



CAS-UMB-R

REN. OF POLICY #					
1. NAME OF INSURED AND ALL C	OMPANIES TO BE INCLU	DED:			
2. DESCRIPTION OF OPERATIONS:				EXPOSURES: LOCAL%	
				U.S. & CANADA%	
3. ESTIMATE OF ACTUAL ANNUAL PAYROLL: \$					HER%
ESTIMATE OF ACTUAL ANNUA	L SALES OR RECEIPTS: \$				
4. LIST NUMBERS OF AUTOMOBIL	ES:				
A) COMMERCIAL [] #LIG	HT # MFD TRI	ICK # HI	FAVY TRUCK #	TRACTOR TRAILERS/FL	AT RFD
# BUS AND CAF			PRIVATE []		222
INDICATE IF FLAMMABLE / EXPLOS		•			
5. PROPERTY UNDER THE INSUREI					
SCHEDULE OF PRIMARY POLICE	·	CONTROL, IF EXCEED	JING \$10,000.00		
O. OCTIED DE CT TRIVUIRIT TO EIC	LIMITS	INSURER	POLICY NO.	PERIOD	PREMIUM
A) CGL COVERAGE [] Incl. Products-Completed Oper. & Employers Liability	2		10201100	. 2.00 5	
B) AUTO [] Garage Liability [] Garage Keepers [] Hired & Non Owned					
(C) WATER CRAFT / AIR CRAFT [] Owned or [] Leased					
D) UMBRELLA LIABILITY					
Note: Indicate special exclusions of	or limitations if any, in Prin	nary Policies above			
7. SCHEDULE OF PRIMARY POLICE	IES COVERED				
(A) \$EXCESS OF PRIMARY OR SELF INSURANCE AMOUNT TO BE SELF INSURED UP TO \$					
(B) EXCESS OF PRIMARY OR SELF I	NSURED UP TO: \$				
8. LOSSES IN EXCESS OF \$10,000.00 IN THE PAST 5 YRS IF NONE, PLEASE WRITE "NONE".					
THE APPLICANT STATES THAT THI COMPLETION OF THIS FORM DO MAY BE BOUND AND POLICY IS	DES NOT BIND COVERAG				
NOTICE: ANY PERSON WHO KNOR PRESENTS, ASSISTS, OR MAKE FOR THE SAME INCIDENT OF DAINE OF NO LESS THAN FIVE TO IMPRISONMENT FOR A THRINCREASED TO A MAXIMUM OF MINIMUM OF TWO (2) YEARS.	(ES A FRAUDULENT CLA DAMAGE OR LOSS, WILL E THOUSAND (\$5,000) EE (3) YEAR TERM, OR E	IM FOR THE PAYMENT COMMIT A FELONY A DOLLARS AND NOT SOTH PENALTIES. IN T	OF A LOSS OR OTHER BI AND IF CONVICTED WILL EXCEEDING TEN THOUS THE EVENT OF AGGRAVA	ENEFIT, OR PRESENTS A L BE SENTENCED FOR AND (\$10,000) DOLLA TING CIRCUMSTANCE	MORE THAN ONE CLAIM EACH VIOLATION WITH ARS, OR BE SENTENCED S, THE TERM COULD BE
APPLICANT SIGNATURE				DATE:	
AGENT/ BROKER					