

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**THE ANDOVER COMPANIES**



- CAMBRIDGE MUTUAL
- MERRIMACK MUTUAL

**NEW YORK BUSINESSOWNERS UMBRELLA/EXCESS APPLICATION**

AGENT \_\_\_\_\_ EFFECTIVE DATE: MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  NEW  
 \_\_\_\_\_  CURRENT BUSINESSOWNERS POLICY # \_\_\_\_\_  
 \_\_\_\_\_

1. Applicant \_\_\_\_\_  
 Mail Address \_\_\_\_\_

2. Loc. of All Premises to be Covered by this Coverage Part  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

3. Business of the Applicant \_\_\_\_\_

4.  Umbrella Liability       Excess Liability (Provides excess coverage over Businessowners Liability only)  
 5. Limit of Liability     \$1,000,000       \$2,000,000  
    Retained Limit \$10,000

6. Schedule A—Schedule of Underlying Insurance:

Type of Policy or Coverage	Underlying Insurer, Policy Period & Policy #	Limits of Liability
Businessowners Liability	<input type="checkbox"/> MERRIMACK MUTUAL FIRE INS. CO. <input type="checkbox"/> CAMBRIDGE MUTUAL FIRE INS. CO.	Combined Single Limit \$

Complete the following for Umbrella Liability (not required for Excess Liability)	
Auto Liability (Minimum Best's Rating = B +) (Voluntary Insurers only)	Bodily Injury Liability \$ _____ each person \$ _____ each accident
	Property Damage Liability \$ _____ each accident
	Combined Single Limit \$ _____ each accident

Employers Liability*	Umbrella Liability is offered only if the applicant maintains Employers Liability insurance as required by the State of New York. Is Employers Liability insurance maintained as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Other Liability \_\_\_\_\_

7. Is the Applicant self-insured in any state for Workers Compensation?       Yes    No

8. Auto Liability: Does the Applicant have:

- YES  NO Owned auto units in excess of five private passenger or light trucks combined.
- YES  NO Autos used as public livery.
- YES  NO Risks with any driver that has had any combination of three accidents or moving motor vehicle violations within the past three years.
- YES  NO Has any driver been convicted of any one of the following violations during the past ten years:
1. Driving while intoxicated.
  2. Driving under the influence of drugs.
  3. Negligent homicide arising out of the use of motor vehicle.
  4. Operating a motor vehicle during a period of suspension or revocation.
  5. Using motor vehicle during the commission of a felony.
  6. Aggravated assault with a motor vehicle.
  7. Operating motor vehicle without owner's authority.
  8. Permitting an unlicensed person to drive a motor vehicle.
  9. Reckless driving.
  10. Speeding contests.
  11. Hit and run violation.

9. Auto Liability: List separately by size, type and radius all units owned, leased or used

	Size and type	Radius
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____
(5)	_____	_____

If the Applicant owns No autos and Umbrella Liability Coverage is requested with "Exclusion—Auto" attached, check here.

10. Underlying Coverage Information. Is the following coverage provided in underlying policies?

- |                          |                                 | <u>Automobile Liability</u> | <u>Workers Compensation &amp; Employers Liability</u>                          |
|--------------------------|---------------------------------|-----------------------------|--|
| <input type="checkbox"/> | YES <input type="checkbox"/> NO | Any Auto (Symbol #1)        | <input type="checkbox"/> YES <input type="checkbox"/> NO Other States Coverage |
| <input type="checkbox"/> | YES <input type="checkbox"/> NO | Non-Owned Auto              |  |
| <input type="checkbox"/> | YES <input type="checkbox"/> NO | Hired Auto                  |  |

11. List all losses in excess of \$10,000 during the last ten years.

Date	Description of Incident	Amount Paid	Amount Outstanding	Line of Coverage

\* ALTHOUGH EMPLOYERS LIABILITY COVERAGE IS SHOWN IN THE SCHEDULE OF UNDERLYING INSURANCE, EXCESS EMPLOYERS LIABILITY EXCLUDES EMPLOYEES SUBJECT TO THE WORKERS COMPENSATION LAW OF NEW YORK.

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Signature of Applicant, Agent or Authorized Representative