

# WORLD WIDE SPECIALTY PROGRAMS, INC.

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## EXCESS/UMBRELLA LIABILITY APPLICATION

PROPOSED EFFECTIVE DATE OF COVERAGE:

1. Name of applicant and all affiliated companies, domestic and foreign:

Street address:

Mailing address:

Principal locations:

Do policies scheduled in Item 5 cover all companies listed above?  Yes  No

Are all companies listed above to be covered by this insurance?  Yes  No

2. Give a complete description of the applicant's business or operations.

Annual Sales or Gross Receipts:\$

Number of Employees:

Attach products brochures and other pertinent materials. Give full information concerning any Canadian operations or exposures.

3. How long has applicant been in business? \_\_\_\_\_ years

Is applicant engaged in any phase of nuclear energy or defense work?  Yes  No

Is so, describe and give revenues: \_\_\_\_\_

4. Limits of Liability Desired

\$ \_\_\_\_\_

Self-Insured Retention

\$10,000  \$25,000

5. Underlying Insurance-List all liability and compensation policies to apply as primary underlying insurance.

### General Liability

Insurance Company:

Policy Period:

Occurance:

Limits Aggregate:

Premium:

Annual Sales or Gross Receipts:\$

or Area(Square Feet):

### Products Liability

Insurance Company:

Policy Period:

BI:

Limits PD:

Premium:

### Auto Liability

Insurance Company:

Policy Period:

BI:

Limits PD:

Premium:

List Number of Automobiles: PP

Commercial:

Trucks:

Tractors:

Trailers:

Tankers:

Vans, Pickups, etc.:

List and describe non-owned vehicles.

Are inflammables or explosives hauled?  Yes  No

Payroll:

### Workmen's Compensation

Insurance Company:

Policy Period:

Employers Liability Limit:

Premium:

Premium Debit or Credit Factor:

Is Statutory Workmen's Compensation Insurance carried?  Yes  No

If not, is applicant a qualified self-insured?  Yes  No

Describe any Excess Workmen's Compensation Insurance carried.

**Aircraft Liability**

Insurance Company: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Limits: \_\_\_\_\_ Premium: \_\_\_\_\_ Premium Debit or Credit Factor: \_\_\_\_\_

Describe each owned aircraft. \_\_\_\_\_

Give details of any aircraft leased or chartered. \_\_\_\_\_

Passenger Capacity: \_\_\_\_\_

**Watercraft Liability**

Insurance Company: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Limits: \_\_\_\_\_ Premium: \_\_\_\_\_ Premium Debit or Credit Factor: \_\_\_\_\_

Describe each owned watercraft. \_\_\_\_\_

Are non-owned watercraft ever used?  Yes  No Describe: \_\_\_\_\_

**Professional Liability Personnel Consultants**

Insurance Company: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Limits: \_\_\_\_\_ Premium: \_\_\_\_\_

**Professional Liability-Temporary Help Service**

Insurance Company: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Limits: \_\_\_\_\_ Premium: \_\_\_\_\_

**Other**

Insurance Company: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Limits: \_\_\_\_\_ Premium: \_\_\_\_\_ Premium Debit or Credit Factor: \_\_\_\_\_

**6. List hereunder all premises occupied but not owned by the applicant in excess of \$10,000. If none, so state.**

List locations and describe % Estimated 80% Building  
(factory, warehouse, office, etc.) Occupied Value Fire Rate

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

To what extent is applicant held harmless by lessor for damage to premises? \_\_\_\_\_

Has applicant obtained insurance to insure his liability? If so, describe. \_\_\_\_\_

**7. List all other property, goods, chattels, etc., in the care, custody or control of but not owned by the applicant with the aggregate value in excess of \$10,000. If none, so state.**

Description of Property Value How Insured

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

**8. Contractual Liability**-Give details of written agreements other than those automatically covered by M&C policy.

Attach wordings if applicant assumes sole negligence of indemnitee. **If none, so state.**

**9. Medical Malpractice** A. Give number of any employed doctors, nurses, etc. **If none, so state.** \_\_\_\_\_

B. Does applicant operate a hospital?  Yes  No C. Explain \_\_\_\_\_

**10. Railroad Operations**-Give details of any railroads owned, maintained or operated by applicant. **Of none, so state.**

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**11.** Describe any exposure under: **(If none, so state.)** Payroll Limits of Insurance Premium

A. Admiralty or Jones Act? \$ \_\_\_\_\_

B. Federal Railroad Employees Act? \$ \_\_\_\_\_

C. Longshoremen's & Harborworkers Act? \$ \_\_\_\_\_

D. Give payroll limit and premium for each. \$ \_\_\_\_\_

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**12. Advertising Exposure** A. Give annual expenditure. \$ \_\_\_\_\_

B. List all media used. \_\_\_\_\_

C. Is advertising agency used?  Yes  No

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**13. Contractors**

A. Is mobile equipment used?  Yes  No B. Does applicant do any blasting or use explosives?  Yes  No

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**14. Previous Loss Experience**

A. Give details of **all** losses incurred by applicant in excess of \$5,000 **whether insured or not** during the past five years.

\_\_\_\_\_

\_\_\_\_\_

B. Describe the largest claim ever made against the applicant. \_\_\_\_\_

\_\_\_\_\_

C. List total losses paid during current primary policy period. (State whether auto, general, products, other)

\_\_\_\_\_

\_\_\_\_\_

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**15. Extensions - Does Primary Policy Afford?**

A. Broad Form PD	General	<input type="checkbox"/> Yes <input type="checkbox"/> No	H. Water Damage Legal Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Blanket Contractual		<input type="checkbox"/> Yes <input type="checkbox"/> No	I. Fire Damage Legal Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Care, Custody and Control		<input type="checkbox"/> Yes <input type="checkbox"/> No	J. Blanket "d", "e", "x", "c" or "u" Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Full Personal Injury (a) (b) (c)		<input type="checkbox"/> Yes <input type="checkbox"/> No	K. Are there any extensions of Coverage beyond the Standard Bureau Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. World Wide		<input type="checkbox"/> Yes <input type="checkbox"/> No	L. Are there any exclusions or restrictions of Coverage on the Standard Bureau Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Liquor Law Liability		<input type="checkbox"/> Yes <input type="checkbox"/> No		
G. Advertising Liability		<input type="checkbox"/> Yes <input type="checkbox"/> No		

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicants acceptance of Company's quotation is required before applicant may be bound and policy issued.

**NOTICE TO NEW YORK STATE APPLICANTS: 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.**

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL OR OFFICER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

(11/8/07)