCESS LIABILITY SECTION

INSURANCE INFORMATION

1. Please list five years of insurance company names, policy periods, policy numbers, and annual premiums:

| | Insurance Company | Policy Period | Policy Number | Annual Premium |
|----------------------------|-------------------|---------------|---------------|----------------|
| Current Policy | _____ | _____ | _____ | \$ _____ |
| 1 st Year Prior | _____ | _____ | _____ | \$ _____ |
| 2 nd Year Prior | _____ | _____ | _____ | \$ _____ |
| 3 rd Year Prior | _____ | _____ | _____ | \$ _____ |
| 4 th Year Prior | _____ | _____ | _____ | \$ _____ |

***PLEASE SUBMITT 5 YEARS CURRENTLY VALUED HARD COPIES OF LOSS RUNS.**

2. Give details of any insurance claims in the last 5 years including type of claim and amount paid.

3. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property including any undisclosed claims that may potentially give rise to any future claim or legal action against you?

No or Yes If Yes, please describe (include a separate sheet if needed): _____

4. Policy Type: **A.)** Umbrella or Excess & **B.)** Occurrence or Claims Made

5. What Limit of Liability do you desire? \$1,000,000/\$1,000,000 Aggregate \$2,000,000/\$2,000,000 Aggregate

\$3,000,000/\$3,000,000 Aggregate Other _____

6. Estimated annual payroll **excluding owners and officers**:

| | | | | | |
|----------------------------|----------|----------------------------|----------|----------------------------|----------|
| Next 12 Months | \$ _____ | Current year | \$ _____ | 1 st year prior | \$ _____ |
| 2 nd year prior | \$ _____ | 3 rd year prior | \$ _____ | 4 th year prior | \$ _____ |

7. Number of employees: Full Time _____ Part Time _____

8. What is your estimated annual gross sales:

| | | | | | |
|----------------------------|----------|----------------------------|----------|----------------------------|----------|
| Next 12 Months | \$ _____ | Current year | \$ _____ | 1 st year prior | \$ _____ |
| 2 nd year prior | \$ _____ | 3 rd year prior | \$ _____ | 4 th year prior | \$ _____ |

9. Have you had any product liability loss in the past three years? No Yes

10. Do you own or lease watercraft? No Yes

CONTRACTORS ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES IN THE COMMENTS SECTION.

11. Do you do any bridge, dam, or marine work? No Yes

12. Describe your typical jobs performed: _____

13. Do you own, rent or use cranes? No Yes

14. Do you use sub-contractors? No Yes

If yes, what type of work do they do for you? _____

15. Do sub-contractors carry limits less than yours? No Yes

16. Do your current or past products used, or their components, contain hazardous materials that may require special disposal methods? No Yes

Comments: _____
