



Excess General Liability Supplemental Application

Please complete and attach this supplement to the CIBA General Application

The CIBA Program provides Excess General Liability only, unless there is a specific quotation or endorsement to provide excess coverage for other lines, such as Excess D&O (Nonprofit only), Excess Automobile Liability or Excess Employer's Liability.

If the applicant has owned automobiles and desires Excess Automobile Liability, or if the applicant has employees and desires Excess Employer's Liability, please complete and attach the additional Umbrella Supplemental Application.

If the applicant is a Homeowner's Association and desires Excess Director's* Officers coverage, please complete and attach the additional Umbrella Supplemental Application..

Broker/Company: _____ Office: _____ Submitted By: _____

Phone Number: _____ E-Mail Address: _____

Account Name (and Account ID if existing CIBA Account):		
Named Insured:		
Location Address	Address 2:	
City:	State:	Zip Code:
Contact Person:	E-mail Address:	
Phone #:		

Coverage Information:

Effective Date:	Expiration Date:
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Excess General Liability Limit Desired:	
<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000

Expiring Insurance Information (Applicable to only New Business Accounts)

Who is the expiring lead umbrella carrier?			
If unknown, please select the reason below:			
<input type="checkbox"/> No Expiring Carrier – No Expiring Umbrella Coverage Purchased		<input type="checkbox"/> Carrier Unknown	
Expiring Excess GL/Lead Umbrella Limits(\$):		Expiring Annual Premium(\$):	
If this is a renewal for CIBA, please confirm if there are changes in exposures from expiring?			<input type="checkbox"/> Yes <input type="checkbox"/> No

General & Underlying Policy Questions

Are all underlying General Liability policies on an occurrence form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Underlying General Liability Defense Costs are Outside the Primary Limits of Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Primary Policies contain sub-limits less than \$1,000,000 (other than Medical Payments or Fire Legal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Insured own/operate any automobiles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Insured have any Assisted Living exposures present at any scheduled location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured have any Hospitals on any scheduled location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Restaurants present at the insured's location, are all kitchens equipped with fire suppression systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Excess General Liability Supplemental Application – continued.....

Program / Industry Questions

Are all locations currently in compliance with all property statutes, local ordinances and building codes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If “No”, please explain:		
Does the applicant have any of the following exposures?		
➤ Non-Market Rate Apartments (<i>If Yes, Question below should be made available, otherwise hidden</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Any locations at which more than 25% of the units are Non-Market Rate Apartments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Assisted Living	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Hospitals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Senior Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Schools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Day Care Centers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Student Housing (Dorms)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Marina / Boat Slips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Nightclubs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
None of the above exposures apply to this account (<i>If Yes, the bulleted exposures need not be answered</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any Armed Security Personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If “Yes,” is the Armed Guard(s) an employee of the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant require that the security service retain at least \$1 million of liability coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all buildings at least 70% occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please provide reasons as to why the insured’s building(s) does not meet 70% occupancy		
<input type="checkbox"/> New Construction or Newly Renovated		
<input type="checkbox"/> Vacant Buildings		
<input type="checkbox"/> Other Reasons: (<i>Free Form Fill In for Broker Response Needed</i>)		
Are there any habitational units / commercial space in buildings not owned / managed by the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the insured request Driver History Reports (MVRs) and/or offer Driver Safety Courses?	<input type="checkbox"/> N/A – Insured does not own / operate any vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any scheduled automobiles used outside the scope of the insured’s business operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fire, Life, Safety Information:

Is there a pool at any of the insured’s buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, are there diving boards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all units contain hard wired or regularly maintained battery powered smoke detectors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there at least two means of egress per floor at all locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all buildings over 9 stories either 1) Fully Sprinklered or 2) Fire Resistive or Masonry Non-Combustible construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Schedule of Underlying Information: Carrier / Effective Period / Limits

General Liability – Refer to CIBA Primary GL Policy

Employee Benefits Liability – Refer to CIBA Primary GL Policy

Excess General Liability Supplemental Application – continued.....

Exposure Rating / Location Details Section

Location Details

Please include a complete SOV or Location Schedule

Location Exposures:

<input type="checkbox"/> Habitational:			
<input type="checkbox"/> Apartments (# of Units):	_____		
<input type="checkbox"/> Condo / COOP w/o D&O (# of Units):	_____		
<input type="checkbox"/> Condo / COOP w/ D&O (# of Units):	_____		
<input type="checkbox"/> Town House Associations (# of Units):	_____		
<input type="checkbox"/> Single Family Dwellings (# of Units):	_____		
<input type="checkbox"/> Commercial:			
<input type="checkbox"/> Commercial (Retail / Office):	_____		
<input type="checkbox"/> Commercial (Warehouse / Light Industrial):	_____		
Are any chemicals, explosives or high-hazard materials stored in the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Parking Lots (Stand Alone Locations):	_____		
<input type="checkbox"/> Vacant Land (# of Acres):			
Any on-going or planned development / construction within the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you aware of any activity of any kind on the vacant land resulting from a leasing arrangement with third parties or from unauthorized access by third parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Loss Information Section

General Liability – Summation of losses for all scheduled locations

Are currently valued (within 6 months of the effective date), ground up General Liability loss details for the past three years on file with the Program Administrator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please explain why: _____		
Do Aggregate GL losses for the past 5 years exceed \$750,000 Total Incurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the Insured Observed a Single GL loss in excess of \$250,000 Total Incurred during the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Liability Loss Summary

Policy Term	# of Claims	Paid Loss	Paid Expense	Loss Reserve	Expense Reserve	Total Incurred
2016 / 2017						
2015 / 2016						
2014 / 2015						

General Liability – Losses in Excess of \$100,000 Total Incurred

Accident Date	Brief Description of Loss	Closed / Open	Paid Loss	Paid Expense	Loss Reserve	Expense Reserve	Total Incurred

Attach recently valued carrier General Liability Loss Runs for a minimum of the last three years.

