

For excess / umbrella liability submissions. Complete all applicable fields and attach underlying policy information, loss runs, and supplemental applications.

1. Applicant & Coverage Information

Legal Name of Insured	DBA
<input type="text"/>	<input type="text"/>
Mailing Address	City/State/Zip
<input type="text"/>	<input type="text"/>
Primary Contact Name	Phone
<input type="text"/>	<input type="text"/>
Email	Effective Date
<input type="text"/>	<input type="text"/>
Requested Excess Limit	Attachment Point
<input type="text"/>	<input type="text"/>
Target Premium	Underlying Policy Name / Carrier
<input type="text"/>	<input type="text"/>

2. Submission Details

<input type="checkbox"/> Attach underlying policy copy	<input type="checkbox"/> Completed supplemental app attached
Loss Runs (5 years or narrative)	% Staffing by State
<input type="text"/>	<input type="text"/>
Gross Annual Revenue	Temp Payroll
<input type="text"/>	<input type="text"/>
Internal Payroll	Driving Exposure (Y/N)
<input type="text"/>	<input type="text"/>
Exclude SAM? (Y/N)	Specialty Roles Placed
<input type="text"/>	<input type="text"/>

Roles Detail / Description of Operations

Submit completed applications: submissions@invounderwriting.com | 833-777-2453

Please include account name, effective date, state, and requested excess limit in the email subject line.

Underlying coverage and temp staffing payroll distribution.

3. Underlying Coverage Schedule

Line of Coverage	Carrier	Policy No.	Limits	Expiration Date
General Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auto Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employers Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Excess / Umbrella	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. % Distribution of Temp Staffing Payroll (Must Total 100%)

Enter the percentage of temp staffing payroll by class. Leave blank if not applicable. Total must equal 100%.

Doctors/Dentists	<input type="text"/> %	IT Professionals	<input type="text"/> %	Mining/Logging	<input type="text"/> %
Correctional Facilities	<input type="text"/> %	Programmers	<input type="text"/> %	Oil & Gas	<input type="text"/> %
Licensed Caregivers	<input type="text"/> %	Cyber Security	<input type="text"/> %	Armed Security	<input type="text"/> %
Unlicensed Caregivers	<input type="text"/> %	Aerospace	<input type="text"/> %	Unarmed Security	<input type="text"/> %
Biotechnology	<input type="text"/> %	Drivers	<input type="text"/> %	Daycare/Nanny	<input type="text"/> %
Clinical Trials	<input type="text"/> %	Roofing	<input type="text"/> %	Teachers Aides	<input type="text"/> %
Life Sciences	<input type="text"/> %	Nuclear	<input type="text"/> %	Other - Describe	<input type="text"/> %
Scientists	<input type="text"/> %	Defense	<input type="text"/> %		

Total % - Please Confirm

Other Description

Additional Payroll / State Breakdown Notes

Loss history, attachments, and certification.

5. Loss History & Prior Coverage

Loss Summary / Large Loss Details / Open Claims

Prior Excess / Umbrella Carrier(s)

Any non-renewal, cancellation, or declination? Explain.

Additional Notes

6. Attachments Checklist

- | | |
|---|---|
| <input type="checkbox"/> Acord applications for applicable lines | <input type="checkbox"/> Current underlying dec pages / policies |
| <input type="checkbox"/> 5 years currently valued loss runs, or no-loss narrative | <input type="checkbox"/> Completed class-specific supplemental applications |
| <input type="checkbox"/> Vehicle / driver schedules if auto exposure applies | <input type="checkbox"/> Payroll / revenue breakdown by state and class |

7. Producer / Applicant Certification

The undersigned represents that the information provided in this application and all attachments is true and complete to the best of their knowledge. Completion of this application does not bind coverage. Terms are subject to underwriting review, carrier acceptance, and receipt of all required information.

Producer / Agency Name

Producer Email / Phone

Applicant Signature

Date

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