



# UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)  
/ /

AGENCY <b>Lindsey Specialty Insurance</b> 2520 Ovilla Road, Suite 100 <b>Red Oak TX 75154-</b>	PHONE (A/C, No, Ext): (800) 800-4467	APPLICANT (First Named Insured) -	EFFECTIVE DATE / /	EXPIRATION DATE / /	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
	FAX (A/C, No): (877) 783-3144						
CODE: AGENCY CUSTOMER ID:	SUBCODE:	FOR COMPANY USE ONLY					

### POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY			RETAINED LIMIT			
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	RETROACTIVE DATE	\$ EACH OCCURRENCE			\$			
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	PROPOSED CURRENT	\$			\$			
EXPIRING POL #:			/ /	/ /	\$			FIRST DOLLAR DEFENSE	YES	NO

### PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL

### UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+- RATING MOD
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY		/ /	/ /	CSL EA. ACC. \$	\$		.
				BI EA. ACC. \$	\$		.
				BI EA. PER. \$	\$		.
				PD EA. ACC. \$	\$		.
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	EACH OCCURRENCE \$	PREM/OPS		.
				GENERAL AGGR \$	\$		.
				PROD & COMP OPS AGGREGATE \$	PRODUCTS		.
				PERSONAL & ADV INJURY \$	\$		.
				DAMAGE TO RENTED PREMISES \$	OTHER		.
				MEDICAL EXPENSE \$	\$		.
EMPLOYERS LIABILITY		/ /	/ /	EACH ACCIDENT \$	\$		.
				DISEASE EACH EMPLOYEE \$			.
				DISEASE POLICY LIMIT \$			.
							.

### UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1	ARE DEFENSE COSTS:	WITHIN AGGREGATE LIMITS?	A SEPARATE LIMIT?	UNLIMITED?
2	INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: / /			
3	HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE?			YES NO
4	FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: / /			
5	FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: / /			
6	FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY?			YES, EFF. DATE: / / NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/> CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY		VENDORS LIABILITY	
<input type="checkbox"/> CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL		WATERCRAFT LIABILITY	
<input type="checkbox"/> COVERAGE	GARAGEKEEPERS LIABILITY			
<input type="checkbox"/> AIRCRAFT LIABILITY	INCIDENTAL MEDICAL MALPRACTICE			
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	LIQUOR LIABILITY			
<input type="checkbox"/> ADDITIONAL INTERESTS	POLLUTION LIABILITY			

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

 NO SUCH CLAIMS

ACORD 131 (2004/07)

ATTACH TO ACORD 125 AND ACORD 126

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INS131 (0407).02 AMS

VMP Mortgage Solutions, Inc. (800)327-0545

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**CARE, CUSTODY, CONTROL**

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC	OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
	REAL							
	PERSONAL							

\*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

**ADDITIONAL EXPOSURES**

<b>EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED</b>	YES	NO	<b>EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED</b>	YES	NO
<b>ADVERTISERS LIABILITY</b>			<b>POLLUTION LIABILITY EPA#:</b>		
1. MEDIA USED: ANNUAL COST: \$			20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?			21. INDICATE THE COVERAGES CARRIED:		
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?			<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION <input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY <input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT <input type="checkbox"/> SEPARATE POLLUTION COVERAGE		
<b>AIRCRAFT LIABILITY</b>			<b>PRODUCT LIABILITY</b>		
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?			22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?		
<b>AUTO LIABILITY</b>			23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?			24. ARE U.S. PRODUCTS SOLD/DISTRIB'D IN FOREIGN COUNTRIES?		
6. ARE PASSENGERS CARRIED FOR A FEE?			25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)		
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?			26. GROSS SALES FROM EACH OF LAST 3 YEARS:		
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?			\$ _____ \$ _____ \$ _____		
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?			<b>PROTECTIVE LIABILITY</b>		
<b>CONTRACTORS LIABILITY</b>			27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?					
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):			<b>WATERCRAFT LIABILITY</b>		
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):			28. DOES APPLICANT OWN OR LEASE WATERCRAFT?		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?			# OWNED LENGTH HORSEPOWER		
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?					
<b>EMPLOYERS LIABILITY</b>			<b>APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS</b>		
15. IS APPLICANT SELF-INSURED IN ANY STATE?			# STORIES # UNITS # SWIMMING POOLS # DIVING BOARDS		
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:					
<b>INCIDENTAL MALPRACTICE LIABILITY</b>					
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?					
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?					
19. INDICATE # OF DOCTORS: NURSES: BEDS:					

**REMARKS**

**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							

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, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA insurance benefits may also be denied).

**APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE:** OTHER STATE: \_\_\_\_\_

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

**APPLICABLE ONLY IN INDIANA:**

1. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

**APPLICABLE ONLY IN VERMONT:** IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

**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 / /