Westport Insurance Corporation

5200 Metcalf • P.O. Box 2979 • Overland Park, KS 66201-1397
(913) 676-5270 • Facsimile (913) 676-5780

Policy number _____

Effective date _____

Submitted by _____

APPLICATION FOR UMBRELLA POLICY FOR INSURANCE AGENTS

Instructions: (A) Answer all questions. If the answer is none, state "none." (B) If space is insufficient to answer any question fully, use the Remarks section to explain. (C) Application must be signed in ink and dated by named applicant.

1. Applicant Name _____

   Address _____ City _____ State _____ Zip _____

   Phone _____ Fax _____ FEIN _____

2.	**Coverage desired**: Limits:	☐ $1,000,000	☐ $2,000,000	☐ $3,000,000	☐ $4,000,000	☐ $5,000,000	
		☐ $6,000,000	☐ $7,000,000	☐ $8,000,000	☐ $9,000,000	☐ $10,000,000	

3.	Are any Named or other Insureds not licensed as an insurance agency or involved in any operations other than an insurance agency? **If yes**, list names and a complete description of operations in the Remarks Section.	☐ Yes	☐ No
4.	Does applicant rent or lease property to others? **If yes**, list the following in the Remarks section: Location, Occupancy, # of stories, # of units, # of pools, and if the Insured is added as an 'Additional Insured – Lessor' on the Lessee's GL policy.	☐ Yes	☐ No
5.	Are the operations or property in 3. & 4. above covered by a general liability policy listed in the Underlying Insurance section?	☐ Yes	☐ No
6.	**Contractual**: Does the agency have any written contractual agreements other than liability assumed under any lease or premises agreement, easement agreement, agreement required by municipal ordinance, side-track agreements, elevator or escalator maintenance agreements or standard brokerage agreements? **If yes**, please attach copies of these contracts.	☐ Yes	☐ No
7.	**Advertising**: a. Does the agency use advertising? If **yes**, annual advertising expenditures $ _____	☐ Yes	☐ No
	b. Are services of an advertising agency used? **If yes**, any coverage provided under the advertising agency's policy?	☐ Yes ☐ Yes	☐ No ☐ No
	c. Does the agency sponsor any athletic teams or special events? **If yes**, provide full details in the Remarks section.	☐ Yes	☐ No
8.	**Aircraft**: a. Does the agency own or lease aircraft?	☐ Yes	☐ No
	b. Has the agency in the past or plans to in the future charter aircraft? **If yes**, provide the following in the Remarks section: COI required? Contract used? A hold-harmless in the contract in favor of Insured? Same charter company consistently used?	☐ Yes	☐ No
9.	**Watercraft**: Does the agency have any owned or leased watercraft? **If yes**, list below: (circle year of boat if used for water-skiing)	☐ Yes	☐ No

Year	Make	Model	Docked At	HP	Length	# Beds	Owns	Leases	Loans/rents to others	Use

10. Underlying Automobile:			
a. Total number of autos owned/leased by the agency: _____ b. Total number of drivers: _____ **Attach** copy of the vehicle schedule from the primary auto policy or a separate list to include year, make, model and use.			
c. Any autos used in racing, emergency use, off-road use, buses or vans used to transport persons, ATV types, autos with modified engines or suspension systems? **If yes**, list in Remarks Section with full details provided.		☐ Yes	☐ No
d. Any autos owned in an individual name and classified as family autos? **If yes**, list Owner name(s): _____ **If yes**, Is this individual the majority owner of the insurance agency?		☐ Yes ☐ Yes	☐ No ☐ No
e. Any autos not insured by underlying policies? **If yes**, provide list of autos with explanation in Remarks section below.		☐ Yes	☐ No
f. Any drivers under the age of 21 or over 70? **If yes**, list names: _____		☐ Yes	☐ No
g. Has any owner, partner, executive officer, employee or spouse of any owner or partner been convicted of a major motor vehicle violation in the last five years? **If yes**, list names below with an explanation in the Remarks Section. Attach an MVR copy: _____		☐ Yes	☐ No
h. Has any owner, partner, executive officer, employee or spouse of any owner or partner had their license suspended or revoked in the last five years? **If yes**, list names below with an explanation in the Remarks Section. Attach an MVR copy: _____		☐ Yes	☐ No
i. Are any drivers excluded in a primary Auto policy? **If yes**, list names: _____		☐ Yes	☐ No
11. Underlying General Liability:			
a. Does underlying coverage follow the ISO simplified form (or similar filing)? **If no**, provide an explanation in the Remarks section below.		☐ Yes	☐ No
b. Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage? **If yes**, provide an explanation in the Remarks section below.		☐ Yes	☐ No
c. Are defense costs: ☐ within aggregate limits ☐ a separate limit ☐ unlimited			
d. Are there any restrictions of underlying coverage including laser endorsements, discrimination, subrogation, waivers or extension of coverage? **If yes**, attach copies of such restrictions.		☐ Yes	☐ No
e. Does the GL policy provide pollution coverage by specific endorsement or a separate policy? **If yes**, provide full details in Remarks section below.		☐ Yes	☐ No
12. Does the agency have an exposure below not covered by a primary policy listed in 13. below? **If yes**, check block and provide explanation in Remarks section below. ☐ Foreign Liability or Travel ☐ Liquor Liability ☐ Other Professional Liability ☐ Garagekeepers Liability ☐ Vendors Liability ☐ Incidental Medical Malpractice ☐ Property of others in your custody or control ☐ _____		☐ Yes	☐ No

13. **Underlying Insurance**: List all liability & workers compensation policies in force to apply as underlying insurance.
    Attach copies of all declarations pages, schedule of forms and any manuscript endorsements present.

Coverage	Carrier Name Policy Number	Policy Term	Limits		Annual Liability Premium
General Liability	Claims made ☐ Yes ☐ No BOP form ☐ Yes ☐ No BOP staff rated ☐ Yes ☐ No		Each Occurrence		$
			Gen. Aggregate		
			Prod. & Comp. Ops. Aggregate		
			Personal & Advertising Injury		
			Fire Damage		
Commercial Automobile Liability	Auto Liability Symbol: _____		CSL		$
			BI Each Person/Per Accident		
			PD Per Acc		
Employee Benefits Liability	Claims made? ☐ Yes ☐ No Retro date? _____		Each Employee		$
			Aggregate Limit		
Insurance Agents E&O	Claims made? ☐ Yes ☐ No Retro date? _____		Each Claim		$
			Aggregate Limit		
Employers Liability			Each Accident		$
			Disease Each Employee		
			Disease Policy Limit		
Watercraft Liability			CSL or PI		$
Other: _____					$
Other: _____					$

14. Loss information: Has the agency had any liability losses (insured or uninsured) in the past 5 years **exceeding** $50,000? **If yes**, attach a current loss run for the year involved and a detailed explanation for each loss.		☐ Yes	☐ No
15. Has the agency carried commercial umbrella insurance in the past 5 years? **If yes**, provide 5 years prior carrier information below:		☐ Yes	☐ No

	Name of Carrier	Limits	Policy Term	Premium
a)				
b)				
c)				
d)				
e)				

16. **Remarks** (Refer to question number being answered. Attach additional sheets if needed):

SIGNATURE

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. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MARYLAND, MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

Applicant's Signature: _____   Date: _____´´´´´_____

Name: _____   Title: _____
(Please print)