

Excess Employers Liability Application

Email completed application to submit@midman.com.

Requested Effective Date: _____

AGENCY INFORMATION

Agency Name: _____ Producer Number: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

INSURED/COMPANY INFORMATION

Insured Company: _____

Contact Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Website: _____

Month/Day/Year Company Established:		Company is:	For Profit	Nonprofit
Number of Employees:	Professional _____	Clerical _____	Other _____	
REVENUE				
	Last Complete Fiscal Year	Estimate Current Year	Estimate Next Fiscal Year	
Domestic Revenue	\$	\$	\$	
Other Territory Revenue	\$	\$	\$	
Total Revenue	\$	\$	\$	
Profit/(Loss)	\$	\$	\$	

Date of Fiscal Year End: _____

ACTIVITIES

Briefly describe the nature of your business activities below.

ADDITIONAL LOCATIONS <i>(attach additional sheets if more than 4 locations)</i>					
Location 2 Name:					
Address:					
City:		State:		Zip Code:	
Location 3 Name:					
Address:					
City:		State:		Zip Code:	
Location 4 Name:					
Address:					
City:		State:		Zip Code:	

PAYROLL INFORMATION	
Total estimated payroll for the next financial year:	\$
Payroll relating to non-manual work away from your offices such as consulting, programming, etc. <i>Detail the nature of this work below:</i>	\$
Payroll relating to manual work away from your offices. <i>Detail the nature of this work below:</i>	\$
Payroll relating to hazardous work away from your offices. <i>Detail the nature of this work below:</i>	\$
In the course of an average working day are people, other than your employees, regularly present on your premises? <i>If yes, describe below:</i>	Yes No

UNDERLYING INSURANCES					
<i>Provide details of your current insurance policies:</i>					
Type	Expiration Date	Limit	Excess	Premium	Carrier
General Liability		\$	\$	\$	
Auto Liability		\$	\$	\$	
Employers Liability		\$	\$	\$	
Professional Liability		\$	\$	\$	
Property		\$	\$	\$	
Business interruption		\$	\$	\$	
Other:		\$	\$	\$	
Retroactive date on your current professional indemnity insurance (if applicable):					

<i>If you do not have professional indemnity insurance state the following:</i>		
	Option 1	Option 2
Limit required:	\$	\$
Excess preferred:	\$	\$

OTHER COMMENTS/NOTES

DECLARATION			
I declare that after proper inquiry the statements and particulars given in this applications are true and that I have not mis-stated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.			
*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.			
This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.			
Signed:		Dated:	
Printed, full name of signatory:		Title:	

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