

UMBRELLA LIABILITY POLICY APPLICATION

Policy No. _____

Named Insured _____

City/State _____

GENERAL INFORMATION

This section of the application must always be completed.

For those items where a is checked, you must explain fully in the remarks section.

1. Yes No Does the insured have any foreign operations?
2. Yes No Has the insured ever filed any claims under any Umbrella Liability Policy?
3. Yes No Does any underlying policy that is not being written by Church Mutual contain any unusual exclusions or amendments?
4. Yes No Does the insured desire uninsured/underinsured motorist coverage in the Umbrella Liability Policy?
5. Estimated annual payroll \$ _____

GENERAL LIABILITY

Submit a completed Crusader® II application with this application whenever Church Mutual is not providing the underlying General Liability Coverage. Indicate on the Crusader® application "for umbrella only." You may not bind the Umbrella Liability policy.

AUTOMOBILE LIABILITY

Complete this section of the application only when the insured owns or leases automobiles and Church Mutual is not providing the underlying coverage.

Schedule of Vehicles

Auto No.	Year	Trade Name	Description of Auto Body Type and Usage	For Vans & Buses, Indicate Seating Capacity

(Attach additional schedule if necessary.)

6. Yes No Are all vehicles that are owned or leased by the insured listed in the above schedule?
7. Yes No Are persons under the age of 21 permitted to operate the vehicles?

Bus or Van Operations

8. Yes No Are children on buses supervised by a person other than the driver?
9. Yes No Is there a driver training program.
10. Usage of buses or vans is for: Bus Ministry Scout Troop Youth Group
 Pastor or Other Employee Singing Group Day Care
 College or School Other _____

11. Yes No Are buses or vans ever loaned or leased to others?
12. Yes No Are buses or vans always operated by the insured's drivers?
13. Yes No Are any vehicles regularly operated beyond a 100 mile radius?
 Which vehicle(s)? _____

14. Provide automobile loss information for the past three year period.

Year	Amount of Damages	Description of Loss

(Attach additional sheets if necessary.)

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Remarks: _____
