



**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) | | | | | |

IF ANY UNDERLYING INSURANCE INCLUDES DEFENSE WITHIN LIMITS, THIS INSURANCE WILL ALSO PROVIDE DEFENSE WITHIN LIMITS. APPLICABLE ONLY IN NEW YORK: 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. DOES PRIMARY E&O POLICY INCLUDE DEFENSE INSIDE OR OUTSIDE POLICY LIMIT? | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | |
| 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. TOTAL NUMBER OF AGENCY STAFF INCLUDING OWNERS, OFFICERS AND PARTNERS: | | |
| 20. 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) | | |
| 21. DOES YOUR AGENCY DERIVE REVENUE THROUGH INTERNET TRANSACTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT PERCENTAGE? | | |
| 22. IDENTIFY THE PERCENTAGE OF TOTAL WRITTEN PREMIUM IN THE FOLLOWING LINES OF BUSINESS (if any) FLOOD _____% MEDICAL MALPRACTICE _____% COASTAL PROPERTY _____% | | |
| 23. 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 _____% | | |
| 24. 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)

| | | |
|---|---------------------|--------------------|
| 25. IS AGENCY LICENSED FOR SELLING REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | 26. GROSS INCOME \$ | 27. # OF EMPLOYEES |
| 28. OTHER BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain in remarks section) | 29. GROSS INCOME \$ | 30. # OF EMPLOYEES |
| 31. ARE OTHER BUSINESS OPERATIONS COVERED BY UNDERLYING POLICIES? (to include E & O) <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, explain in remarks section) | | |

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

32. TOTAL NUMBER OF AUTOS OWNED OR LEASED BY THE AGENCY:

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

34. PROVIDE THE NAMES, DATES OF BIRTH, AND DRIVERS LICENSE NUMBERS FOR ALL DRIVERS

| NAME OF DRIVER | DATE OF BIRTH | DRIVERS LICENSE NUMBER |
|----------------|---------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

WATERCRAFT

35. 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 |
| | | | | | | | | | | | | | | % | % |
| | | | | | | | | | | | | | | % | % |

36. ANY WATERCRAFT ABOVE USED FOR WATER SKIING?
 YES NO37. ANY WATERCRAFT CHARTERED DURING THIS POLICY PERIOD?
 YES NO (if yes, explain in remarks section)**AIRCRAFT**38. ANY AIRCRAFT OWNED OR LEASED BY APPLICANT? YES NO39. ANY AIRCRAFT CHARTERED DURING THIS POLICY PERIOD?
 YES NO (if yes, explain in remarks section)40. DOES AGENCY INSURE AIR SHOW? YES NO**LOSS EXPERIENCE**

| CLAIM EXPERIENCE (GL OR BOP, EMPLOYERS' LIABILITY, AUTO) 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 LIABILITY42. INCLUDE EXCESS EMPLOYMENT PRACTICES LIABILITY COVERAGE? (\$1,000,000 minimum underlying limit required) YES NO43. EXCESS EMPLOYMENT PRACTICES LIABILITY LIMITS REQUESTED (choose one)
 \$1,000,000 \$2,000,000**ITEMS REQUIRED WITH APPLICATION SUBMISSION**

- 1) Copy of primary E&O application
- 2) Copy of each underlying policy declarations: Auto, GL or BOP, Employers' Liability, and E&O (refer to state rate sheet for underlying policy limit requirements)
- 3) If requested umbrella limit is greater than 5M, or if there have been E&O claims in the past five years, submit five year currently-valued E&O loss runs.
- 4) For each owner/officer applying for the personal umbrella endorsement, attach:
 - Accord 83 (Personal Umbrella Application)
 - Copies of underlying personal policy declarations pages to be covered by personal umbrella
- 5) If excess Employment Practices Liability is requested, attach:
 - Copy of primary Employment Practices Liability application
 - Five year currently-valued Employment Practices Liability loss runs

REMARKS

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



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INSURANCE AGENT'S COMMERCIAL SUPPLEMENT

| TOTAL WRITTEN PREMIUM: SHOW PERCENTAGE OF TOTAL WRITTEN PREMIUM | PERCENTAGE OF PROPERTY & CASUALTY business placed | | |
|---|---|--|--|
| 1. PROPERTY _____ % | 7. DIRECT WITH CARRIERS ___% | 12. AS BROKER* (including surplus lines) _____% | |
| 2. CASUALTY _____ % | 8. THROUGH BROKERS INC SURPLUS LINES _____% | 13. AS MGA _____% | |
| 3. AVIATION _____ % | 9. THROUGH MGAs _____% | | |
| 4. BOND _____ % | 10. THROUGH RETAIL AGENCIES _____% | | |
| 5. PROFESSIONAL _____ % | 11. THROUGH OTHER INSURANCE INTERMEDIARIES _____% Describe _____ | * ARE E&O CERTIFICATES OF INSURANCE REQUIRED FROM SUB-PRODUCERS? _____ | |
| 6. OTHER _____ % | _____ | | |
| 14. TOTAL GROSS COMMISSION INCOME OF AGENCY; INCLUDING LIFE & HEALTH (<i>Do not include Profit Sharing/Contingent Commission</i>) \$ | | | |
| 15. DURING THE PAST 5 YEARS HAVE ANY CLAIMS, SUITS, PROCEEDINGS OR CLAIMS FOR DAMAGES BEEN MADE AGAINST THE APPLICANT OR ANY PROPOSED INSURED? IF YES, PLEASE ATTACH 5 YEAR LOSS RUNS WITH DETAILS. | | | |

Number of Personnel: (*Each individual should be counted only once*)

| POSITION | FULL-TIME | PART-TIME |
|--|-----------|-----------|
| Total Staff; including owners, officers, and partners | | |
| Exclusive, Non-Employee Producers | | |
| Non-exclusive, Non-employee Producers | | |

Reminder: If Personal Umbrella Coverage is applicable, please attach a completed Personal Umbrella ACORD 83 application.

SUPPLEMENTAL 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 | \$ | |