



**UMBRELLA SUPPLEMENTAL**

**Applicant:** \_\_\_\_\_ **State** \_\_\_\_\_ **Effective Date** \_\_\_\_\_

**Current Carrier:** \_\_\_\_\_ **Limits \$** \_\_\_\_\_ **Premium \$** \_\_\_\_\_

**LIMIT/S REQUESTED:**

- \$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000
- \$5,000,000     \$10,000,000     \$15,000,000     \$25,000,000
- \$50,000,000     \$75,000,000     \$100,000,000

**Life Safety**

Are there multiple means of egress from buildings?     Yes     No

Is there emergency lighting?     Yes     No

Are there smoke detectors in units?     Yes     No

**Electricity:**

Fuses     Yes     No        Circuit Breakers     Yes     No

**Automobile Exposures:**

Does the association own any automobiles?     Yes     No

If yes describe: \_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature**

**I declare that the information submitted herein on this page is true to the best of my knowledge, and that no material facts have been suppressed or misstated. I understand that an incorrect or incomplete statement could void my coverage.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **THE**

**COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE COMPANY.**

**\*\*Acord forms, Champ Supplemental application and loss runs also required to obtain quote.**