



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): 888-571-6160	APPLICANT (First Named Insured)				
	FAX (A/C, No): 214-705-8333					
Instantial, Inc 5601 Granite Parkway, Suite 240 Plano, TX 75024		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
E-MAIL ADDRESS:	FOR COMPANY USE ONLY					
CODE:						SUBCODE:
AGENCY CUSTOMER ID:						

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT			
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	RETROACTIVE DATE		\$	EA OCC	\$		
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	PROPOSED	CURRENT					
EXPIRING POL #:				\$			FIRST DOLLAR DEFENSE	YES	NO

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+/- RATING MOD
TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA. ACC.	\$	\$	
				BI EA. ACC.	\$	\$	
				BI EA. PER.	\$	\$	
				PD EA. ACC.	\$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$	PREM/OPS	
				GENERAL AGGR	\$	\$	
				PROD & COMP OPS AGGREGATE	\$	PRODUCTS	
				PERSONAL & ADV INJURY	\$	\$	
				DAMAGE TO RENTED PREMISES	\$	OTHER	
				MEDICAL EXPENSE	\$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	\$	
				DISEASE EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		

ATTACH TO ACORD 125 AND ACORD 126

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED?

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? YES NO

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? YES EFF. DATE: NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY/TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	COVERAGE	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	EXPOSURE	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT LIABILITY	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>		<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS/TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED				YES	NO								
ADVERTISERS LIABILITY													
1. MEDIA USED: ANNUAL COST: \$													
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?				<input type="checkbox"/>	<input type="checkbox"/>								
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?				<input type="checkbox"/>	<input type="checkbox"/>								
AIRCRAFT LIABILITY													
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?				<input type="checkbox"/>	<input type="checkbox"/>								
AUTO LIABILITY													
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?				<input type="checkbox"/>	<input type="checkbox"/>								
6. ARE PASSENGERS CARRIED FOR A FEE?				<input type="checkbox"/>	<input type="checkbox"/>								
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?				<input type="checkbox"/>	<input type="checkbox"/>								
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?				<input type="checkbox"/>	<input type="checkbox"/>								
9. ARE HIRED AND NON/OWNED COVERAGES PROVIDED?				<input type="checkbox"/>	<input type="checkbox"/>								
CONTRACTORS LIABILITY													
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?				<input type="checkbox"/>	<input type="checkbox"/>								
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach additional sheets if more space is required)													
12. DESCRIBE AGREEMENT (Attach additional sheets if more space is required)													
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?				<input type="checkbox"/>	<input type="checkbox"/>								
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?				<input type="checkbox"/>	<input type="checkbox"/>								
EMPLOYERS LIABILITY													
15. IS APPLICANT SELF-INSURED IN ANY STATE?				<input type="checkbox"/>	<input type="checkbox"/>								
16. SUBJECT TO: <table border="1" style="display: inline-table; border-collapse: collapse; vertical-align: middle;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 40px; height: 15px;">JONES ACT</td> <td style="width: 20px; height: 15px;"></td> <td style="width: 40px; height: 15px;">FELA</td> <td style="width: 20px; height: 15px;"></td> <td style="width: 40px; height: 15px;">STOP GAP</td> <td style="width: 20px; height: 15px;"></td> <td style="width: 40px; height: 15px;">OTHER:</td> </tr> </table>							JONES ACT		FELA		STOP GAP		OTHER:
	JONES ACT		FELA		STOP GAP		OTHER:						
INCIDENTAL MALPRACTICE LIABILITY													
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?				<input type="checkbox"/>	<input type="checkbox"/>								
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?				<input type="checkbox"/>	<input type="checkbox"/>								
19. INDICATE # OF DOCTORS: NURSES: BEDS:													

ADDITIONAL EXPOSURES (continued)

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		YES	NO
EPA #:			
POLLUTION LIABILITY			
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?		<input type="checkbox"/>	<input type="checkbox"/>
21. INDICATE THE COVERAGES CARRIED:			
<input type="checkbox"/>	GL WITH STANDARD ISO POLLUTION EXCLUSION	<input type="checkbox"/>	GL WITH POLLUTION COVERAGE ENDORSEMENT
<input type="checkbox"/>	GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY	<input type="checkbox"/>	SEPARATE POLLUTION COVERAGE
PRODUCT LIABILITY			
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?		<input type="checkbox"/>	<input type="checkbox"/>
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)		<input type="checkbox"/>	<input type="checkbox"/>
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)		<input type="checkbox"/>	<input type="checkbox"/>
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____			
PROTECTIVE LIABILITY			
26. DESCRIBE INDEPENDENT CONTRACTORS (Attach additional sheets if more space is required)			
WATERCRAFT LIABILITY			
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?		<input type="checkbox"/>	<input type="checkbox"/>
# OWNED	LENGTH	HORSEPOWER	
# OWNED	LENGTH	HORSEPOWER	
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS			
# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS
# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS
REMARKS (Attach additional sheets if more space is required)			

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:
 UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN GEORGIA, LOUISIANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN GEORGIA AND LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE	DATE
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