



# CITY HOMES INSURANCE PROGRAM UMBRELLA SUPPLEMENT

1. **Named Insured:** \_\_\_\_\_

Insured Mailing Address: \_\_\_\_\_  
Address City State Zip

2. **Policy Limit Requested:**

- \$1,000,000       \$2,000,000       \$5,000,000       \$10,000,000       \$15,000,000
- \$25,000,000       \$50,000,000       \$100,000,000       \$200,000,000

3. **Any owned or leased Vehicles?** (If yes, please complete the Auto Supplement)  Yes  No

4. **Underlying Carrier Information**

We require that all underlying insurance for which you want the umbrella to provide coverage, meet the following minimum requirements. Listed below are the only coverages that qualify as underlying insurance. In addition, coverage for defense costs on the underlying General Liability, Auto Liability, and Employer's Liability policies must be in addition to the limits of liability.

|   |             |                                       |
|---|-------------|---------------------------------------|
| <b>Commercial Auto Liability:</b>   | \$1,000,000 | Combined Single Limit                 |
| <b>Employer's Liability:</b>  | \$ 500,000  | Each Accident                         |
|   | \$ 500,000  | Each Policy                           |
|   | \$ 500,000  | Each Employee                         |
| <b>Employee Benefit Liability:</b>  | \$1,000,000 | Each Occurrence (Occurrence Form) or  |
|   | \$1,000,000 | Each Claim (Claims Made Form)         |
|   |             | Aggregate                             |
| <b>Garage Keepers Legal Liability</b>   | \$1,000,000 | Each Occurrence/Aggregate             |
| <b>Directors &amp; Officers Liability Not for Profit<br/>Community Association</b>                  | \$1,000,000 | Each Claim (Indemnity)                |
| (Only Great American, Travelers, USLI,<br>Farmers, Liberty Mutual, or CNA<br>as underlying carrier) | \$1,000,000 | Each Claim (Defense)                  |
|   | \$1,000,000 | Aggregate per Association             |
|   | <b>OR</b>   |                                       |
|   | \$2,000,000 | Each Claim (Defense inside the limit) |
|   | \$2,000,000 | Aggregate each Association            |

**All primary insurers must have an AM Best rating of A-VI or better.** However, we will provide coverage over Employers Liability placed with **Certified** State Funds, **Paramount** Insurance Company, **Public Service Mutual** Insurance Company, **Pinnacol Assurance** of CO, or **Brickstreet Insurance Company** in WV. Insured's with more than 1 location must have a per location aggregate on the primary General Liability. We will also allow a **\$1,000,000 D&O limit with defense inside the limit** for locations in NY that are unable to obtain a defense outside the limit or \$2,000,000 limit option.

I acknowledge that I have read the above and agree that all primary policies currently comply or will be placed and/or amended to be in compliance with the underlying requirements prior to binding Umbrella insurance

Insured Signature: \_\_\_\_\_

Print Name with Title: \_\_\_\_\_

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