

METROPOLITAN COMMERCIAL REAL ESTATE ASSOCIATION RPG - COMMERCIAL UMBRELLA APPLICATION

PRODUCER INFORMATION

AGENCY _____	SUBMITTED BY _____
ADDRESS _____	PHONE _____ FAX _____
CITY _____ ST _____ ZIP _____	EMAIL _____

CERTIFICATE INFORMATION

LIMIT(S) REQUESTED (CHECK ALL THAT APPLY)	\$5 MILLION <input type="checkbox"/>	\$10 MILLION <input type="checkbox"/>	\$15 MILLION <input type="checkbox"/>	\$25 MILLION <input type="checkbox"/>	\$50 MILLION <input type="checkbox"/>	\$75 MILLION <input type="checkbox"/>	PROGRAM TYPE	STANDARD <input type="checkbox"/>	MANAGING AGENT <input type="checkbox"/>	SELF-MANAGED <input type="checkbox"/>	(RESIDENTIAL ONLY)	(COOP/CONDO ONLY)
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DOES YOUR AGENCY CURRENTLY WRITE THE UNDERLYING POLICIES FOR THIS ACCOUNT? YES NO

IS THIS RISK CURRENTLY A PARTICIPANT IN A COMMERCIAL UMBRELLA PROGRAM? YES NO

IF YES WHICH CARRIER(S) PROVIDES THE UMBRELLA COVERAGE? _____

MAILING ADDRESS

INSURED _____	INSPECTION CONTACT _____
C/O _____	PHONE NUMBER _____
ADDRESS _____	
CITY _____ ST _____ ZIP _____	
EFFECTIVE DATE (MM/DD/YYYY) _____	EXPIRATION DATE (MM/DD/YYYY) _____

LOCATION INFORMATION

ADDRESS _____ CITY _____ ST _____ ZIP _____

RISK TYPE COOP/CONDO OFFICE BLDG # OF STORIES _____ YEAR BUILT _____

RENTAL RETAIL STRIP TOTAL SQUARE FOOTAGE OF BUILDING _____

GARDEN APTS WAREHOUSE

HOA VACANT LAND* (DEVELOPMENT PLANNED WITHIN THE NEXT YEAR?) YES NO

TOWNHOMES OTHER (SPECIFY) _____

**VACANT LAND MAY NOT BE COVERED ON A STAND-ALONE BASIS. PLEASE SPECIFY AMOUNT OF ACRES IN THE DESCRIPTION BELOW.*

CONSTRUCTION FRAME JOISTED MASONRY

NON-COMBUSTIBLE FIRE-RESISTIVE

DESCRIPTION OF OPERATIONS (INCLUDING ANY NAMED INSURED) _____

RESIDENTIAL/MIXED USE RISKS

COMMERCIAL-ONLY RISKS

OF RESIDENTIAL UNITS _____

LIST ANY COMMERCIAL OCCUPANCIES: _____

SQ FTG OF COMMERCIAL OCCUPANCIES _____

SQ FTG OF COMMERCIAL PARKING FACILITIES _____

LIST ALL OCCUPANCIES: _____

SQ FTG OF PARKING LOT (IF ANY) _____

OCCUPANCY (EXPLAIN ANY "YES" ANSWERS BELOW)

	YES	NO
IS THERE A DRY CLEANER?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, IS THE CLEANING DONE ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE A HEALTH CLUB ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE A DAYCARE CENTER ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
IS THIS A STUDENT HOUSING LOCATION?	<input type="checkbox"/>	<input type="checkbox"/>
IS THIS A SENIOR HOUSING BUILDING/COMPLEX?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, ARE THERE ASSISTED LIVING OR MEDICAL FACILITIES PRESENT?	<input type="checkbox"/>	<input type="checkbox"/>
IS THIS LOCATION LESS THAN 80% OCCUPIED?	<input type="checkbox"/>	<input type="checkbox"/>
IS THIS LOCATION A SECTION 8, SUBSIDIZED OR "AFFORDABLE" HOUSING BUILDING?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, WHAT PERCENTAGE OF UNITS RECEIVE A GOVERNMENT SUBSIDY?		
ANY PORTION OF THE BUILDING UNDER CONSTRUCTION?	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE A RESTAURANT ON THE PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, ARE ALCOHOL SALES GREATER THAN 50% OF ITS RECEIPTS?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

SAFETY/SECURITY

	YES	NO		YES	NO
AT LEAST TWO MEANS OF EGRESS FROM EACH FLOOR?	<input type="checkbox"/>	<input type="checkbox"/>	PARTIALLY SPRINKLERED? (WET <input type="checkbox"/> DRY <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>
ENCLOSED STAIRWELLS?	<input type="checkbox"/>	<input type="checkbox"/>	FULLY SPRINKLERED? (WET <input type="checkbox"/> DRY <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>
OPEN STAIRWELLS?	<input type="checkbox"/>	<input type="checkbox"/>	ELEVATORS?	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY LIGHTING?	<input type="checkbox"/>	<input type="checkbox"/>	24 HOUR DOORMAN?	<input type="checkbox"/>	<input type="checkbox"/>
FIRE ESCAPES?	<input type="checkbox"/>	<input type="checkbox"/>	BUZZER/INTERCOM SYSTEM?	<input type="checkbox"/>	<input type="checkbox"/>
WINDOW BARS (WHERE REQUIRED)?	<input type="checkbox"/>	<input type="checkbox"/>	OUTER DOOR LOCKED TO PREVENT ENTRY?	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS? (HARD-WIRED <input type="checkbox"/> BATTERY <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	ROOF DOOR LOCKED TO PREVENT ACCESS?	<input type="checkbox"/>	<input type="checkbox"/>
IN APARTMENTS	<input type="checkbox"/>	<input type="checkbox"/>	ROOF DOOR ALARMED?	<input type="checkbox"/>	<input type="checkbox"/>
IN COMMON AREAS	<input type="checkbox"/>	<input type="checkbox"/>	FIRE ALARM? (LOCAL <input type="checkbox"/> HARD-WIRED <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>

OTHER EXPOSURES

	YES	NO		YES	NO
IS THERE A SWIMMING POOL?	<input type="checkbox"/>	<input type="checkbox"/>	IS THERE AN AUTOMOBILE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, IS THERE A DIVING BOARD?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES, PLEASE BREAKDOWN BY AUTOMOBILE TYPE:		
IS THE POOL PROPERLY ENCLOSED?	<input type="checkbox"/>	<input type="checkbox"/>	PASSENGER	LIGHT TRUCK	MEDIUM TRUCK
# OF POOLS:					HEAVY TRUCK

UNDERLYING POLICY INFORMATION

POLICY TYPE	POLICY NUMBER	PREMIUM	LIMITS	CARRIER	EXPIRATION
GENERAL LIABILITY					
IS HIRED/NON-OWNED AUTOMOBILE COVERAGE INCLUDED IN THE ABOVE POLICY?					YES <input type="checkbox"/> NO <input type="checkbox"/>
BUSINESS AUTO					
DIRECTORS AND OFFICERS					
WORKERS COMPENSATION					

UNDERLYING LIMIT REQUIREMENTS

COVERAGE	LIMIT	COMMENT
GENERAL LIABILITY	\$1,000,000 PER OCCURRENCE, \$2,000,000 AGGREGATE	(PER LOCATION AGGREGATE REQUIRED)
AUTOMOBILE	\$1,000,000 CSL	(HIRED/NON-OWNED REQUIRED)
DIRECTORS AND OFFICERS	\$1,000,000	(FEDERAL INS. CO. REQUIRES \$2,000,000)
EMPLOYERS LIABILITY	\$100,000/\$500,000/\$100,000	(FEDERAL INS. CO. REQUIRES 500/500/500)
ALL CARRIERS MUST CARRY AN A.M. BEST RATING OF AT LEAST A-VII		

BY SIGNING YOU CERTIFY THAT ALL INFORMATION CONTAINED ON THIS APPLICATION IS FACTUAL TO THE BEST OF YOUR KNOWLEDGE

BROKER/AGENT NAME (PRINT): _____

SIGNATURE: _____ DATE: _____