

Umbrella Program Supplemental

1. Named Insured: _____
2. Insured's Address: _____
3. Insured Premises Location: _____

4. Building:
 - Habitational: Co-op Condo Rental HO Assoc.
 - No of Units _____;
 - Commercial Exposure: Office Shopping (strip mall)Center
 - Year Built _____; Building Area _____; Stories _____
 - Vacant Land (sq ft or acres); _____; Other-attach description _____
 - Fire Resist ; Mas. Non Comb. ; Non Comb. ; Joist. Mas ; Frame

5. Parking: Is parking paid and not complimentary? Y , N
- If yes, How many spaces _____? Square footage of lot/garage _____

6. Protection & Safety:
 - Sprinklers..... Y N
 - Fire Alarms Central Station..... Y N
 - Fire Alarms Manual (Pull)..... Y N
 - Emergency Lighting..... Y N
 - Exit Lights..... Y N
 - Standpipe..... Y N
 - Smoke Detectors..... Y N
 - Enclosed Stairways..... Y N
 - Two or more means of Egress..... Y N

7. Mercantile: Sq. Ft _____; Type of Mercantile Exposure _____

8. Number of Owned or leased autos _____; Owned or leased trucks _____

9. No. of Swimming Pools _____; Diving Boards _____; Life Guards Y N

10. Describe any boat, dock or marina exposures _____

10. This application must be accompanied by a completed Acord Commercial Ins. App. including Applicant Info, GL, Umbrella and Business Auto sections. In addition 5 years of current GL Loss Runs must be provided.

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| Applicant signature | Date |
| | |
| Producer Signature | Date |

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| | |
| Producer - Print | Phone Number |
| | |
| Fax Number | |