



Commercial Umbrella or Excess Coverage Supplement

Insured Name: _____

NOTE: 3 YEARS OF CURRENTLY VALUED LOSS HISTORY** REQUIRED PRIOR TO BINDING

***In the last 5 years, has the insured had any individual losses exceeding \$100,000?** _____

If so, please provide Date of Loss: _____ **Amount Paid/Reserved:** _____

Has the insured had aggregate losses exceeding \$50,000? _____

Does the insured require and document certificates of insurance and hold harmless agreements favoring the insured from all commercial occupancies and contractors working on the premises? _____

Is the insured a housing project, section 8, or affordable housing? _____

Does the insured receive a government subsidy of any kind? _____

What % of receipts? _____

Is the insured location owned by a housing authority? _____

Fire Escapes? Yes No

Smoke Detectors in Units? Yes No

Is there a minimum of two means of egress from each floor? _____ If yes, describe:

of Enclosed Stairwells _____ # of Open Stairwells _____

Sprinkler Type: None _____ Full _____ Partial _____

Is there a doorman or concierge?

Is there a buzzer or intercom system?

Are entry doors locked?

Is there a roof door? Yes No Is it locked? Yes No Is it alarmed? Yes No

Fire Alarm Type: Manual Pull _____ Central Station _____

Is there a business automobile exposure? _____

Describe: _____

NOTE: The following occupancies are Ineligible for this program:

Daycare's – Premises with Dry Cleaning Operations- Restaurants or establishments with over 50% sales of alcohol-upholstery shops-billiard halls-massage parlors-Auto Sales/Repairs

Pet Shops- Warehouses with burlap-explosives-fireworks-chemicals-candles or wax-pillows-rags- celluloid goods-quilts or comforters.

Signature/Date: _____

Revised 8/23/2013