

*Distinguished Programs has designed a new style of application. It is designed to be user friendly and easy to complete. Sections I, II, and III are presented first to quickly eliminate risks that do not qualify for our program. Section IV follows, which collects the information needed to rate and quote your risk. Combine this easy to complete application with quick quote turnaround and 24 hour electronic policy issuance . . . why go anywhere else? **Tired of paper applications? Please try our new, quick, and easy online application which can be found at <http://www.distinguished.com/umbrella/umbrella.aspx> !***

SECTION I: BUILDING/EXPOSURES

The following **buildings/exposures** are either **not eligible** or **eligible with restrictions**:

1. Not Eligible:

- a. Buildings **older than 25 years** that have not had the **Roof, HVAC, Plumbing, & Electrical systems updated in the last 25 years.**
- b. Individual buildings with **occupancy of less than 75%** of the total units (for commercial complexes, calculate the % occupied for the entire complex not by individual building), unless new construction or gut rehabbed within one year of the proposed effective date of coverage. A certificate of occupancy must be issued prior to the effective date of coverage. No single individual buildings can be completely vacant, residential or commercial.
- c. Buildings with **aluminum wiring** unless repaired through "pig-tailing", CO/ALR devices, or COPALUM crimp connector.
- d. Buildings with **Armed Security** - exception for Courtesy Police Officers who reside at the property.
- e. **Hotels or Resorts**
- f. **Churches/Religious Institutions**
- g. **Boarding/Rooming Houses/Single Room Occupancy (SRO)**
- h. **Mobile Home/Trailer/RV Parks**
- i. **Enclosed Malls**
- j. **Heavy Industrial Complexes**
- k. **Self-storage buildings**
- l. **Public or Insured Operated Warehouses (not LRO)**
- m. Risks that **host flea markets, amusement rides, concerts or other special events.**
- n. Risks that allow **drivers under the age of 21** whether the insured supplies an owned or hired vehicle or allows employees under the age of 21 to drive their own vehicle to conduct the insured's business.
- o. **Buildings with the following occupancies:**
 - i. Hospitals or health care clinics other than doctor's offices
 - ii. Governmental or Political Offices
 - iii. Restaurants without Ansul Systems
 - iv. Nightclubs, dance halls, or any occupancy with a cabaret license
 - v. Adult entertainment
 - vi. Strip shopping centers with check cashing operations or bars as tenants.
- p. **Buildings with the following kinds of claims within the last five years, or allegations of any such pending actions:**
 - i. Violent acts, such as assault, rape, or shootings
 - ii. Class action lawsuits
 - iii. Construction defect lawsuits

2. Eligible with restrictions:

- a. Buildings with **Commercial Occupancies** – must meet **ALL** of the following criteria to be eligible:
 - i. Commercial operations may not be **operated by the insured** other than property management offices.
 - ii. All commercial tenants must be required to provide **proof of liability insurance** to the landlord and include the landlord as an **additional insured.**
- b. Buildings with **short term rentals** - must meet **ALL** of the following criteria to be eligible:
 - i. **No more than 50%** of the units can be available for short-term rental.
 - ii. **Minimum rental age** is 24 years of age.
 - iii. **Minimum rental term** is 7 days when greater than 6 stories.
- c. **Vacant Land** – must be fenced if within city limits or if outside of city limits, posted no hunting, no trespassing, and no parking.
- d. Housing with **more than 50% of the units occupied by undergraduate students**, unless Distinguished Programs writes the primary. Must submit risk to student housing program. Separate application required.

By checking this box I acknowledge that I have read items 1 and 2 above and agree that all locations comply

SECTION II: AMENITIES

The following amenities are either not eligible or eligible with restrictions:

1. Not Eligible

- a. **Assisted Living**
- b. **Golf Courses** (if owned and /or managed by the insured)
- c. Anything to do with **aircraft** (hired, Leased, or owned), **airports**, or **landing strips**
- d. **Saddle animals** and/or **equestrian trails**
- e. **Ski trails**
- f. **Sponsored Athletic events**, such as swim teams.
- g. Risks with **tanning beds** that are owned, operated, or maintained by the insured.
- h. **Day Care** (if owned and /or managed by the insured)
- i. **Valet Services** utilizing drivers under the age of 21.
- j. **Passenger transportation services** whether provided by the insured or contracted out to a third party.
 - i. Exception for Senior Housing/Independent Living. Must complete Senior Living supplement to determine eligibility.

2. Eligible with restrictions:

- a. **Pools**
 - i. We write **indoor pools** but only those **with card key access and a self-locking door**.
 - ii. We write **outdoor pools** but only if they are **fenced and have self-closing gates**.
 - iii. We will not write any pool with **diving boards, lazy rivers, or slides**.
- b. **Bodies of water, owned by the insured, such as lakes, ponds, retention ponds** that meet the following guidelines:
 - i. No watercraft with more than 15 horsepower engines may be permitted.
 - ii. No watercraft used for transport of passengers
 - iii. No personal watercraft (i.e. waver runners, jet skis, sea doos, etc...) and no water skiing
- c. We will write **marina slips** without gas or services of any kind.
- d. We will not cover **Community Associations** that:
 - i. **Rent their common facilities** to non-unit owners
 - ii. **Serve liquor** (other than free of charge)

By checking this box I acknowledge that I have read items 1 and 2 above and agree that all locations comply

UMBRELLA APPLICATION

FOR COMMUNITY ASSOCIATIONS, APARTMENT RENTALS, LESSORS RISK- OFFICE, LIGHT INDUSTRIAL, & RETAIL

SECTION III: LIFE SAFETY/PRIOR LOSS HISTORY/UNDERLYING CARRIER INFORMATION

1. LIFE SAFETY

We require at least the following to alert people in the event of a fire and to help them exit:

Buildings 1 to 6 stories and containing 16 units or less	Buildings 1 to 6 stories with more than 16 units	Buildings 7 or more stories	Light Industrial Complexes with any one building > 5,000 sq. ft
Smoke Detectors	Smoke Detectors	Smoke Detectors	2 means of egress
	2 means of egress	2 means of egress	
		Emergency lighting in all common areas	
		Illuminated exit signs	

I acknowledge that I have read the above and agree that all locations comply

2. PRIOR LOSS HISTORY

Have there been any incurred losses in excess of \$100,000, under any primary liability policy in the past 5 years? Yes No
(If yes, provide 5 years currently valued hard copy loss runs)

3. 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.

Commercial General Liability (CGL):	\$1,000,000	Per Occurrence
	\$2,000,000	General Aggregate Per Location
	\$1,000,000	Products/Completed Operations
	\$1,000,000	Personal & Advertising Injury
Commercial Auto Liability:	\$1,000,000	Combined Single Limit
Employer's Liability:	\$ 500,000	Each Accident
	\$ 500,000	Each Policy
	\$ 500,000	Each Employee
Employee Benefit Liability:	\$1,000,000	Each Occurrence (Occurrence Form) or Each Claim (Claims Made Form)
	\$1,000,000	Aggregate
Garage keepers Legal Liability	\$1,000,000	Each Occurrence/Aggregate
Directors & Officers Liability Not for Profit Community Association (Only Great American, Travelers, USLI, Farmers, Liberty Mutual, or CNA as underlying carrier)	\$1,000,000	Each Claim (Indemnity)
	\$1,000,000	Each Claim (Defense)
	\$1,000,000	Aggregate each Association
	Or	
	\$2,000,000 \$2,000,000	Each Claim (Defense inside the limit) 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, FirstComp Insurance, Pinnacol Assurance of CO, Florida Hospitality Mutual (requires \$1,000,000 u/l Employers Liability limit), 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 insurance either currently comply or will be placed and/or amended to be in compliance with the underlying requirements prior to binding the Umbrella insurance

SECTION IV: LIMITS REQUESTED/EXPOSURE/RATING INFORMATION
1. Lead Named Insured: _____

Insured Mailing Address: _____

Proposed Effective Date: _____ **Proposed Expiration Date:** _____

2. Do any of the following exposures exist? If yes to any of these, please complete a supplemental application.

- Yes** **No** Any Owned or leased vehicles? If yes, complete auto supplement
 Yes **No** Day Care Tenant on site? If yes, complete Day Care supplement
 Yes **No** Are more than 20% of the units at any one location Independent Living* or Senior living rentals?
**Associations or rental properties designed to provide general living assistance to its residents by having amenities including, but not limited to, meal plans, emergency call systems, maid or laundry service. Independent Living is not Assisted living.*
 Yes **No** Are more than 20% of the units at any location subsidized? If yes, complete Affordable Housing supplement

3. Are there any Light Industrial exposures on the schedule of locations to be insured? **Yes** **No**
 (If yes, provide a tenant list with description of operations)

You must complete Questions 4-7 for every location requesting coverage. For risks with multiple buildings in a single complex, please include the building numbers and street address of all buildings. Attach a separate list if additional space is needed.

4. Location Address: _____

of Stories: _____ **Construction Type:** _____

Name of Owner / Named Insured (if other than Lead named Insured): _____

5. Please provide ALL occupancies and exposures for this location:

Primary Occupancy	Exposure	Additional Commercial Exposure if Mixed-Use Occupancies
Condominium Association (residential or mixed-use only)	# of units _____	Comml sqft _____
Co-op	# of units _____	Comml sqft _____
Homeowners Association/Residential Planned Unit Development/ Master Association	# of units _____	Comml sqft _____
Rental Apartments	# of units _____	Comml sqft _____
Sponsor/Investor Units	# of units _____	
Commercial Planned Unit Development/ Multi-building Not for Profit Office Park	# of commercial tenants _____	
Office Building/ Commercial Condominium	Comml sqft _____	
Shopping Center	Comml sqft _____	
Stand Alone Retail	Comml sqft _____	
Light Industrial Complex	Comml sqft _____	
General Warehouse (LRO)	Comml sqft _____	
Ponds/Retention Ponds/Lakes	# of bodies of water _____	
Acres of Vacant Land	# of acres _____	

6. Do you have any Pools **Yes** **No** _____ # of pools (see Section II, number 2, letter a)

7. Was this building newly constructed or gut rehabbed in the past year? **Yes** **No**
8. Policy Limit Requested:

<input type="checkbox"/> \$5mm	<input type="checkbox"/> \$10mm	<input type="checkbox"/> \$15mm	<input type="checkbox"/> \$25mm	<input type="checkbox"/> \$50mm	<input type="checkbox"/> \$100mm	<input type="checkbox"/> \$200mm
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UMBRELLA APPLICATION
FOR COMMUNITY ASSOCIATIONS, APARTMENT RENTALS,
LESSORS RISK- OFFICE, LIGHT INDUSTRIAL, & RETAIL

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

By checking this box I agree that I have read this entire application and have, or will have reviewed the restrictions herein with my client prior to binding coverage

Broker/ Producer Signature

Date

Broker/Producer Organization Name

Broker/Producer Organization Mailing Address

Broker/Producer Contact Name

Phone Number