

# Commercial Excess / Umbrella Liability Application

4600 Cox Road, Glen Allen, VA 23060-9817 Phone: (800) 262-7535 Fax: (804) 527-7966

Web site: www.horseinsurance.com Email: agapplications@markelcorp.com

**NOTE:** Coverage cannot be bound until the Company approves your completed application.  
The Company's receipt of premium does not bind coverage until a written quote has been issued.

Applicant: _____ Business Name: _____ Mailing Address: _____ City: _____ County: _____ State: _____ Zip Code: _____ Phone #: (____) _____ Fax #: (____) _____ Contact Person: _____ Contact Phone #: _____ Email: _____ Web site: _____	Broker Name: _____ Broker Number: _____ Company Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone #: (____) _____ Fax #: (____) _____ Email Address: _____
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**Desired Effective Date:** \_\_\_\_\_

**Limit of Insurance:**  \$1 Million  \$2 Million  \$3 Million  \$4 Million  \$5 Million  Other: \$ \_\_\_\_\_

**\* Required for Umbrella Policy – Primary Underlying Insurance (Must be with an admitted "A" rated carrier.)**

Type of Insurance	Insurance Company & Policy Number	Effective / Expiration Date (MM-DD-YY)	Current Limits	Annual Liability Premium
General Liability	Co: <u>Markel Insurance Co.</u> Policy # _____	____ - ____ - ____	<input type="checkbox"/> 1 Million <input type="checkbox"/> Other: _____	\$ _____
Commercial Auto Liability* (Limit must be \$1,000,000) <input type="checkbox"/> Not Desired	Co: _____ Policy # _____	____ - ____ - ____	<input type="checkbox"/> 1 Million <input type="checkbox"/> Other: _____	\$ _____
Employers Liability* (Limit must be \$500/500/500) <input type="checkbox"/> Not Desired	Co: _____ Policy # _____	____ - ____ - ____	<input type="checkbox"/> 500/500/500 <input type="checkbox"/> Other: _____	\$ _____

**NOTE: Attach copies of all current declaration pages with coverage part, if coverage is not written with Markel Insurance Company.**

1. Do any of the policies above contain exclusions or restrictions of standard coverage limits?  Yes  No
2. Do any of the policies above provide products coverage under claims made or a restricted form?  Yes  No
3. a. Does applicant have any other subsidiary companies, partnerships, or operations coming under applicant's control at this premise or other locations?  Yes  No  
 b. Are they to be covered under the above policies?  Yes  No
4. Does applicant:
  - a. have operations or sales outside the United States?  Yes  No
  - b. sell, handle, or distribute any product?  Yes  No
  - c. sign any contractual agreement other than lease of premises, easement, or sidetrack agreement?  Yes  No
  - d. own, lease, or charter any watercraft or aircraft?  Yes  No
  - e. own, operate, or maintain a railroad?  Yes  No
  - f. have a need for professional liability?  Yes  No
  - g. own, rent, or otherwise use cranes or heavy equipment?  Yes  No
5. Has applicant previously carried umbrella or excess coverage?  Yes  No

**\*\*All questions answered "Yes" must have full detailed explanations. \*\***

## Employers Liability & Auto Insurance Information

1. Explain losses / incidents within the past 5 years with dates and details of loss, including amount paid.  None

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## Employers Liability

1. Is worker's compensation subject to: Jones Act?  Yes  No  
FELA?  Yes  No

## Auto

1. Does applicant wish to cover applicant's commercial automobile policy with this Umbrella?  Yes  No

(Attach current MVR's and a copy of driver's licenses of all drivers.)

a. If yes, give number of owned or leased vehicles. If none, indicate -0-.

**Commercial:** Light \_\_\_\_\_ Trailers \_\_\_\_\_ **Private Passenger:** \_\_\_\_\_  
Medium \_\_\_\_\_ Horse Vans \_\_\_\_\_  
Heavy \_\_\_\_\_ Tractor/Trailer \_\_\_\_\_  
Extra Heavy \_\_\_\_\_

b. Give maximum radius of operation for commercial vehicles: \_\_\_\_\_ Miles

c. Are explosives or flammables hauled?  Yes  No

d. Are any vehicles leased or rented to others?  Yes  No

e. Does applicant have hired auto exposure or auto exposure not owned by applicant?  Yes  No

f. Is coverage provided for commercial auto (under Symbol 1)?  Yes  No

g. Is any driver under 21?  Yes  No

h. Is any driver over 60?  Yes  No

i. Do any drivers have less than 5 years of driving experience?  Yes  No

j. Does any driver have a reckless driving record, DUI or any other violations?  Yes  No

k. Does applicant transport people as part of applicant's business operations?  Yes  No

**\*\*All questions answered "Yes" must have full detailed explanations. \*\***

**Standard Markel Insurance Company terms and conditions will apply to include but not be limited to the following exclusions:**

Asbestos, Employment Related Practices; Lead Liability; Punitive Damage; Total Pollution; Designated Products; Livery Stable Operation (Livery Stable Operations include, but are not limited to Rental of Saddle Animals, Hay Rides, Carriage Rides, Sleigh Rides, Trail Rides & Pack Trips); Athletic or Sports Participant (per endorsement MGL 185), Workers Compensation/Employers Liability; Mold; Terrorism.

**Please review your entire policy wording for additional exclusions.** It is warranted that the information contained in this application is true and that no material facts have been suppressed or misstated.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

### Authorization

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Signature	Date	Broker Signature (if applicable)	Date

*Thank you for choosing Markel, The Insurance Company With Horse Sense®*