

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:

- Insured Company Name: _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
- DBA(s): _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
- Mailing Address: _____
NO. STREET CITY STATE ZIP
- Physical Address*: _____
NO. STREET (*Attach a list if multiple locations) CITY STATE ZIP
- County: _____ NAICS/SIC Code: _____
- Business Phone: _____ Fax: _____
- Company Email: _____ Website: _____
- Principal: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
- Audit Contact: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
- Policy proposed effective date: _____ Date Established: _____
- 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): _____	
- 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	\$	\$	

- Do you use firearms for wildlife control? ☐ Yes ☐ No If yes, please explain: _____
- 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.): _____
- 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		<div style="border: 2px solid red; padding: 5px;"> Liability Only: \$ <i>Required if scheduling auto</i> </div>
				Physical Damage		
Employers Liability (Workers' Comp)				Each Accident		
				Disease Policy Limit		
				Disease Each Employee		

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:

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

3. Drivers:

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

