



Public Transportation Umbrella/Excess Application

THIS COVERAGE CAN ONLY BE WRITTEN OVER ZURICH POLICIES

Proposed Effective Date: _____ Quote Date: _____

New Renewal (if renewal, prior policy number) _____

Umbrella Excess

Carrier: _____

APPLICANT INFORMATION

1. Name of Applicant: _____

2. Mailing Address: _____
 Street City County State Zip Code

3. Business Address: _____
 Street City County State Zip Code

4. Phone: _____ Fax: _____ E-mail: _____ Web site: _____

PRIMARY LOCATION & SUBSIDIARIES – SEE PRIMARY POLICY

UNDERLYING INSURANCE

5. List all Liability/Compensation policies in force to apply as underlying insurance:

Type	Carrier/Policy Number	Policy Eff Date	Policy Exp Date	Limits	Annual Renewal Premium	+ - Rating Mod
AUTO LIABILITY				CSL EA. ACC. \$	\$	
				BI. EA. ACC. \$	\$	
				BI. EA. PER. \$	\$	
				PD. EA. ACC. \$	\$	
GENERAL LIABILITY				EACH OCCURRENCE \$	PREM/OPS	
				GENERAL AGGR \$	\$	
				PROD & COMP OPS AGGREGATE \$	PRODUCTS	
				PERSONAL & ADV INJURY \$	\$	
				DAMAGE TO RENTED PREMISES \$	OTHER	
				MEDICAL EXPENSE \$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT \$	\$	
				EISEASE EACH EMPLOYEE \$		
				DISEASE POLICY LIMIT \$		

6. 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	COVERAGE	EXPOSURE
<input type="checkbox"/> Any Auto (Symbol 1)	<input type="checkbox"/> Care, Custody, Control	<input type="checkbox"/>	<input type="checkbox"/> Pollution Liability	<input type="checkbox"/>
<input type="checkbox"/> CGL - Occurrence	<input type="checkbox"/> Employee Benefit Liability	<input type="checkbox"/>	<input type="checkbox"/> Professional Liability (E&O)	<input type="checkbox"/>
COVERAGE	<input type="checkbox"/> Foreign Liability/Travel	<input type="checkbox"/>	<input type="checkbox"/> Vendors Liability	<input type="checkbox"/>
EXPOSURE	<input type="checkbox"/> Garagekeepers Liability	<input type="checkbox"/>	<input type="checkbox"/> Watercraft Liability	<input type="checkbox"/>
<input type="checkbox"/> Aircraft Liability	<input type="checkbox"/> Incidental Medical Malpractice	<input type="checkbox"/>		
<input type="checkbox"/> Aircraft Passenger Liability	<input type="checkbox"/> Liquor Liability	<input type="checkbox"/>		
<input type="checkbox"/> Additional Interests				

Explanations to question #6:

7. Underlying Insurance Coverage Information: Refer to Primary Policy.

8. Previous Experience: Refer to Primary Policy.

ADDITIONAL EXPOSURES

9. Media used: _____
 Annual Cost: \$ _____

10. Are services of an advertising agency used? Yes No
 If **Yes**, is any coverage provided under agency's policy? Yes No

11. Does applicant own/lease/operate aircraft? Yes No

12. Are any vehicles not insured by underlying policies? Yes No

13. Are any vehicles leased or rented to others? Yes No
 If **Yes**, are hired and non/owned coverages provided? Yes No

14. Do current or past products, or their components, contain hazardous materials that may require special disposal methods? Yes No

15. Indicate the coverages carried:
 GL with standard ISO Pollution Exclusion GL with standard Sudden & Accidental Only
 GL with Pollution Coverage Endorsement Separate Pollution Coverage EPA#: _____

16. Describe Independent Contractors:

17. Does applicant own or lease watercraft? Yes No
 If **Yes**:

# Owned	Length	Horsepower

Remarks:

NOTICE REGARDING UNINSURED/UNDERINSURED MOTORISTS

If you are located in Florida, Louisiana, New Hampshire, South Dakota or Vermont, you must have either a selection or rejection form for uninsured motorists coverage and/or underinsured motorists coverage completed and signed prior to binding. Please discuss with your Agent.

STATEMENT FROM APPLICANT

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the Insurer; and deceived the Insurer to the Insurer's injury.

Receipt and review of this application does not bind the Insurer to provide this insurance.

It is agreed by the applicant and the Insurer that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to the Insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the applicant and the prospective Insureds. It is further agreed by the applicant and the prospective Insureds that this policy, if issued, is issued in reliance upon the truth of such representations that are incorporated into and made part of this policy. After inquiry of all prospective Insureds, the undersigned authorized officer of the applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct.

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our filed and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Signing of this application does not bind the applicant or the Insurer.

Inspections and Surveys: We have the right to make inspections and surveys at any time; give you reports on the conditions we find; and recommend changes. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. We do not warrant that conditions are safe or healthful; or comply with laws, regulations, codes or standards.

The above applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

This condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and /or authorization or agreement to bind the insurance.

Applicant signature: _____ Title: _____

Agent/Broker: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone number: () _____ Date: _____

FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading statement is guilty of a felony of the third degree.

KANSAS: A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer or purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of or the rating of, an insurance policy for commercial or personal insurance, or a claim of payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing 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 such person to criminal and civil penalties.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

REMINDER

SEND COMPLETED FORM TO

State Administrator Name: S.H. Smith And Company Attention: Program Division

20 Church Street, Suite 300

Hartford

CT

06103

Street

City

State

Zip Code

Phone Number: (800) 356-0168

Fax Number: (860) 329-7648

Agent's License Number: _____

Coverage is underwritten by Zurich American Insurance Company, Zurich American Insurance Company of Illinois, American Guarantee and Liability Insurance Company, and Steadfast Insurance Company, members of Zurich Financial Services. **WEB APPLICATION**