

PROGRAM APPLICATION – REQUIREMENTS FOR SUBMISSION (RENEWAL ONLY)

- Our Program Application
- Excess – Brownyard Application & Auto Loss Runs
- Note: All Questions Must Be Answered
- Application Must Be Submitted by Broker

Line of Business: General Liability Excess

GL Policy Number: _____

1. Insured Company Name: _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)

2. DBA(s): _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)

3. Mailing Address: _____
 NO. STREET CITY STATE ZIP

4. Physical Address*: _____
 NO. STREET (*Attach a list if multiple locations) CITY STATE ZIP

5. County: _____ NAICS/SIC Code: _____

6. Business Phone: _____ Fax: _____

7. Company Email: _____ Website: _____

8. Principal: _____ Title: _____
 Direct Phone: _____ Mobile: _____
 Email: _____

9. Audit Contact: _____ Title: _____
 Direct Phone: _____ Mobile: _____
 Email: _____

10. Policy proposed effective date: _____ Date Established: _____

11. Indicate the percentage of the type of clients you serve (must equal 100%):
 _____ % Commercial/Industrial _____ % Residential (Private Homes)
 _____ % Food Processors _____ % Restaurants
 _____ % Hospitals/Healthcare Facilities _____ % Schools/Daycare Centers
 _____ % Municipalities _____ % Attached Housing (Apartments, Condominiums, Townhomes, etc.)
 _____ % Other (describe): _____

12. Receipt and Trap Information (Must be Completed):
 Provide your total Annual Gross Sales for the last 3 years:
 Expiring Year: \$ _____ 1st Prior Year: \$ _____ 2nd Prior Year: \$ _____

CLASSIFICATIONS	GROSS RECEIPTS	GROSS PAYROLL	TYPE OF TRAP/BAIT USED
Bat Control	\$ _____	\$ _____	
Moles	\$ _____	\$ _____	
Raccoons, Skunks, Squirrels, Opossums	\$ _____	\$ _____	
Rodent Control (rats/mice)	\$ _____	\$ _____	
Snakes	\$ _____	\$ _____	
Other:	\$ _____	\$ _____	
Work Subcontracted	\$ _____	\$ _____	

13. Do you use firearms for wildlife control? Yes No If yes, please explain: _____

14. Do you collect, transmit, provide, acquire, or scan any biometric data from others? (Biometric data can be defined as retina/iris scans, fingerprint, voiceprint, or scan of hand or face geometry) Yes No
 a. If yes, please advise if you collect, transmit, provide, acquire, or scan it and identify the type of biometric exposure (facial recognition, fingerprints, iris scanning, etc.): _____

15. Do you have a written biometric policy in place that complies with the regulations of the states you operate in?
 Yes No If yes, please provide copy.

16. Have there been any changes in your operations or type of work performed since last year? Yes No If yes, please explain: _____

17. Have there been, or are you aware of any claims incurred over the last 3 years that we are not aware of? Yes No If yes, please provide a copy of the loss runs.

COMMERCIAL EXCESS APPLICATION (only if applicable)

1. Expiring Excess policy number (renewal only): _____ Effective Date: _____
2. Check limit of liability desired: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
3. Underlying Insurance (Please provide us with copies of the underlying declarations pages and 4 years of currently valued loss runs for policies not written through our office)

Type	Carrier / Policy Number	Effective Date	Expiration Date	Limits		Premium
General Liability				Per Occurrence		
				Aggregate		
Automobile Liability				Combined Single Limit		Total \$
				Bodily Injury		Liability Only:
				Physical Damage		\$ Required if scheduling auto
Employers Liability (Workers' Comp)				Each Accident		
				Disease Policy Limit		
				Disease Employee	Each	

Auto Information (Required if scheduling auto within excess):

1. Vehicles:

TYPE	Number Owned	Number Non-Owned	Number Leased
Private Passenger			
Trucks	Light		
	Medium		
	Heavy		
	Ex. Heavy		
Buses			

Total Insurance Value for Auto Fleet: _____

2. Use:

- How are vehicles used? _____
- Do autos go outside the US? Yes No
- Are any explosives, flammables or other dangerous cargo hauled? Yes No
- Are passengers carried for a fee? Yes No

3. Drivers:

- Are employees allowed to use their personal vehicles for business use? Yes No
- If yes, does the insured confirm that minimum limits of personal auto insurance is carried? Yes No
- Are employees allowed to use company vehicles for personal use? Yes No
- Can family members drive company vehicles? Yes No
- Does the underlying insurance include Hired/Non-Owned Auto? Yes No
- Are MVRs checked for all drivers? Yes No
- Are MVRs regularly checked during their employment? Yes No If so, how often? _____
- If MVR is poor, what corrective action is taken: _____
- Provide a brief explanation of the driver selection process (e.g. age, MVR review, proof of valid driver's license, drivers test, etc.)

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment of other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: Any person who knowingly and with the 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.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE	TITLE	DATE	
BROKER COMPANY	BROKER NAME	WEBSITE	
ADDRESS	CITY	STATE	ZIP
TELEPHONE	FAX	EMAIL	

BROKERS: To submit complete application, please email PDF to info@brownyard.com.

INSUREDS: Please save and share with your insurance agent/broker.