

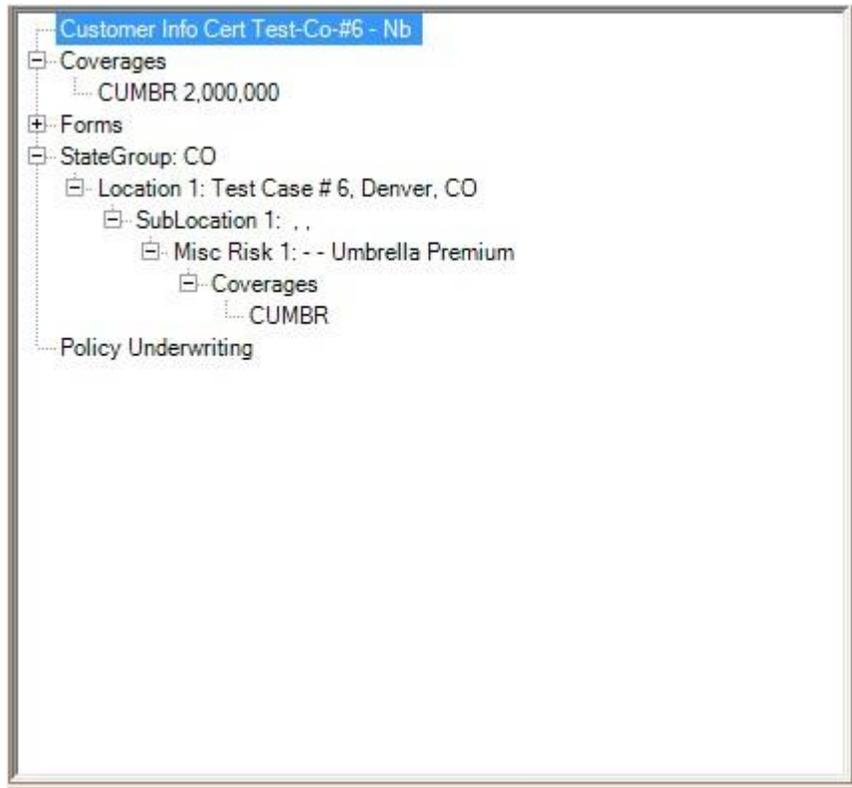
ACORD131 Umbrella / Excess Section (2011/11)

ACORD 131 captures information about a liability coverage affording high limit excess and/or extended coverage. It is a separate policy over and above other basic liability policies the same insured may have. A completed Umbrella / Excess Application consists of both the Applicant Information Section, ACORD 125 and the Umbrella / Excess Section, ACORD 131. This is necessary because some information about the applicant is only shown on the Applicant Information Section.

Much of the information for the Identification Section should match the data found within the Applicant Information Section of ACORD 125. Even though this data matches the data on the ACORD 125, it is still important to complete it. Many companies separate the applications by line of business for rating purposes. Not completing this portion of the application makes it difficult to keep track of the full account.

To create this form you should begin at the policy level.

A typical CUMBR policy might be structured similarly to this, but many variations do exist:



Basic Applicant Information – this information is from the agency and customer’s information.

AGENCY CUSTOMER ID: 109658

| | | | | |
|---|---|--|-----------------------------------|---------------------------------|
|  | | UMBRELLA / EXCESS SECTION | | DATE (MM/DD/YYYY) 10/10/2012 |
| IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy. | | | | |
| <small>AGENCY</small> North American Agency | <small>CARRIER</small> Westfield | | <small>NAIC CODE</small> 19992 | |
| <small>POLICY NUMBER</small> CMM5791420 | <small>EFFECTIVE DATE</small> 11/08/2011 | <small>NAMED INSURED(S)</small> Cert Test-Co-#6 - Nb | | |

Policy Information – Portions of this section are filled if coverages of “CUMBR” or “EBLIA” are found at the policy or package level of the policy. For “CUMBR” if there are 1, 2 or 3 limits and a deductible this information fills as shown. Inside the coverage detail, under the Additional Info tab, if an Option Code is set to “First Dollar Defense Included - FI” the first dollar defense box is checked. For “EBLIA” if there are 1 or 2 limits and a deductible information fills as shown.

| POLICY INFORMATION | | | | | | | | | | | | |
|----------------------------------|---------|--------------------------|----------|--------------------------|--------------------|--------------------------|-----------|------------------------|---------|------------------------------|--------------------------|----------------------------|
| TRANSACTION TYPE | | | | | LIMIT OF LIABILITY | | | RETAINED LIMIT | | | | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | UMBRELLA | <input type="checkbox"/> | OCCURRENCE | <input type="checkbox"/> | VOLUNTARY | RETROACTIVE DATE | | \$ 4,000,000 | EA OCC | \$ |
| <input type="checkbox"/> | RENEWAL | <input type="checkbox"/> | EXCESS | <input type="checkbox"/> | CLAIMS MADE | <input type="checkbox"/> | | PROPOSED | CURRENT | \$ 1,000,000 | AGG | |
| EXPIRING POL #: | | | | | | | | \$ 1,000,000 | | FIRST DOLLAR DEFENSE (Y / N) | | <input type="checkbox"/> Y |
| EMPLOYEE BENEFITS LIABILITY | | | | | | | | | | | | |
| LIMIT OF INSURANCE (Ea Employee) | | | | AGGREGATE LIMIT FOR EBL | | | | RETAINED LIMIT FOR EBL | | | RETROACTIVE DATE FOR EBL | |
| \$ 1,000,000 | | | | \$ 1,000,000 | | | | \$ 10,000 | | | | |
| NAME OF BENEFIT PROGRAM | | | | | | | | | | | | |

Primary Location and Subsidiaries – This data is gathered from the location and sub-locations that may be stored on the policy.

Umbrella Excess Location Underwriting is available by clicking the “Underwriting Info” button at the bottom of the screen when in the sub-location and if found will fill the payroll and sales numbers below.

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 |
|---|---|----------------|-----------------|---------------------|--------|
| 1 | NAME: LOCATION: 545456 MAIL RD, ADDISON AL 35540 DESCRIPTION: mail box | | 256,416.00 | | 5 |
| | NAME: LOCATION: DESCRIPTION: | | | | |

Underlying Insurance Information – This data is found by selecting the Underwriting button on the right of the policy screen and by clicking on **SCAP Underlying Umbrella Coverages**. The types that can be selected are Automobile Liability (AL), General Liability (GL, GO – Occurrence, GC – Claims Made) and Employers Liability (EL). Up to two additional codes will also fill on this for if other types are selected. Currently the Limit information which may be downloaded or entered is not well defined so no filling of that occurs, but the rest of the fields will populate from the database.

UNDERLYING INSURANCE

| LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE | | | | | | | ANNUAL RENEWAL PREMIUM | +/- RATING MOD |
|--|-------------------------------|-----------------|-----------------|---------------------------|----|------------|------------------------|----------------|
| TYPE | CARRIER / POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | LIMITS | | | | |
| AUTOMOBILE LIABILITY | Donegal CA 8101835 | 08/18/2011 | 08/18/2012 | CSL EA ACC | \$ | \$ | | |
| | | | | BI EA ACC | \$ | \$ | | |
| | | | | BI EA PER | \$ | \$ | | |
| | | | | PD EA ACC | \$ | \$ | | |
| GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | Atlantic States CPA8101835 | 08/18/2011 | 08/18/2012 | EACH OCCURRENCE | \$ | PREM / OPS | | |
| | | | | GENERAL AGGR | \$ | \$ | | |
| | | | | PROD & COMP OPS AGGREGATE | \$ | PRODUCTS | | |
| | | | | PERSONAL & ADV INJURY | \$ | \$ | | |
| | | | | DAMAGE TO RENTED PREMISES | \$ | OTHER | | |
| | | | | MEDICAL EXPENSE | \$ | \$ | | |
| | | | | | | | | |
| EMPLOYERS LIABILITY | Donegal WC 8101835 | 08/18/2011 | 08/18/2012 | EACH ACCIDENT | \$ | \$ | | |
| | | | | DISEASE EACH EMPLOYEE | \$ | \$ | | |
| | | | | DISEASE POLICY LIMIT | \$ | \$ | | |
| | | | | | | | | |
| | | | | | | \$ | | |
| | | | | | | \$ | | |

Underlying Insurance Information, continued – This data is found by selecting the Underwriting button on the right of the policy screen and by clicking on **Excess Underlying Information Underwriting**. Data stored there will cause the various filling. **Note:** At this time the memo sections do not fill and will need to be completed by the user.

AGENCY CUSTOMER ID: 109802

UNDERLYING INSURANCE (continued)

| | | | |
|---|------------------------------|--|--|
| UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses) | | | |
| 1. ARE DEFENSE COSTS: | WITHIN AGGREGATE LIMITS? | <input checked="" type="checkbox"/> A SEPARATE LIMIT? | <input type="checkbox"/> UNLIMITED? |
| 2. INDICATE THE EDITION DATE OF THE ISO 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? (Y / N) | | | <input checked="" type="checkbox"/> Y |
| 4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: 10/09/2012 | | | |
| 5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 10/09/2012 | | | |
| 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) | | | <input checked="" type="checkbox"/> Y EFF. DATE: 10/09/2012 |
| 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 |
| <input checked="" type="checkbox"/> | ANY AUTO (SYMBOL 1) | <input checked="" type="checkbox"/> CARE, CUSTODY, CONTROL | <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY (E&O) |
| <input type="checkbox"/> | CGL - CLAIMS MADE | <input checked="" type="checkbox"/> EMPLOYEE BENEFIT LIABILITY | <input checked="" type="checkbox"/> VENDORS LIABILITY |
| <input type="checkbox"/> | CGL - OCCURRENCE | <input type="checkbox"/> FOREIGN LIABILITY / TRAVEL | <input type="checkbox"/> WATERCRAFT LIABILITY |
| COVERAGE | | GARAGEKEEPERS LIABILITY | <input checked="" type="checkbox"/> Big Dudes |
| <input type="checkbox"/> | AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> INCIDENTAL MEDICAL MALPRACTICE | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | AIRCRAFT PASSENGER LIABILITY | <input checked="" type="checkbox"/> LIQUOR LIABILITY | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | ADDITIONAL INTERESTS | <input type="checkbox"/> POLLUTION LIABILITY | <input type="checkbox"/> |
| UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS. e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. | | | |
| PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS. WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required. | | | |
| <input type="checkbox"/> NO SUCH CLAIMS | | | |

Care, Custody, and Control Information is available by clicking the “Underwriting Info” button at the bottom of the screen and may be entered at the location or sub-location levels.

| CARE, CUSTODY, CONTROL | | | | | | | |
|--|---|-------|----|----|----|-----|-------------------|
| LOC | PROPERTY TYPE | VALUE | A* | B* | C* | D* | SG FT OF BLDG OCC |
| 1 | <input checked="" type="checkbox"/> REAL <input type="checkbox"/> PERSONAL | 123 | Y | Y | Y | Y - | 25 |
| OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY CCCDesc | | | | | | | |
| *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) | | | | | | | |

Vehicle Information – This data fills from the *Excess Vehicle Group Underwriting* and may be entered at the policy or package levels. Multiple iterations of this group, based on vehicle type are expected. **Note:** At this time adding information in this option is not available in Eclipse, but will be added in a future release.

| VEHICLES | | | | | | | |
|-------------------|-----------|-------------|----------|-----------------|----------------|---------------|---------------|
| TYPE | # OWNED | # NON-OWNED | # LEASED | PROPERTY HAULED | RADIUS (MILES) | | |
| | | | | | LOCAL | INTER-MEDIATE | LONG DISTANCE |
| PRIVATE PASSENGER | 11 | 22 | 33 | Big Dogs | 1 | 4 | 9 |
| TRUCKS | LIGHT | | | | | | |
| | MEDIUM | | | | | | |
| | HEAVY | | | | | | |
| | EX. HEAVY | | | | | | |
| TRUCKS / TRACTORS | HEAVY | | | | | | |
| | EX. HEAVY | | | | | | |
| BUSES | | | | | | | |

ACORD 131 (2011/11)

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Additional Exposures - These questions can be accessed and added in two different ways. Some companies do download them. If your agency is manually entering this information and want to select the questions for this or any other form, select the “Underwriting Questions” link in the upper left of the policy window. Double-click on the second link named “Underwriting Questions” and then click “Edit”. There is a button at the bottom of the window which will allow the selection of question groups for various ACORD forms. In this case select the check box for ACORD 131, click OK at the bottom, then questions will be ready for your answers. Answer as appropriate and update. If the underwriting questions have downloaded or have been selected for this policy, then each appropriate section will have a Y or N filled on the form.

| ADDITIONAL EXPOSURES | | AGENCY CUSTOMER ID: 109802 |
|---|--|----------------------------|
| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | | Y / N |
| ADVERTISERS LIABILITY | | |
| 1. MEDIA USED: RADIO ANNUAL COST: \$ 10,000.00 | | |
| 2. ARE SERVICES OF AN ADVERTISING AGENCY USED? | | N |
| 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? | | N |
| AIRCRAFT LIABILITY | | |
| 4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT? | | N |

