

# Follow-Form Excess Liability Addendum

(Offered in conjunction with Commercial General Liability coverage)



**environmental**

THIS ADDENDUM IS PART OF THE APPLICATION SUBMITTED BY THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN THE APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS ADDENDUM.

Named Insured(s):			
Limits Requested:			
<b>Underlying Coverage for Schedule</b> (All questions are required for rating and scheduling purposes)			
<b>Automobile Liability</b>			
<b>Carrier 1:</b>		Policy Number:	
Liability Premium:	Limits:	\$	CSL Each Accident
Total Policy Premium:		\$	BI Each Accident
Effective Date:		\$	BI Each Person
Expiration Date:		\$	PD Each Accident
<b>Carrier 2:</b>		Policy Number:	
Liability Premium:	Limits:	\$	CSL Each Accident
Total Policy Premium:		\$	BI Each Accident
Effective Date:		\$	BI Each Person
Expiration Date:		\$	PD Each Person
<b>Three years of currently valued Automobile Loss Runs are required.</b>			
<b>Employers Liability</b>			
<b>Carrier 1:</b>		Policy Number:	
Annual Premium:	Limits:	\$	Each Accident
Experience Mod:		\$	Disease Each Employee
Effective Date:		\$	Disease Policy Limit
Expiration Date:			
<b>Carrier 2:</b>		Policy Number:	
Annual Premium:	Limits:	\$	Each Accident
Experience Mod:		\$	Disease Each Employee
Effective Date:		\$	Disease Policy Limit
Expiration Date:			
<b>Claims Information</b>			
Please provide details for all Automobile claims exceeding \$25,000 and Employers Liability claims exceeding \$250,000 in the last 5 years. Include dates, coverage, description, amount paid and amount outstanding. Use additional page if necessary.			
The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the information and statements in this addendum, including any attachment(s), are true and complete. The undersigned further understands that this addendum and any attachment(s) are part of the application submitted by the applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.			
_____	_____	_____	_____
Date	Signature	Print Name	Title