



Pennsylvania National Mutual Casualty Insurance Company
 P.O. Box 2361
 Harrisburg, PA 17105-2361
 800-388-4764 phone
 717-257-6960 fax

**INSURANCE AGENTS' UMBRELLA
 SUPPLEMENTAL APPLICATION**

GENERAL INFORMATION

| | | | | |
|---|--------------------|---------|---|---------------------------|
| 1. APPLICANT | | 2. DATE | 3. <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL | 4. EXPIRING POLICY NUMBER |
| 5. MAILING ADDRESS | | | | |
| 6. PROPOSED POLICY PERIOD (12:01 a.m. Standard Time) FROM: TO: | | | 7. TELEPHONE (Incl Area Code) | |
| 8. BUSINESS ADDRESS (Enter "Same" or indicate address, if different from above) | | | 9. FAX NUMBER (Incl Area Code) | |
| 10. CONTACT PERSON | 11. E-MAIL ADDRESS | | 12. AGENCY WEBSITE ADDRESS | |

LIMITS

| | | | | | | |
|---|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------|
| 13. UMBRELLA LIMITS REQUESTED | | | | | | |
| COMMERCIAL UMBRELLA COVERAGE | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$3,000,000 | <input type="checkbox"/> \$4,000,000 | <input type="checkbox"/> \$5,000,000 | Other (specify) \$ |
| | INSURED'S RETAINED LIMIT: <input type="checkbox"/> \$10,000 (Standard) <input type="checkbox"/> \$0 (Optional) | | | | | |
| PERSONAL UMBRELLA ENDORSEMENT (Optional) | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$3,000,000 | <input type="checkbox"/> \$4,000,000 | <input type="checkbox"/> \$5,000,000 | N/A |
| | INSURED'S RETAINED LIMIT: <input type="checkbox"/> \$250 (Standard) <input type="checkbox"/> \$0 (Optional) | | | | | |

IF ANY UNDERLYING INSURANCE INCLUDES DEFENSE WITHIN LIMITS, THIS INSURANCE WILL ALSO PROVIDE DEFENSE WITHIN LIMITS. APPLICABLE ONLY IN NEW YORK: THE DEFENSE COSTS CHARGED AGAINST THE LIMITS OF INSURANCE WILL NOT EXCEED 50% OF SUCH LIMITS; AND, WE WILL ASSUME ANY DEFENSE COSTS OVER THIS AMOUNT.

ERRORS & OMISSIONS SUPPLEMENTAL INFORMATION

| | | |
|--|--|------------------------|
| 14. RETROACTIVE DATE OF PRIMARY E&O POLICY (if any) | | |
| 15. EXTENDED DISCOVERY PERIOD? | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, LENGTH OF TIME |
| 16. DOES PRIMARY E&O POLICY INCLUDE DEFENSE INSIDE OR OUTSIDE POLICY LIMIT? | <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | |
| 17. LIST ALL COMPANIES YOU WRITE BUSINESS WITH THAT ARE NOT RATED B+ OR BETTER BY AM BEST | DOLLARS | PERCENTAGE (%) |
| | | |
| | | |
| | | |
| 18. TOTAL GROSS COMMISSION INCOME OF AGENCY (Do not include Profit Sharing/Contingent Commission) \$ | | |
| 19. TOTAL NUMBER OF AGENCY STAFF INCLUDING OWNERS, OFFICERS AND PARTNERS: | | |
| 20. HAVE YOU PLACED ANY BUSINESS WITH A COMPANY THAT IS PRESENTLY INSOLVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain in remarks section) | | |
| 21. DOES YOUR AGENCY DERIVE REVENUE THROUGH INTERNET TRANSACTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT PERCENTAGE? | | |
| 22. IDENTIFY THE PERCENTAGE OF TOTAL WRITTEN PREMIUM IN THE FOLLOWING LINES OF BUSINESS (if any) FLOOD _____% MEDICAL MALPRACTICE _____% COASTAL PROPERTY _____% | | |
| 23. IDENTIFY THE PERCENTAGE OF TOTAL WRITTEN PREMIUM PLACED IN THE FOLLOWING (if any) SELF INSURED CAPTIVES _____% RISK RETENTION GROUPS _____% MULTIPLE EMPLOYER TRUSTS _____% MULTIPLE EMPLOYER WELFARE TRUSTS _____% | | |
| 24. DOES YOUR PRIMARY E&O POLICY CONTAIN ANY COVERAGE(S) WITH SUBLIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO COVERAGE _____ SUBLIMIT (EA CLAIM/AGG) _____/_____ COVERAGE _____ SUBLIMIT (EA CLAIM/AGG) _____/_____ | | |

BUSINESS OTHER THAN INSURANCE: (Complete this section only if engaged in any business other than insurance)

| | | |
|---|------------------------|--------------------|
| 25. IS AGENCY LICENSED FOR SELLING REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | 26. GROSS INCOME \$ | 27. # OF EMPLOYEES |
| 28. OTHER BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain in remarks section) | 29. GROSS INCOME \$ | 30. # OF EMPLOYEES |
| 31. ARE OTHER BUSINESS OPERATIONS COVERED BY UNDERLYING POLICIES? (to include E & O) <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, explain in remarks section) | | |

UNDERLYING EXPOSURES (OTHER THAN ERRORS & OMISSIONS)

AUTOMOBILE

32. TOTAL NUMBER OF AUTOS OWNED OR LEASED BY THE AGENCY:

33. ANY DRIVERS UNDER THE AGE OF 25? YES NO

34. PROVIDE THE NAMES, DATES OF BIRTH, AND DRIVERS LICENSE NUMBERS FOR ALL DRIVERS

| NAME OF DRIVER | DATE OF BIRTH | DRIVERS LICENSE NUMBER |
|----------------|---------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

WATERCRAFT

| 35. WATERCRAFT: LIST ALL WATERCRAFT OWNED | | | | WATERCRAFT IS | | | NUMBER | | APPLICANT | | | USE OF WATERCRAFT | | | |
|---|------|-------|-----------|---------------|--------|----------|-----------|------------------|---------------|--------|----------|-------------------|-----------------------|----------|----------|
| YEAR | MAKE | MODEL | DOCKED AT | HORSE POWER | LENGTH | IN-BOARD | OUT-BOARD | INBOARD OUTBOARD | OF PASSENGERS | SLEEPS | IS OWNER | LEASES | LOANS/RENTS TO OTHERS | BUSINESS | PLEASURE |
| | | | | | | | | | | | | | | % | % |
| | | | | | | | | | | | | | | % | % |

36. ANY WATERCRAFT ABOVE USED FOR WATER SKIING? YES NO

37. ANY WATERCRAFT CHARTERED DURING THIS POLICY PERIOD? YES NO (if yes, explain in remarks section)

AIRCRAFT

38. ANY AIRCRAFT OWNED OR LEASED BY APPLICANT? YES NO

39. ANY AIRCRAFT CHARTERED DURING THIS POLICY PERIOD? YES NO (if yes, explain in remarks section)

40. DOES AGENCY INSURE AIR SHOW? YES NO

LOSS EXPERIENCE

| 41. CLAIM EXPERIENCE (GL OR BOP, EMPLOYERS' LIABILITY, AUTO) DESCRIBE ALL CLAIMS DURING THE PAST FIVE YEARS WHICH INVOLVED PAYMENTS/RESERVES IN EXCESS OF \$250,000. | DATE OF CLAIM MO DAY YR | AMOUNT RESERVED | AMOUNT PAID |
|---|----------------------------|-----------------|-------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

EXCESS EMPLOYMENT PRACTICES LIABILITY

42. INCLUDE EXCESS EMPLOYMENT PRACTICES LIABILITY COVERAGE? (\$1,000,000 minimum underlying limit required) YES NO

43. EXCESS EMPLOYMENT PRACTICES LIABILITY LIMITS REQUESTED (choose one)
 \$1,000,000 \$2,000,000

ITEMS REQUIRED WITH APPLICATION SUBMISSION

- 1) Copy of primary E&O application
- 2) Copy of each underlying policy declarations: Auto, GL or BOP, Employers' Liability, and E&O (refer to state rate sheet for underlying policy limit requirements)
- 3) If requested umbrella limit is greater than 5M, or if there have been E&O claims in the past five years, submit five year currently-valued E&O loss runs.
- 4) For each owner/officer applying for the personal umbrella endorsement, attach:
 - Accord 83 (Personal Umbrella Application)
 - Copies of underlying personal policy declarations pages to be covered by personal umbrella
- 5) If excess Employment Practices Liability is requested, attach:
 - Copy of primary Employment Practices Liability application
 - Five year currently-valued Employment Practices Liability loss runs

REMARKS

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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in NE, NY, OH or OR. In DC, TN and VA insurance benefits may also be denied.)

APPLICABLE IN NEW YORK ONLY:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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.

SIGNATURE OF INDIVIDUAL OWNER, PARTNER OR OFFICER

DATE SIGNED

COMMERCIAL SCHEDULE OF UNDERLYING INSURANCE (Attach A Copy Of Each Declarations Page)

| COVERAGE | CARRIER/POLICY NUMBER | POLICY EFF/EXP DATES | LIMITS | | ANNUAL PREMIUM |
|----------------------------------|-----------------------|----------------------|-----------------------------|----|----------------|
| AUTOMOBILE LIABILITY | | | CSL/BI EA. OCC. | \$ | |
| | | | BI EA. PER. | \$ | |
| | | | PD EA. ACC | \$ | |
| GENERAL LIABILITY | | | EACH OCCURRENCE | \$ | |
| | | | GENERAL AGGR | \$ | |
| | | | PROD & COMP OPS AGGREGATE | \$ | |
| | | | PERSONAL & ADV INJURY | \$ | |
| | | | DAMAGE TO RENTED PREMISES | \$ | |
| | | | MEDICAL EXPENSE | \$ | |
| EMPLOYERS' LIABILITY | | | EACH ACCIDENT | \$ | |
| | | | DISEASE EACH EMPLOYEE | \$ | |
| | | | DISEASE POLICY LIMIT | \$ | |
| ERRORS & OMISSIONS | | | EACH CLAIM | \$ | |
| | | | AGGREGATE | | |
| | | | CSL | | |
| NOTARY PUBLIC E & O | | | EACH CLAIM | \$ | |
| | | | AGGREGATE | | |
| | | | CSL | | |
| EMPLOYMENT PRACTICES LIAB | | | CSL | \$ | |
| WATERCRAFT | | | EACH ACCIDENT OR OCCURRENCE | \$ | |

PAY PLANS

- 1 Full pay (no installments).
- 2 Two pay, 50 percent down payment, one installment of 50 percent due three months later.
- 3 40/30/30, 40 percent down payment, two installments of 30 percent each due every other month.
- 4 Quarterly, 25 percent down payment, three installments of 25 percent each due quarterly.
- 5 Monthly, 20 percent down payment, five installments of 16 percent each due monthly.

Please circle the plan # you desire, sign and return with you're application. If you do not choose a plan, #1 will be used.

ELIGIBILITY

| <u>PREMIUM</u> | <u>AVAILABLE PAY PLANS</u> |
|--------------------|----------------------------|
| \$ 0-\$1,000 | 1 OR 2 |
| \$ 1,001 - \$5,000 | 1, 2, 3 OR 4 |
| OVER - \$5,000 | 1, 2, 3, 4 OR 5 |

SERVICE FEES

INSTALLMENT SERVICE FEE:

- ✓ No service fee will be added to the initial payment.
- ✓ A \$4 service fee will be added to each installment billing.
- ✓ If an insured prepays an installment before the billing is actually produced no service fee will be charged.

RETURN CHECK FEE:

- ✓ For returned checks, we will add a \$20 charge to the insured's balance. This charge will be due in full and will not be spread among unbilled installments.

Signature

Date



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THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

| | |
|--|----------------------------|
| Federal share of terrorism losses | 85% Year: 2015 |
| Federal share of terrorism losses | 84% Year: 2016 |
| Federal share of terrorism losses | 83 % Year: 2017 |
| Federal share of terrorism losses | 82 % Year: 2018 |
| Federal share of terrorism losses | 81 % Year: 2019 |
| Federal share of terrorism losses | 80 % Year: 2020 |

Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in the Schedule of this endorsement) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

DISCLOSURE OF PREMIUM

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ 0.00.

Commercial Umbrella Policies Only

Coverage for certified acts of terrorism under your Commercial Umbrella Policy will be excess over any underlying policy limits regardless of whether you have accepted or rejected coverage on those policies for certified acts of terrorism.



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NOTICE TO POLICYHOLDERS

POTENTIAL RESTRICTIONS OF TERRORISM COVERAGE (General Liability and Commercial Umbrella)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ 0.00.