



Commercial Excess / Umbrella Liability Application

P.O. Box 2009, Glen Allen, VA 23058-2009 Phone: (800) 262-7535 Fax: (804) 527-7784

Web site: www.horseinsurance.com Email: aqapplications@markelcorp.com

NOTE: Coverage cannot be bound until the Company approves your completed application.
The Company's receipt of premium does not bind coverage until a written quote has been issued.

Applicant: _____
 Business Name: _____
 Mailing Address: _____
 City: _____ County: _____
 State: _____ Zip Code: _____
 Phone #: (____) _____ Fax #: (____) _____
 Contact Person: _____
 Email: _____ Website: _____

Broker Name: _____ Broker Number: _____
 Company Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: (____) _____ Fax #: (____) _____
 Email Address: _____

Desired Effective Date: _____

Limit of Insurance: \$1 Million \$2 Million \$3 Million \$4 Million \$5 Million Other: \$ _____

*** Required for Umbrella Policy – Primary Underlying Insurance** (Must be with an admitted "A" rated carrier.)

Type of Insurance	Insurance Company & Policy Number	Effective / Expiration Date (MM-DD-YY)	Current Limits	Annual Liability Premium
General Liability	Co: <u>Markel Insurance Co.</u> Policy # _____	____ - ____ - ____	<input type="checkbox"/> 1 Million <input type="checkbox"/> Other: _____	\$ _____
Commercial Auto Liability* (Limit must be \$1,000,000)	Co: _____ Policy # _____	____ - ____ - ____	<input type="checkbox"/> 1 Million <input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Not Desired				
Employers Liability* (Limit must be \$500/500/500)	Co: _____ Policy # _____	____ - ____ - ____	<input type="checkbox"/> 500/500/500 <input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Not Desired				

NOTE: Attach copies of all current declaration pages with coverage part, if coverage is not written with Markel Insurance Company.

1. Do any of the policies above contain exclusions or restrictions of standard coverage limits? Yes No
2. Do any of the policies above provide products coverage under claims made or a restricted form? Yes No
3. a. Does applicant have any other subsidiary companies, partnerships, or operations coming under applicant's control at this premise or other locations? Yes No
 b. Are they to be covered under the above policies? Yes No
4. Does applicant:
 - a. have operations or sales outside the United States? Yes No
 - b. sell, handle, or distribute any product? Yes No
 - c. sign any contractual agreement other than lease of premises, easement, or sidetrack agreement? Yes No
 - d. own, lease, or charter any watercraft or aircraft? Yes No
 - e. own, operate, or maintain a railroad? Yes No
 - f. have a need for professional liability? Yes No
 - g. own, rent, or otherwise use cranes or heavy equipment? Yes No
5. Has applicant previously carried umbrella or excess coverage? Yes No

****All questions answered "Yes" must have full detailed explanations. ****

