



Underlying Carrier Information

All underlying carriers must be rated A- (VI) or higher

Line of business	Limits	Company	A.M. Best Rating	Expiration Date	Policy Number
General Liability					
Workers Compensation					
Auto	Liability Auto symbol(s)				
D&O					

Special Considerations:

of vehicles _____ (If any, please complete a supplemental automobile application) None.

Are General Liability Defense Costs outside the Limits of Liability? Yes No

Is there special exclusionary wording or manuscript endorsements on any of the underlying policies? Yes No
(If yes, please provide copies of endorsements and/or wording.)

Have there been any class action, title or construction defect (including indoor air quality) claims? Yes No

Have there been any *incurred* losses in excess of \$20,000, under any primary policy in the past five years?
 Yes No (If yes, please provide five years of hard copy losses runs)

Have there been *incurred* aggregate losses of \$50,000 or more, in the past five years?
 Yes No (If yes, please provide five years of hard copy losses runs)

Limit Requested _____ Effective Date _____

Agent or Broker Name: _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

I certify that the answers stated above are complete and accurate.

'If sending via e-mail'... By checking this box the sender agrees with the above notice. Please type information below.

Signature of Authorized Representative _____ Date _____

Company/Organization _____ Title _____

Distinguished Programs Group
6 East 43rd Street
New York, NY 10017

Phone: 1-888-355-4626
Fax: 917-438-6610
e-mail: info@distinguished.com
www.distinguished.com