

Excess/Umbrella Renewal Application



PO Box 590009 • Birmingham, AL 35259-0009 • 800.282.6242 • Fax 205.868.4040

Expiring Policy No. _____

1. Introductory Information

Policyholder Name: _____

Address: _____

City: _____ County: _____ State: _____ ZIP: _____

2. Facility/Corporate Organization

Complete only if Primary Coverage is *not* provided by ProAssurance:

A. Location of Operations: _____

B. Type of Operations: _____

3. Insurance Information

A. Underlying Insurance:

| | Policy No. | Carrier | Policy Term | Limit of Insurance | Annual Premium |
|------------------------|------------|---------|-------------|--------------------|----------------|
| Professional Liability | _____ | _____ | _____ | _____ | _____ |
| General Liability | _____ | _____ | _____ | _____ | _____ |
| Automobile | _____ | _____ | _____ | _____ | _____ |
| Employer's Liability | _____ | _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ | _____ | _____ |

B. Have you had a liability loss (insured or uninsured) in the past 5 years in excess of \$10,000? ☐ Yes ☐ No
If *yes*, explain fully: _____

4. General Exposure Data

A. Aircraft: Do you own, rent or charter aircraft without a pilot? ☐ Yes ☐ No

B. Automobile: Provide total number of autos/trucks: _____

C. Watercraft: List all watercraft owned or leased by you: _____

Consent to Conditions of Consideration of the Application for Insurance

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

Important: Incomplete or incorrect information could require retroactive upward premium adjustment and, in the event of a claim, could lead to a denial of coverage. The following is an Authorization to Release Information which requires your signature. Please read it carefully.

Name: _____ Title: _____

Signature: _____ Date: _____

Insurance Agent/Broker (if applicable):

Agent: _____

Phone: _____

Agency: _____

Fax: _____

Address: _____

Email: _____

License No.: _____

Signature: _____

**Important Notice About the
Policy of Insurance for Which
You Have Applied**

This Document Affects Your Legal Rights

Read the Following Information Carefully

1. The policy for which you have applied includes a binding arbitration agreement.
2. The arbitration agreement requires that any disagreement related to this policy must be resolved by arbitration and not in a court of law.
3. The results of the arbitration are final and binding on you and the insurance company.
4. In an arbitration, an arbitrator, who is an independent, neutral party, gives a decision after hearing the positions of the parties.
5. When you accept this insurance policy you agree to resolve any disagreement related to the policy by binding arbitration instead of a trial in court including a trial by jury.
6. Arbitration takes the place of resolving disputes by a judge and jury and the decision of the arbitrator cannot be reviewed in court by a judge and jury.

Acknowledgement of Arbitration Agreement

I have read this statement. I understand that I am voluntarily surrendering my right to have any disagreement between the insurance company and myself resolved in court. This means I am waiving my right to a trial by jury.

I understand that upon receipt of the policy I should read the arbitration clause contained in the policy and that I have the right to reject this policy within three (3) days of the date of delivery if I do not want to accept the requirement for arbitration.

Applicant's Signature

Date

Time

Agent

Date

Time

Note: You will need to sign this notice to be considered for coverage.