

# CoverX

The Coverage Experts  
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Producer: \_\_\_\_\_

Producer Is:     Wholesaler     Retailer

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Excess & Surplus Lines License No.: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

If Renewal, Provide Current Policy No.: \_\_\_\_\_

## FLORIDA

3050 NORTH HORSESHOE DRIVE, SUITE 200  
NAPLES, FLORIDA 34014  
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## ILLINOIS

ONE SOUTH WACKER DRIVE, SUITE 2740  
CHICAGO, ILLINOIS 60606  
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(312) 641-9858            Fax  
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## BOSTON

TEN POST OFFICE SQUARE SOUTH, SUITE 350  
BOSTON, MASSACHUSETTS 02109  
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## SOUTHFIELD

29621 NORTHWESTERN HIGHWAY  
SOUTHFIELD, MICHIGAN 48034  
(248) 358-4010            Telephone  
(248) 358-2459            Fax  
[coverxuw@coverx.com](mailto:coverxuw@coverx.com)    Underwriting Email

### **IMPORTANT – TO BE COMPLETED BY PRODUCER WHO WILL HANDLE THE SURPLUS LINES TRANSACTION(S). Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:**

SL License State: \_\_\_\_\_

SL License No.: \_\_\_\_\_

SL License Expiration Date: \_\_\_\_\_

SL Licensee Name: \_\_\_\_\_

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): \_\_\_\_\_

SL Licensee Agency Name (if Entity License): \_\_\_\_\_

## **COMMERCIAL UMBRELLA / EXCESS LIABILITY APPLICATION**

### **NOTE: AN UMBRELLA OR EXCESS LIABILITY QUOTE WILL ONLY BE PROVIDED IF WE ARE TO WRITE THE PRIMARY COMMERCIAL GENERAL LIABILITY COVERAGE.**

1. Applicant Legal Name (First Named Insured): \_\_\_\_\_

Other Named Insureds (if any):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. If additional space is necessary, please provide additional worksheet.

2. Applicant Trade Name (if any): \_\_\_\_\_

3. Street Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Additional Locations (if any): (List all owned, leased, rented, occupied locations)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. If additional space is necessary, please provide additional worksheet.



**HISTORICAL CLAIM EXPERIENCE**

GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURANCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS. ATTACH SEPARATE SHEET IF NECESSARY.

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**EXPOSURES – AUTO LIABILITY (If applicable)**

1. Are explosives, caustics, flammables or other dangerous cargo hauled? .. Yes .. No
2. Any units not insured by underlying policies? .. Yes .. No
3. Are any vehicles leased or rented to others? .. Yes .. No
4. What is the Coverage Symbol for the Liability coverage under the Business/Commercial Auto policy? \_\_\_\_\_
5. How many employees does Applicant/Named Insured have in total? \_\_\_\_\_
6. Do any employees use their personal vehicles for business purposes/company business? .. Yes .. No  
If Yes, how many? \_\_\_\_\_
7. Do any employees drive their personal vehicles to and from any work sites? .. Yes .. No  
If Yes, how many? \_\_\_\_\_
8. Does Applicant/Named Insured collect and maintain Certificates of Personal Auto Insurance from employees, including Certificates for their policy renewals? .. Yes .. No
9. Does Applicant/Named Insured mandate a minimum limit of Auto Liability for employees who may use their personal autos for business? .. Yes .. No
10. Does Applicant/Named Insured verify that the employee's personal autos are in good working order and regularly maintained (i.e., brakes, tires, lights)? .. Yes .. No  
If Yes, provide details: \_\_\_\_\_
11. Does Applicant/Named Insured obtain and review driver MVRs before/during the hiring process? .. Yes .. No
12. Does Applicant/Named Insured regularly check driver MVRs during their employment? .. Yes .. No
13. If MVR record is poor, what corrective action is taken? \_\_\_\_\_

**VEHICLES**

TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
PRIVATE PASSENGER								
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX HEAVY							
TRUCKS/ TRACTORS	HEAVY							
	EX HEAVY							
BUSES								



## CALIFORNIA NOTICE

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINES INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY THAT YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: \_\_\_\_\_  
Insured: \_\_\_\_\_