



**PENN NATIONAL  
INSURANCE**

Pennsylvania National Mutual Casualty Insurance Company  
P.O. Box 2361  
Harrisburg, PA 17105-2361  
800-388-4764 phone  
717-257-6960 fax

**INSURANCE AGENTS UMBRELLA  
SUPPLEMENTAL APPLICATION**

**GENERAL INFORMATION**

1. APPLICANT		2. DATE	3. <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	4. EXPIRING POLICY NUMBER
5. MAILING ADDRESS				
6. PROPOSED POLICY PERIOD (12:01 a.m. Standard Time) FROM: TO:			7. TELEPHONE (Incl Area Code)	
8. BUSINESS ADDRESS (Enter "Same" or indicate address, if different from above)			9. FAX NUMBER (Incl Area Code)	
10. CONTACT PERSON	11. E-MAIL ADDRESS		12. AGENCY WEBSITE ADDRESS	

**LIMITS**

13. UMBRELLA LIMITS REQUESTED						
COMMERCIAL UMBRELLA COVERAGE	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000	Other (specify) \$
	INSURED'S RETAINED LIMIT: <input type="checkbox"/> \$10,000 (Standard) <input type="checkbox"/> \$0 (Optional)					
PERSONAL UMBRELLA ENDORSEMENT (Optional)	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000	N/A
	INSURED'S RETAINED LIMIT: <input type="checkbox"/> \$250 (Standard) <input type="checkbox"/> \$0 (Optional)					

**APPLICABLE ONLY IN NEW YORK: IF ANY UNDERLYING INSURANCE INCLUDES DEFENSE WITHIN LIMITS, THIS INSURANCE WILL ALSO PROVIDE DEFENSE WITHIN LIMITS. THE DEFENSE COSTS CHARGED AGAINST THE LIMITS OF INSURANCE WILL NOT EXCEED 50% OF SUCH LIMITS; AND, WE WILL ASSUME ANY DEFENSE COSTS OVER THIS AMOUNT.**

**ERRORS & OMISSIONS SUPPLEMENTAL INFORMATION**

14. RETROACTIVE DATE OF PRIMARY E&O POLICY (if any)		
15. EXTENDED DISCOVERY PERIOD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LENGTH OF TIME
16. DEFENSE COSTS AND SUPPLEMENTAL PAYMENTS PROVIDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN IN REMARKS
17. LIST ALL COMPANIES YOU WRITE BUSINESS WITH THAT ARE NOT RATED B+ OR BETTER BY AM BEST	DOLLARS	PERCENTAGE (%)
18. TOTAL GROSS COMMISSION INCOME OF AGENCY (Do not include Profit Sharing/Contingent Commission) \$		
19. HAVE YOU PLACED ANY BUSINESS WITH A COMPANY THAT IS PRESENTLY INSOLVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN IN REMARKS SECTION.		
20. DOES YOUR AGENCY DERIVE REVENUE THROUGH INTERNET TRANSACTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT PERCENTAGE?		
21. IDENTIFY THE PERCENTAGE OF TOTAL WRITTEN PREMIUM IN THE FOLLOWING LINES OF BUSINESS (if any) FLOOD ___% MEDICAL MALPRACTICE ___% COASTAL PROPERTY ___%		
22. IDENTIFY THE PERCENTAGE OF TOTAL WRITTEN PREMIUM PLACED IN THE FOLLOWING (if any) SELF INSURED CAPTIVES ___% RISK RETENTION GROUPS ___% MULTIPLE EMPLOYER TRUSTS ___% MULTIPLE EMPLOYER WELFARE TRUSTS ___%		
23. DOES YOUR PRIMARY E&O POLICY CONTAIN ANY COVERAGE(S) WITH SUBLIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO COVERAGE _____ SUBLIMIT (EA CLAIM/AGG) _____ / _____ COVERAGE _____ SUBLIMIT (EA CLAIM/AGG) _____ / _____		

**BUSINESS OTHER THAN INSURANCE: (Complete this section only if engaged in any business other than insurance)**

24. IS AGENCY LICENSED FOR SELLING REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. GROSS INCOME \$	26. # OF EMPLOYEES
27. OTHER BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain in Remarks section)	28. GROSS INCOME \$	29. # OF EMPLOYEES
30. ARE OTHER BUSINESS OPERATIONS COVERED BY UNDERLYING POLICIES? (to include E & O) <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN		

**UNDERLYING EXPOSURES (OTHER THAN ERRORS & OMISSIONS)**

**AUTOMOBILE**

31. TOTAL NUMBER OF AUTOS OWNED OR LEASED BY THE AGENCY

32. ANY DRIVERS UNDER THE AGE OF 25?  YES  NO

33. PROVIDE THE NAMES, DATES OF BIRTH, AND OPERATOR NUMBERS FOR ALL DRIVERS

NAME OF DRIVER	DATE OF BIRTH	OPERATOR NO.

**WATERCRAFT**

34. WATERCRAFT: LIST ALL WATERCRAFT OWNED				WATERCRAFT IS			NUMBER		APPLICANT			USE OF WATERCRAFT			
YEAR	MAKE	MODEL	DOCKED AT	HORSE POWER	LENGTH	IN-BOARD	OUT-BOARD	INBOARD OUTBOARD	OF PASSENGERS	SLEEPS	IS OWNER	LEASES	LOANS/RENTS TO OTHERS	BUSINESS	PLEASURE

35. ANY WATERCRAFT ABOVE USED FOR WATER SKIING?  
 YES  NO

36. ANY WATERCRAFT CHARTERED DURING THIS POLICY PERIOD?  
 YES  NO If yes, explain

**AIRCRAFT**

37. ANY AIRCRAFT OWNED OR LEASED BY APPLICANT?  YES  NO

38. ANY AIRCRAFT CHARTERED DURING THIS POLICY PERIOD?  
 YES  NO If yes, explain

39. DOES AGENCY INSURE AIR SHOW?  YES  NO

**LOSS EXPERIENCE**

40. CLAIM EXPERIENCE (OTHER THAN E&O) DESCRIBE ALL CLAIMS DURING THE PAST FIVE YEARS WHICH INVOLVED PAYMENTS/RESERVES IN EXCESS OF \$250,000.	DATE OF CLAIM MO DAY YR	AMOUNT RESERVED	AMOUNT PAID
		\$	\$
		\$	\$
		\$	\$

**EXCESS EMPLOYMENT PRACTICES LIABILITY**

41. INCLUDE EXCESS EMPLOYMENT PRACTICES LIABILITY COVERAGE? (\$1,000,000 minimum underlying limit required)  YES  NO  
*(If yes attach a copy of your primary EPLI application, or ACORD 188 if no underlying EPLI application is available)*

42. EXCESS EMPLOYMENT PRACTICES LIABILITY LIMITS REQUESTED (choose one)  
 \$1,000,000  \$2,000,000

**REMARKS**

**PREMIUM CALCULATION for Staff Rated Risks – (See State Rate Page for Rates and Eligibility)**

Commercial Liability Limits _____	# of Staff _____	= \$ _____
Personal Liability Limits _____	# of Insureds _____ X Ann Rate _____	= \$ _____
		Total Premium \$ _____

Full time staff members shall be rated as one (1), part time staff members shall be rated as one-half (1/2). Note: part time individuals work 20 hours or less per week. If total number of rating units end in 1/2, round to the next lowest whole number. Exp.: 5 1/2 = rate policy at 5.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in NE, NY, OH or OR. In DC, TN and VA insurance benefits may also be denied.)

**APPLICABLE IN NEW YORK ONLY:**

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.

**IMPORTANT**

THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL OWNER, PARTNER OR OFFICER

\_\_\_\_\_  
DATE SIGNED

**IMPORTANT ADDITIONAL INFORMATION:**

- ❖ **The following additional information is required to complete this application and must be attached to this submission:**
  - 1) **A copy of the primary Errors and Omissions coverage application**
  - 2) **A copy of each underlying policy Declarations (to include Automobile, General Liability [or BOP], Employers' Liability [WC], Errors & Omissions, Employment Practices Liability, etc.)**
  - 3) **A copy of Accord 83 (Personal Umbrella Application) for each officer applying for the personal umbrella endorsement**
  - 4) **If excess Employment Practices Liability is requested, attach a copy of the primary EPLI application; or, if a primary EPLI application is not available, attach a copy of ACORD 188 (Employment Related Practices Liability Section).**
- ❖ **Minimum Underlying Limit Requirements are shown on the State Rate Pages.**

**COMMERCIAL SCHEDULE OF UNDERLYING INSURANCE (Attach A Copy Of Each Declarations Page)**

COVERAGE	CARRIER/POLICY NUMBER	POLICY EFF/EXP DATES	LIMITS		ANNUAL PREMIUM
AUTOMOBILE LIABILITY			CSL/BI EA. OCC.	\$	
			BI EA. PER.	\$	
			PD EA. ACC	\$	
GENERAL LIABILITY			EACH OCCURRENCE	\$	
			GENERAL AGGR	\$	
			PROD & COMP OPS AGGREGATE	\$	
			PERSONAL & ADV INJURY	\$	
			DAMAGE TO RENTED PREMISES	\$	
			MEDICAL EXPENSE	\$	
EMPLOYERS' LIABILITY			EACH ACCIDENT	\$	
			DISEASE EACH EMPLOYEE	\$	
			DISEASE POLICY LIMIT	\$	
ERRORS & OMISSIONS			EACH CLAIM	\$	
			AGGREGATE		
			CSL		
NOTARY PUBLIC E & O			EACH CLAIM	\$	
			AGGREGATE		
			CSL		
EMPLOYMENT PRACTICES LIAB			CSL	\$	
WATERCRAFT			EACH ACCIDENT OR OCCURRENCE	\$	