SOUTHERN SPECIALTY UNDERWRITERS, LLC.
5444 Riverside Drive
Macon, GA 31210
Phone: 478 757 7111 Fax: 478 474 9604

Commercial Umbrella / Excess Liability Product

COMMERCIAL UMBRELLA / EXCESS LIABILITY WARRANTY APPLICATION

Name insured: _____

Mailing address: _____ Web site address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Years in business: _____

Location(s) of operations: _____

Description of operations: _____

Annual gross receipts: $ _____ Annual payroll: $ _____

A. General Information

Limit requested: ❑ $1,000,000 ❑ $2,000,000 ❑$3,000,000 ❑ $4,000,000 ❑ $5,000,000

If the higher limits are the requirement of a contract or project, please provide complete details of duties the applicant will perform, the duration, and the total cost: _____

Previous carrier: _____ Policy number: _____ Premium: $_____ Effective dates: _____

Describe any losses greater than $10,000 in the past three years for the primary coverages this policy will cover over? ❑ None

Year	Incurred Amount	Description of Loss
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____

B. Schedule of Underlying

Type of Insurance	Underlying Carrier	Policy #	Eff. Dates	Limits of Liability	Premium
❑ General Liability ❑ ISO Form ❑ Manuscript form	A.M. Best Rating _____			General Aggregate $ Products Aggregate $ Personal & Advertising Injury $ Occurrence $ Damage to Premises Rented $ Medical Payments $	$
❑ Auto Liability	A.M. Best Rating _____			❑ C.S.L. $ ❑ Split Limits $ /$ /$	$
❑ Employers Liability	A.M. Best Rating _____			Bod. Inj. by Accident (ea. accident) $ Bod. Inj. by Disease (policy limit) $ Bod. Inj. by Disease (ea. employee) $	$
❑ Professional Liability ❑ Occurrence Form ❑ Claims-Made Form	A.M. Best Rating _____			Occurrence $ Aggregate $	$
❑ Liquor Liability (include our supplemental ELLS)	A.M. Best Rating _____			Occurrence $ Aggregate $	$
❑ Other	A.M. Best Rating _____			$	$

If the account is not concurrent with underlying coverages or is being marketed mid-term, please provide details:

C. General Liability Information

Please provide the Classification(s) on the Underlying GL policy or attach GL application

Attach our completed CSA application for Artisan and General Contractor accounts

C.1.

Class Code	Classification	Underlying Premium
		$
		$
		$
		$
		$

Habitational Information ❑ Not Applicable

Number of units: _____ Number of stories: _____

Any aluminum wiring?		❑ No	❑ Yes
Is all wiring connected to circuit breakers?		❑ No	❑ Yes
Are all units and common areas equipped with smoke detectors and fire extinguishers?		❑ No	❑ Yes
If three or more stories, does the building have a fire escape or fire tower?	❑ N/A	❑ No	❑ Yes
If seven or more stories, is the building 100% sprinklered?	❑ N/A	❑ No	❑ Yes
Percentage of student renters?		_____%	
Percentage of residents over 55 years old?		_____%	

C.2. Swimming Pool Information ❑ Not Applicable

Number of pools: _____

Any diving boards or slides?	❑ No	❑ Yes
Are the rules clearly posted?	❑ No	❑ Yes
Are the depths clearly marked?	❑ No	❑ Yes
Is there a self-closing/locking mechanism to the entrance to the pool area?	❑ No	❑ Yes
Is life-saving equipment within the pool area?	❑ No	❑ Yes

C.3. Bars/Tavern/Restaurant Information ❑ Not Applicable

Total receipts $_____ Food Receipts $ _____ _____ Alcohol Receipts $ _____

Other $_____ If "Other," describe source:_____

Is there entertainment? ❑ Yes ❑ No

Is "Yes," how often:? ❑ 1-2 times per week ❑ 3 or more times per week

❑ 0-12 times per year ❑ 13-51 times per year ❑ Banquets only_____

Is the electrical system connected to circuit breakers?	❑ No	❑ Yes
Does the electrical system have aluminum wiring or knob and tube wiring?	❑ No	❑ Yes
Does the applicant have or sponsor any "teen" or "under 21" nights, or permit patrons under the age of 21 in a bar area after 10 p.m.?	❑ No	❑ Yes
Any firearms kept or permitted on premises or are off-duty police officers or armed guards employed?	❑ No	❑ Yes
Is a secondary means of egress provided for each floor (including basement) having public access?	❑ No	❑ Yes
Are there smoke or heat detectors used in all public areas and, if building owner, all habitational units?	❑ No	❑ Yes
Is there a swimming pool or beach on premises that applicant is responsible for?	❑ No	❑ Yes
Does applicant have any of the following exposures: mechanical rides, moon bounces, trampolines, rock walls, pyrotechnics or foam machines?	❑ No	❑ Yes
If there is another occupancy in the building, are all deep fat frying appliances protected per NFPA 96 (Automatic Fire Extinguishing System)?	❑ No	❑ Yes

What is the average age of clientele? ❑ Under 21 ❑ 21-25 ❑ Over 25

D. Auto Liability Information ❑ Not Applicable

Is hired and non-owned auto provided by the underlying? ❑ Yes ❑ No

Are any drivers under 21 years of age? ❑ Yes ❑ No

Does any vehicle travel an average daily radius greater than 200 miles? ❑ Yes ❑ No

Does risk own any heavy trucks, extra heavy trucks or truck tractors, livery units or tow trucks? ❑ Yes ❑ No

Are any vehicles authorized to transport any of the following? ❑ Yes ❑ No

– Corrosive, explosive, flammable (i.e. fuel), or radioactive materials?

– Any type of refuse, waste or trash (including recyclables)?

– Livestock?

Are motor vehicle records reviewed for acceptability at least once every three years? ❑ No ❑ Yes

Number	Type A Units
	Private Passenger
	Light Trucks (up to 10,000 GVW)
	Medium Trucks (10,001 - 20,000)

For any driver over the age of 69, is a Statement of Fitness required to be signed by a physician? ❑ No ❑ Yes

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 Fraud Statement: WARNING: 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 Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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.

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

New York Fraud Statement: 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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: 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 Fraud Statement: WARNING: 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 any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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 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 such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

Applicant's signature: _____ Date: _____
(Owner or Officer)

Broker's signature: _____ Date: _____

Address: _____

Some states require that we have the name and address of your (insured's) authorized agent or broker.

Name of authorized agent or broker: _____

Address: _____

Mail completed application through local agent or broker to:

_____