

Agent's Umbrella Renewal Application

Applicant:		Policy #:		
Address:		State:	Zip:	
Contact Name:	Phone:		Email:	
Requested Umbrella Limit: \$ _____ Insured's Retention: __ \$10,000 __ None (\$10,000,000 maximum, higher limits may be available subject to underwriting and reinsurer approval.)				
1) Have there been any changes in ownership, mergers or acquisitions involving your agency and not previously reported to Penn National? _____ No _____ Yes (If yes, provide details below.) 2) Total # of Agency-owned autos: _____ 3) Any operators under age 22? _____ No _____ Yes 4) Any E&O, Auto Liability or General Liability losses in the past year? _____ No _____ Yes (If yes, provide currently valued loss runs for the coverage involved.)				
Total P&C and LA&H Gross Commission Income (don't include profit sharing or contingent commissions): \$ _____		Total number of agency staff including owners, officers, partners and non-employee producers. Full Time: _____ Part Time: _____		
SCHEDULE OF UNDERLYING INSURANCE				
Coverage	Carrier/Pol #	Eff. Dates	Limits	Annual Premium
Auto Liability			\$ _____ CSL	\$ _____
BOP/General Liability			\$ _____ Per Occ. \$ _____ Gen. Aggregate \$ _____ Prod. Aggregate	\$ _____
Employer's Liability			\$ _____ Ea. Acc. \$ _____ Ea. Dis. \$ _____ Policy	\$ _____
Agent's E&O			\$ _____ Ea. Claim \$ _____ Aggregate Defense Costs: Outside _____ Inside _____	\$ _____
EPLI			\$ _____ Ea. Claim \$ _____ Aggregate	\$ _____

Details on Changes in Agency Ownership, Mergers or Acquisitions

Please Provide the Following Information

- Copy of the most recent Agent's E&O application or Penn National Supplemental Application if no primary Agent's E&O application was required
- Copy of Agent's E&O renewal policy once issued (except Utica or Westport)
- Currently valued loss runs if you answered "yes" to question 4 above.
- Personal Umbrella Questionnaire (only if PXL is being provided)

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