

General Information

First Named Insured: _____
(Attach a complete schedule of Named Insured with a description of operations for each name)

Mailing Address: _____ Street _____ City _____ State _____ Zip Code _____

Physical Address: _____ Street _____ City _____ State _____ Zip Code _____

*For Multiple physical locations, please complete Umbrella Supplement

Contact: _____ **Email:** _____

Telephone: _____ **Fax:** _____

Organization Type: Foundations Museums Social Services Trade & Prof Assns Other
For other, please describe: _____

Please briefly describe the scope of your operations (services provided): _____

Expiring Umbrella: Carrier(s): _____ **Limit: \$** _____ **Premium: \$** _____

Is incumbent/expiring carrier offering renewal? Yes No

Effective Date: _____ (mm/dd/yy) **Expiration Date:** _____ (mm/dd/yy)

Requested Limit: \$1MM \$2MM \$3MM \$4MM \$5MM \$10MM

Underlying Liability Policy Information:

Does the general aggregate on the CGL policy apply on a per location basis? Yes No
 Are ALL underlying carriers rated A- VI or better by A.M. Best? Yes No
 Does the underlying General Liability Policy INCLUDE Terrorism Coverage? Yes No

SCHEDULE OF UNDERLYING POLICY INFORMATION

Coverage	Insurer	Policy #	Limits	Premium	Policy Period
General Liability			_____ Occurrence _____ Aggregate _____ P/CO _____ PI/AI		
Automobile Liability			_____ CSL		
Employers Liability			_____ Each Accident _____ Policy Limit _____ Each Employee		
Directors & Officers/ Employment Practices Liability			_____ Each Claim _____ Aggregate		
Employee Benefit Liability			_____ Each Claim _____ Aggregate		
Professional Liability			_____ Each Claim _____ Aggregate		
Sexual Abuse & Molestation			_____ Each Claim _____ Aggregate		
Liquor Liability			_____ Occurrence _____ Aggregate		

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Automobile Information (all organization types)

(If the Insured owns/leases autos, provide a Schedule of Autos (including Year, Make, Model, & VIN for each auto)

1. Number of Vehicles: _____ Private Passenger and Light Truck: _____ Vans- less than 15 pass.: _____
Vans-15+ pass: _____ Light Truck: _____ Medium Truck: _____ Limos: _____
2. Indicate the total number of owned/leased vehicles and the number used for:
Property Maintenance: _____ Delivery: _____
Transporting Passengers: _____ By Corporate Officers: _____
Other (Provide Details): _____
3. What is the minimum age of the drivers? _____
4. How many individuals (employees or volunteers) use their personal vehicle to conduct business? _____
5. Have any drivers been alleged or convicted of DUI, DWI or had their licenses suspend? Yes No
6. Any drivers excluded on the underlying policy? Yes No

General Operations (all organization types)

Other Questions

7. What is the square footage of your office or facility? _____
8. What is the height (number of stories) of your office or facility? _____
9. What is your annual revenue? _____ For foundations, what are your assets? _____
10. Do you run any camps? Yes No
If yes, what type? Day Camps only Overnight camp
Number of camper days? _____
11. Do you maintain any pools? Yes No
If yes, how many? _____
12. Do you own any boats? Yes No
If yes, how many? _____
13. On-site security? Yes No
If yes, contracted or employed? _____

Sexual Abuse and Molestation (all organization types)

14. Does your organization have a custodial exposure (contact with children or developmentally disabled)? Yes No
15. What coverage for Sexual Abuse and Molestation is on your underlying policy?
Full scheduled limits (same as GL limit) Sub-limited: Silent: Excluded:

Please answer questions 16-21 if you have full scheduled limits on your underlying and would like umbrella limits for Sexual Abuse and Molestation

16. Has your organization ever had a sexual abuse or molestation claim? Yes No
17. Do you do criminal background checks on all applicants and volunteers? Yes No
18. Do you employ or accept volunteers that have a criminal background? Yes No
19. Do you employ or accept volunteers that have ever been accused of abuse or molestation? Yes No
20. Do you have a written plan on how to respond to an allegation of abuse or molestation?
(if YES, please provide a copy for review) Yes No
21. Do you have a formal orientation or training program for new hires/volunteers that includes
a review of the above policy? Yes No

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Foundations, Trade & Professional Associations, Miscellaneous Nonprofits

22. Please indicate the number/attendance per day for the following:
Conventions: _____ Trade Shows: _____ Fund Raisers: _____
23. Please list any additional events held by the organization _____

24. Do you sponsor athletic or other types of competitive events? Yes No
If YES, please specify: _____
25. Do you own or manage any land trusts? Yes No
If YES, please specify: _____

Museums

Life Safety – do you have the following?

26. Illuminated exit signs on all exits? Yes No
27. Are there two means of egress on each floor? Yes No
28. An established fire emergency procedure and trained staff? Yes No
29. Entire building protected by fire and/or smoke detection/alarm system? Yes No
30. All emergency doors equipped with alarms? Yes No
Please explain all NO answers: _____

Do any of the following exposures exist?

31. Rent out facility for special events? Yes No
How often? _____
32. On-site restaurant or bar? Yes No
If YES, does it have an automatic sprinkler system? _____
33. Sponsor athletic teams? Yes No
34. Buildings older than 25 years without updates to roof and systems in the last 25 years? Yes No
35. Interactive exhibits? Yes No
If YES, please explain: _____
36. Any other sub-contracted services (gift shop, restaurant, etc.) Yes No

BY SIGNING THIS APPLICATION, THE INSURED &/or AUTHORIZED AGENT HEREBY ACKNOWLEDGE AND UNDERSTAND THAT THE INSURANCE COMPANY(S) IS/ARE RELYING UPON THE INFORMATION PROVIDED HEREIN AS TO WHETHER OR NOT TO ISSUE A POLICY OF INSURANCE. A FALSE STATEMENT ON THIS DOCUMENT MAY RESULT IN OUR DISCLAIMING COVERAGE.

Insured: _____ Agent: _____
Print Name Print Name

Insured: _____ Agent: _____
Signature/Date Signature/Date

Agency Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact: _____ **Email:** _____

Telephone: _____ **Fax:** _____

NOTE: Complete submission should include 3 year underlying loss history, underlying declaration pages of policies and forms list.

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