	4CO									DATE (MM/DD/YYYY)										
ACORD, UMBRELLA SEC						APPLICANT														
(A/C, No, Ext):							(First													
(A/C, No):					Named Insured)															
					EFFECTIV	/E DATE EXPIRATION		ON DATE		DIRECT BIL			PAYMENT F		?LAN		AUD	TIC		
					FOR					AGENCY BILL										
COD	nF-		SUBCODE:			COMPANY USE ONLY	COMPANY													
AGE	NCY TOMER ID:		GODGODE.			1														
		ORMA	TION																	
POLICY INFORMATION  TRANSACTION TYPE						LIMIT OF LIABILITY RET/										AINED LIMIT				
PROPOSED RETROACTIVE DA			DACTIVE DATE	\$					CHO	CCURI	RENCE	\$								
RENEWAL PROPOSED RETROACTIVE DATE					\$	EACH OCCURRENCE \$														
EXP	IRING POL					RRENT RETROACTIVE DATE: FIRST DOLLAR DEFE										SE YES			NO	
			ON & SUBSIDIA	ARIES (ACORE		·									, , , , , , , , ,				110	
#				•		MPANIES (Describe Operations)  ANNUAL PAYROLL								ANN GROSS SALES FOREIGN GROSS SAL					EMPL	
						MILO (DESCRIBE OPERATIONS)														
UN	DERLYII	NG INSL	JRANCE																	
<u> </u>				IST ALL LIABILITY/C	OMPENSAT	FION POLICIE	S IN FORC	CE TO APPLY	' AS UNDE	RI YI	NG INS	URAN	CF						+ -	
	TYPE		CARRIER/POLICY			Y EFF DATE		EXP DATE	LIMITS						A	ANNUAL RENEWAL PREMIUM			TING IOD	
									CSI FA	CSL EA. ACC. \$					\$			+		
AUTOMOBILE									BI EA. ACC. \$							\$		1		
LIABILITY									BI EA. PE			\$			\$			1		
									PD EA. A			\$			\$			1		
								OCCURRENCE \$					PREM/OPS		+					
	ENERAL IABILITY							·					1.	_IVI/OF 3						
	LICY TYPE								GENERAL AGGR \$ PROD & COMP OPS					\$		RODUCTS		-		
OCCUR								AGGREGATE \$ PERSONAL & ADV INJURY \$						1.	JDUC18					
	CLAIMS					DAMAGE TO RENTED						\$	UED.		$\dashv$					
MADE									TREMISES						1.	HER				
												\$			\$			+		
EMPLOYERS									DISEASE	=		\$								
LI	IABILITY								EACH EMPLOYEE \$ DISEASE POLICY LIMIT \$						\$	Ψ 				
										POLICÝ LIMIT \$								+		
LIND	EDI VINO O	ENERALL	IADU ITV INCODMATI	ION (Evalaia all IVE)	`"				1											
1	ARE DEF		IABILITY INFORMATION	T ` I		TE LIMITS?		Λ QE	PARATE	1 11/4	IT2			UNLIMITED?						
2			DITION DATE OF T										۸	_						
3			CT, WORK, ACCIE												)\/E	PAGE2	YES		NO	
4			DE. INDICATE RET				,		N OLLI II	INSU	INLUI	ICOIVI	I AIN	I FILL VIOUS CO	J V L I	TAGE!		1	INO	
5			DE, INDICATE RET						DACE:											
6			DE, WAS "TAIL" CO							Ecc	DOL I	CV2		YES, EFF. DAT	re.			$\Box$	NO	
U			COVERAGES IN UND										E. PI			ON. EXPLA	IN IF	ш	INC	
	D				. EXPLAIN A COVERAGE		COVERAC	GES BEYOND	STANDAR		orms. Exposi							EXPOS		
CHECK IF APPROPRIATE ( ANY AUTO (SYMBOL 1)						CONTROL				_XF 03	JKL ,	COVI	VERAGE EXPENSIONAL LIABILITY (E&O)				-2103	JOKE		
	1	O (STIVIBOI AIMS MADE	· · · · ·			E, CUSTODY, ( LOYEE BENEF					-					LIIT (E&U)				
	1												VENDORS LIABIL		TV					
CGL - OCCURRENCE  COVERAGE  EXPOSURE				EIGN LIABILIT					-			WATERCRAFT LI	ADILI	1 1						
				AGEKEEPERS				-												
	AIRCRAFT LIABILITY  AIRCRAFT PASSENGER LIABILITY					ENTAL MEDICAL MALPRACTICE												}	$\vdash$	
						OR LIABILITY												$\vdash$		
ADDITIONAL INTERESTS  UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL					UTION LIABILITY           ICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR								ıR							
EXT	ENSIONS O	F COVERA	GE - ATTACH SEPAR	RATE SHEET IF NEC	ESSARY)	0110110, 2.0.	. LAOLITE	NOONOLINE	110, 21001	· CIIVIII	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0001		thort waterto, c						
DDE	VIOLIS EVS	EDIENOS	(CIVE DETAIL 2 OF A	II HADUITVOLA"	0 EVOLED:	NC \$40,000 C	NB 000115	DENOTO TO	AT N4AV O'	1\/	USE TO	CLAIR	10 0	LIDING THE DARK	E V/F *					
WHE	THER INSU	JRED OR N	(GIVE DETAILS OF AI IOT. SPECIFY DATE,	COVERAGE, DESC	RIPTION, AI	MOUNT PAID,	, AMOUNT	OUTSTANDI	NG)	v C K	JOE IC	CLAIN	, D	ONING THE PAST	J 1 ⊏ F	uvo,				
	] NO 5::-																			
	NO SUCE	LCI AIMS																		

CARE, CUSTODY, CONTROL  LOC PROPERTY TYPE VALUE A* B* C* D* SQ FT OF BLDG OCC OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY																		
LOC	PROPERTY TYPE	VALUE	/ALUE A* B* C* D* SQ FT OF BLDG							NAL PROPERT	Υ							
	REAL																	
<u></u>	PERSONAL																	
			8E, [	[B] H	IAS A WAIV	ROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)												
	ADDITIONAL EXPOSURES  EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED  YES NO											FORONO	O DROVIDE OTHER INCOME.	MATION DEGI		VE6		
ADVER	IKED	D EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED YES NOT BELLET YES NOT BELLET.  POLLUTION LIABILITY EPA#:																
1. ME									Т									
	E SERVICES OF AN	OST ?	. Ψ							FPRODUCTS, OR THE MATERIALS THAT MA								
	Y COVERAGE PRO					SPE												
	AFT LIABILITY				21. INDI	CATE	THE	COVER	AGES CARRIED:									
4. DC	ES APPLICANT OW	?				1			GL WIT	H STANDARD ISO POL	LUTION EXC	CLUSION						
AUTOL	IABILITY							GL WITI	H STANDARD SUDDEN	& ACCIDEN	TAL ONLY							
5. AR	E EXPLOSIVES, CA							GL WIT	H POLLUTION COVER	AGE ENDOR	SEMENT							
DA	NGEROUS CARGO							SEPAR	ATE POLLUTION COVE	RAGE								
6. AF	E PASSENGERS CA				PRODUCT	LIABI	LITY											
7. AN	Y UNITS NOT INSUI	RED BY UNDERLYIN	IG POLIC	CIES	5?								S, GUIDANCE SYSTE		OR ANY			
8. AF	E ANY VEHICLES L				ОТН	ER PI	RODU	JCT USE	D / INSTALLED IN AIR	CRAFT?		_						
9. AF	E HIRED AND NON				23. ARE	23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?												
	ACTORS LIABILITY								OLD/DISTRIB'D IN FO		NTRIES?	+	_					
	BRIDGE, DAM, OR N				25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)													
11. DE	SCRIBE TYPICAL J	ATE SHEE	IS):		1	26. GROSS SALES FROM EACH OF LAST 3 YEARS:												
					\$ \$													
12 DE	SCRIBE AGREEME				PROTECTIVE LIABILITY  27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):													
12. 00	OONIDE AONEEME	NI (ATTAOTTOETAN	CATE OF IL		Ο).				27. DEG	CIVIDI	LIND	LI LINDI	ivi commaciono (	ATTAOTT OLI	AINAILO	11221	٥).	
13. DO	DES APPLICANT OW	N, RENT, OR OTHE	RWISE L	JSE	CR	ANES?			1									
14. DC	SUBCONTRACTOR	RS CARRY COVERA	GES OR	LIM	1ITS				1									
	SS THAN APPLICAN								WATERCRAFT LIABILITY									
EMPLO	YERS LIABILITY								28. DOES APPLICANT OWN OR LEASE WATERCRAFT?									
15. IS	APPLICANT SELF-IN	ISURED IN ANY STA	ATE?	_	_				# OWN	ED		LEN	GTH HORS	SEPOWER				
16. SL	IBJECT TO:	JONES ACT	FELA		s	STOP GAP												
		OTHER:																
	NTAL MALPRACTICE LIA							Ι					S / HOTELS / MOTELS					
	A HOSPITAL OR FIR						_		# STOR	IES	# (	JNITS	# SWIMMING POOLS	# DIVING	BOARDS	-		
	E COVERAGES PRODICATE # OF DOCTO		RSES:	JKS	E5?	BEDS:			-									
	ARKS	JKS. NOI		ı F	<u> </u>	BEDS.												
IXE IVI	AITIO		VEITIC	VEHICLES  TYPE #			# OWN	FD	# NON- OWNED	#IF	ASED		PROPERTY HAULED	0-50 MI	50-200	MI C	OVER	
			PRIV			SENGER	# OTTIC		OWNED	,,	HOLD		TROFERTINACES	0 00 1111	00 200		200 MI	
					1	GHT										$\top$		
				DIUM										$\top$				
			TRUCK	(S		AVY												
				. HEAVY														
		TRUCKS	S/	НЕ	AVY													
			TRACTO		EX	. HEAVY												
			BUSES	S														
													R PERSON FILES AN A					
													R THE PURPOSE OI ME AND SUBJECTS TI					
													A insurance benefits ma					
APPLI	CABLE ONLY IN INC	IANA, LOUISIANA A	ND VERI	NON	NT:			ОТЬ	HER STAT	E:								
IF TH	IE COMPANY TO W	HICH I AM APPLYII	NG OFFE	ERS	S UN	INSURED I	MOTOR	STS	S (UM) [AN	ID UN	NDER	INSURE	D MOTORISTS (UIM) I	N INDIANA]	COVERA	GE IN	MY	
													HAVE BEEN OFFERE					
UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS ENTIRELY.										TAIN I	IVIT LI	ADILIT	LIWITS, OK TO REJEC		IIVI [IIV] CC	JVERA	1GE	
	SELECT UM LIMITS I		APPLICA	TIO	N.		(INITIA	ALS)	OR	2. I	REJE	CT UM	COVERAGE IN ITS EN	TIRETY.		(INITI	ALS)	
APPLICABLE ONLY IN INDIANA:  1. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (IN								ALS)	S) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY.						(INITI	ALS)		
IMPORTANT (								0)	<u> </u>	'	0_		ANT'S SIGNATURE		DATE	, <i>III</i>	0,	
	STATEMENTS (ANS																	
NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OF CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTI										-								
	RD 131 (2002/09)											•			-			