



**GRIFFIN GENERAL AGENCY, INC**  
PROPERTY & CASUALTY INSURANCE, MGA

**COMMERCIAL UMBRELLA LIABILITY QUOTE**

AGENCY NAME \_\_\_\_\_  
FROM \_\_\_\_\_  
PHONE# \_\_\_\_\_

PRODUCER# \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
FAX# \_\_\_\_\_

NAMED INSURED \_\_\_\_\_ PHONE \_\_\_\_\_

DBA (IF ANY) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

PREVIOUS CARRIER \_\_\_\_\_

CANCELED OR NON RENEWED \_\_\_\_\_  
(REASON)

LOSSES (IF ANY) \_\_\_\_\_

LIABILITY LIMIT  1,000,000  2,000,000  4,000,000  10,000,000 SIR APPLIES

CURRENT UMBRELLA CARRIER, LIMITS & PREMIUM

# OF YEARS IN BUSINESS \_\_\_\_\_ IN WHAT STATES DO YOU CONDUCT BUSINESS? \_\_\_\_\_

DESCRIPTION OF OPERATIONS (INCLUDING WORK PERFORMED BY ANY SUB-CONTRACTED LABORERS)

TOTAL ESTIMATED ANNUAL:  SEE ATTACHED GL APPLICATION/QUOTE  
PAYROLL \$ \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_  
RECEIPT OR SALES \$ \_\_\_\_\_ LIQUOR SALES \$ \_\_\_\_\_

UNDERLYING SCHEDULE: REQUIRED RATING: A- VI MINIMUM,  
REQUIRED MINIMUM UNDERLYING LIMITS OF:  
GL: \$1MM/\$2MM/\$1MM; AL: \$1MM; EL: \$1MM/\$1MM/\$1MM; LIQUOR LIABILITY: \$1MM/\$1MM

COVERAGE	INSURANCE CO. POLICY NUMBER	EFFECTIVE DATE	CURRENT LIMITS	ANNUAL LIABILITY PREMIUM (MANUAL)
GENERAL LIABILITY			<input type="checkbox"/> \$1 MIL OCC.	
AUTO LIABILITY			<input type="checkbox"/> \$2 MIL AGGS. <input type="checkbox"/> \$1MIL CLS	
HIRED & NON OWNED ONLY <input type="checkbox"/>				
EMPLOYERS LIABILITY			<input type="checkbox"/> \$1MIL/\$1MIL/\$1MIL	
EXCLUDED? <input type="checkbox"/>				
LIQUOR LIABILITY			\$1 MIL EA <input type="checkbox"/> COMM CAUSE	
LIABILITY			\$1 MIL EA <input type="checkbox"/> COMM CAUSE	
OTHER				

GENERAL INFORMATION/GENERAL LIABILITY	YES	NO
1. Any ownership, leasing or chartering of any aircraft or watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any ownership, operation or maintenance of railroads?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any ownership, renting or usage of cranes or heavy equipment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any professional liability exposure or coverage If yes, name of carrier and limits carries: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Any liquor liability exposure as follows?	<input type="checkbox"/>	<input type="checkbox"/>
Host liquor only	<input type="checkbox"/>	<input type="checkbox"/>
Liquor (manufacturing, distributing, selling, serving or furnishing alcoholic beverages?)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is liquor liability desired in Umbrella?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any work above 3 stories? If Yes, indicate maximum # of stories. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Any security guards?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes to above, are these guards armed?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any tunneling or blasting?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any work on bridges, dams, airports or high rises?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, details: _____		
10. Any hotel, motel or apartment exposure? if Yes, show the following:	<input type="checkbox"/>	<input type="checkbox"/>
Number of buildings _____ Number of stories _____		
Number of units/rooms _____ Number of pools _____		
If Pools, please advise details on the following: Depth, Fencing, Life Guard, Hours, Diving board or Slide:  _____		
11. Any work performed on Oil & Gas related premises? If Yes, provide details on work and Oil & Gas property locations:  _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Any Foreign operations or exposures?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, details: _____		
Any insurance coverage carried? Details: _____	<input type="checkbox"/>	<input type="checkbox"/>

AUTO LIABILITY

YES NO

# of Owned or Leased Vehicles: (If none, check here ) Number of drivers: \_\_\_\_\_

Private passenger  Trucks: Light  Medium

Trucks: Heavy  Extra Heavy  Tractors  Trailers

1. Maximum radius of operations for commercial vehicles? \_\_\_\_\_ Miles

2. Are explosives or flammables hauled?  YES  NO

3. Any vehicles leased or rented to others?  YES  NO

4. Auto coverage is provided under symbol: \_\_\_\_\_

5. Any driver under 21 or over 60? If Yes, explain driving duties:  YES  NO

\_\_\_\_\_

6. Any drivers with DUI violations?  YES  NO

7. Are current MVRs acceptable? If No, explain any driver problems:  YES  NO

\_\_\_\_\_

8. Does applicant transport people as part of the business operations?  YES  NO

9. Any Hired and Non-Owned auto exposure? If Yes, provide details:  YES  NO

\_\_\_\_\_

WORKERS COMPENSATION:

1. Is Workers Compensation subject to the following:

USL & H (U.S. Longshore & Harbor Workers' Act)  YES  NO

Maritime (Jones Act)  YES  NO

2. Certificates required from subcontractors?  YES  NO

CLAIMS HISTORY: EXPLAIN ANY LOSSES/INCIDENTS WITHIN THE LAST 3 YEARS WITH RESERVES OR PAYMENTS TOTALING \$10,000 OR GREATER. LOSS RUNS ATTACHED INITIAL  NO LOSSES:

\_\_\_\_\_

APPLICANT SIGNATURE DATE

AGENT SIGNATURE DATE