/ SUPPLEMENTAL APPLICATION

Excess & Umbrella Supplemental

Underlying schedule and exposure detail for excess / umbrella submissions.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

DESCRIPTION OF OPERATIONS / NATURE OF BUSINESS

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

SCHEDULE OF UNDERLYING INSURANCE

List every underlying policy that will support the requested excess / umbrella limit.

Underlying Schedule

COVERAGE	CARRIER	LIMITS	RETENTION / SIR $	POLICY PERIOD

EXPOSURE DETAIL

TOTAL ANNUAL REVENUE $ | TOTAL PAYROLL $ | # EMPLOYEES | # OWNED / LEASED AUTOS

LOCATIONS | STATES OF OPERATION | ANY FOREIGN OPERATIONS?

Revenue & Payroll — Five-Year History

EXPOSURE	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Gross Revenue					
Payroll					

UNDERWRITING QUESTIONS

1. Will all scheduled underlying coverages be maintained at the stated limits for the full excess policy period? ☐ YES ☐ NO

2. Does the requested limit follow form over auto liability, general liability, and employers' liability? ☐ YES ☐ NO

3. Is any underlying coverage written on a claims-made basis? ☐ YES ☐ NO

WHICH COVERAGE(S)

4. Is any exposure excluded from the underlying (products, professional, liquor, abuse, assault)? ☐ YES ☐ NO

DESCRIBE

5. Are there any auto, fleet, trucking, or transportation exposures supporting this umbrella? ☐ YES ☐ NO

6. Are there any hazardous operations, products, or premises supporting this umbrella? ☐ YES ☐ NO

7. Is the applicant seeking broader-than-underlying ('broad as primary') coverage? ☐ YES ☐ NO

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

COVERAGE REQUESTED

REQUESTED UMBRELLA / EXCESS LIMIT

REQUESTED RETENTION / SIR

PER-OCCURRENCE LIMIT

AGGREGATE LIMIT

FOLLOWING-FORM OR BROAD-AS-PRIMARY

REQUESTED EFFECTIVE DATE

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

8. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

9. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

10. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #