

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:

Without waiving any substantive rights and remedies provided under applicable statutes and regulations, to the fullest extent permitted by law, I 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: _____