

# Excess/Umbrella Renewal Application



PO Box 590009 • Birmingham, AL 35259-0009 • 800.282.6242 • Fax 205.868.4040

Expiring Policy No. \_\_\_\_\_

## 1. Introductory Information

---

Policyholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## 2. Facility/Corporate Organization

---

Complete only if Primary Coverage is *not* provided by ProAssurance:

A. Location of Operations: \_\_\_\_\_

B. Type of Operations: \_\_\_\_\_

## 3. Insurance Information

---

A. Underlying Insurance:

	Policy No.	Carrier	Policy Term	Limit of Insurance	Annual Premium
Professional Liability	_____	_____	_____	_____	_____
General Liability	_____	_____	_____	_____	_____
Automobile	_____	_____	_____	_____	_____
Employer's Liability	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____

B. Have you had a liability loss (insured or uninsured) in the past 5 years in excess of \$10,000?  Yes  No  
If *yes*, explain fully:

## 4. General Exposure Data

---

A. Aircraft: Do you own, rent or charter aircraft without a pilot?  Yes  No

B. Automobile: Provide total number of autos/trucks: \_\_\_\_\_

C. Watercraft: List all watercraft owned or leased by you:

**Consent to Conditions of Consideration of the Application for Insurance**

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

**Important:** Incomplete or incorrect information could require retroactive upward premium adjustment and, in the event of a claim, could lead to a denial of coverage. The following is an Authorization to Release Information which requires your signature. Please read it carefully.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Agent/Broker (if applicable):	
Agent: _____	Phone: _____
Agency: _____	Fax: _____
Address: _____	Email: _____
_____	License No.: _____
Signature: _____	