



iii of Maryland, Inc.
 10430 Shaker Drive, Suite 200
 Columbia, MD 21046
 800-392-3771; 410-337-9295; 410-730-2156 fax

COMMERCIAL UMBRELLA

(Answer all questions completely. If question does not apply, please write "none" in space provided)

1. Name of Applicant and All Affiliated Companies

2. Mailing Address	Principal Location

3. Any Foreign Operations? () Yes () No If yes, please Indicate where?

4. Give a complete description Of the Applicant's Operations.

5. Annual Sales or Gross Receipts	Payroll	Number of Employees	Years in Business
6. Limit of Liability Requested	() 1,000,000	() 2,000,000	() 3,000,000 () 4,000,000

() 5,000,000 () Other In excess of primary or self-insured retention.
 7. Has Applicant previously carried Umbrella or Excess Coverage? () Yes () No If yes, give name of insurer, Policy Number, Limits of Liability and Expiration Date.

8. Has any insured rejected, cancelled or refused Renewal of any Umbrella or Excess Coverage () Yes () No If yes, give Name of Carrier & Reason

9. Automobile Liability Indicate Number and Operating Radius of all Owned and/or Leased Vehicles.

NUMBER	RADIUS	NUMBER	RADIUS
_____	Private Passenger	_____	Fuel Oil (less than 3,500 gal)
_____	Light Trucks 10,000 or less	_____	Fuel Oil (3,500 gal or more)
_____	Medium Trucks 10,001 to 20,000 lbs	_____	Gas or LPG (less than 3,500 gal)
_____	Heavy Trucks 20,001 to 45,000 lbs	_____	Gas or LPG (3,500 gal or more)
_____	Extra Heavy Trucks over 45,000 lbs	_____	Bus - 15 Passengers or less
_____	Heavy Tractor TRL 45,000 or less	_____	Bus - 16-44 Passengers
_____	Extra Heavy Tractor TRL over 45,000 lbs	_____	Bus - Over 44 Passengers
_____	Trailers	_____	Other
_____	Recreational Vehicles	_____	Other

10. Is Applicant a Contract Hauler? () Yes () No If yes, what is annual cost of hired automobiles?

PREMISES OPERATIONS

11. Construction of Bldg. Is: _____ Fire Resistive _____ % Masonry/Block _____ % Frame or Brick Veneer

12. Date Built? _____ No. of Stories _____ No. of Elevators _____

13. Part Occupied by Applicant: _____ Interest: () Owner/Operator () Lessor () Tenant

14. Describe Business of Tenant if applicable. _____

15. Applicant's exposure basis for policy rating: Total Floor Area _____ Parking Area _____ No. of Units _____

Receipts other than room rental _____ Persons _____ Admissions _____

Other _____

16. Does Applicant maintain a Pool, Lake or Bathing Beach () Yes () No If yes, describe security on page 4 (fencing lifeguards, etc.)

17. Does Applicant or Tenant handle, use or store chemicals? _____ Does Applicant have underground storage tanks on premises owned or leased? _____ Is Applicant aware of any prior use or storage of any chemicals on premises owned or leased? _____ If yes to any of these questions, describe _____

18. CONTRACTORS Payroll \$ Gross Receipts \$

19. Describe Types of Work Performed

20. Has Applicant performed work for Public Utilities, Transportation or Government Entities? _____ If yes, describe

21. Briefly describe Applicant's (3) largest contracts in past (5) years.

22. CONTRACTUAL LIABILITY Does the Applicant ever agree orally or in Writing to assume the liability of others? () Yes () No

If yes, please explain (attached assumption or hold harmless agreements)

23. PROFESSIONAL LIABILITY

24. PRODUCTS LIABILITY Give a complete description of products manufactured. Sold, handled or distributed by the insured and attach Product Brochure or other descriptive literature: (list separately all discontinued products and reason for discontinuance.

25. Provide Gross Receipts/Sales for each type of product – Use Page 4 if necessary

26. EMPLOYERS LIABILITY Does Applicant have employees covered under the Jones Act, Federal Railroad Employees Act or Long Shoreman's and Harbor Workers Act? If so, describe.

27. AIRCRAFT, WATERCRAFT, OR RAILROAD Does Insured own, operate, maintain or use any Aircraft, Watercraft or Railroad? () Yes () No If yes, describe:

28. ADVERTISING LIABILITY Give annual expenditure And Media used \$ Media

29. UNDERLYING INSURANCE List all Primary or Underlying Liability and Compensation Policies:

TYPE OF INSURANCE	INSURANCE COMPANY & POLICY NUMBER	POLICY TERM	LIMITS OF LIABILITY	PREMIUM	% DEBIT CREDIT
General Liability (1973 ISO or Equivalent) (See Question 30 below) () CGL () MCL () OLT			BI \$ PD \$ CSL \$	\$	
Does GL Policy contain Annual Policy Aggregate for all coverages? () Yes () No per location? () Yes () No			() Yes () No	If yes, do the aggregate limits apply per Project	
Products/Completed Operations			BI \$ PD \$	\$	
Commercial General Liability Coverage Form CG 0001 (ISO "Occurrence" or equivalent) (See Question 31 below)			General Aggregate \$ Prod/Cops Agg \$ Per./Adv/Insury \$ All other BI/PI Per Occurrence \$ Medical Payments \$ Fire Damage \$	\$	

() Comprehensive Auto Liability () Non-owned Auto () Hired Car () Garage Liability (Identity Form)			BI \$ PD \$	\$ \$	
Professional Liability			\$ \$	ea. Claim aggregate	\$
Employer's Liability			\$	Any one accident	\$
Aircraft or Watercraft			BI \$ PD \$		
Other					

30. UNDERLYING COVERAGES	1973 ISO or equivalent	List all coverages included in the Underlying Liability Policies
Advertising Injury	() Yes () No	Fire Damage Liability () Yes () No
Automatic Coverage for Newly Acquired Organizations	() Yes () No	Hired Car () Yes () No
Blanket Contractual () Broad () Limited Form	() Yes () No	Injury to Athletic Participants () Yes () No
Broad Form CGL () Full ISO Form () Limited Form Describe Below	() Yes () No	Liquor Liability () Yes () No
Broad Form PD	() Yes () No	Owner's and Contractor's Protective () Yes () No
Comprehensive Auto	() Yes () No	Non-owned auto () Yes () No
Employees as Additional Insureds	() Yes () No	Personal Injury A,B & C () Exclusion C Deleted () Yes () No
Errors and Omission Liability	() Yes () No	() Teacher's Liability, () Corporal Punishment () Yes () No Water Damage Liability () Yes () No () Explosions, () Collapse, () Underground Liab. () Yes () No

Additional Coverage? _____

Do underlying policies contain restrictive endorsements or exclusions? () Yes () No If yes, describe _____

31. UNDERLYING COVERAGES	"New" ISO CGL or equivalent	List all coverages included in the Underlying Liability Policies
Premises/Operations	() Yes () No	() Explosion () Collapse () Underground () Yes () No
Products/Completed Operations	() Yes () No	
Contractual Liability	() Yes () No	Professional Liability () Yes () No
Personal/Advertising Injury	() Yes () No	Errors and Omissions () Yes () No
Medical Payments	() Yes () No	Hired Car () Yes () No
Fire Damage Legal	() Yes () No	Non-Owned Auto () Yes () No
Broad Form Property Damage	() Yes () No	Injury to Athletic Participants () Yes () No
Host Liquor	() Yes () No	Liquor Liability () Yes () No
Incidental Medical Malpractice	() Yes () No	Owner's and Contractor's Protective () Yes () No
Non-Owned Watercraft	() Yes () No	() Teacher's Liability () Corporal Punishment () Yes () No
Limited World Wide Liability	() Yes () No	
Additional Persons Insured	() Yes () No	Water Damage Liability () Yes () No
Extended Bodily Injury	() Yes () No	
Automatic Coverage for Newly Acquired Organizations	() Yes () No	

Additional Coverages? _____

Do underlying policies contain restrictive (laser) endorsements or exclusions? () Yes () No If yes, describe _____

32. LOSSES PAID OR RESERVED
(INSURED OR UNINSURED)

List all losses paid or now reserved in an amount of 5,000 or
More during last five years. If none, so state.

YEAR	DESCRIPTION OF OCCURRENCE	IDENTIFY (G.L. PRODUCTS, AUTO...)	NUMBER OF CLAIMS	AMTS PAID OR RESERVED	
				BI	PD

Describe Largest Claim Ever
Made Against Applicant

33. ADDITIONAL INFORMATION
OR REMARKS

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON,
FILES AND APPLICATION FOR INSURANCE CONTAINING FLASE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING,
INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS CRIME.

Applicant's Signature _____ Date _____
(Must be signed by Applicant)

Agent's/Broker's Signature _____ Date _____

Address _____