



NORTH POINTE INSURANCE COMPANY

UMBRELLA RENEWAL APPLICATION

INSURED:	RENEWAL POLICY #:
LOCATION:	PROPOSED EFFECTIVE DATE:
OPERATIONS:	PAYROLL:
	RECEIPTS:
	FOREIGN OPERATIONS:

1. Have there been any changes in the business operation, i.e. any aircraft, watercraft, foreign liability or other new exposures? Yes or No. If yes, please provide a detailed description. (Attach a separate sheet of paper if additional space is needed for explanation.) _____

2. Please provide a description of all losses in excess of \$10,000. during the last five (5) years. (Attach a separate sheet of paper if additional space is needed for explanation.) _____

3. Please describe any independent contracting exposures. If contractors are hired, what type of work are they performing? Are certificates of insurance obtained from all independent contractors? What coverages and minimum policy limits do you require all independent contractors to carry? Do all independent contractors carry worker's compensation? (Attach a separate sheet of paper if additional space is needed for explanation.) _____

UNDERLYING COVERAGES

GENERAL LIABILITY

CARRIER	POLICY #
POLICY TERM	LIMITS
GENERAL AGGREGATE	\$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$
PERSONAL & ADVERTISING INJURY	\$
EACH OCCURRENCE	\$

AUTO LIABILITY

CARRIER	
POLICY #	
TERM	
LIMITS \$	
	# OF VEHICLES
PRIVATE PASSENGER	
LIGHT TRUCKS	
MEDIUM TRUCKS	
HEAVY TRUCKS	
TRACTORS	
BUSES	
ANY OVER A 50 MILE RADIUS? _____	

EMPLOYERS LIABILITY

CARRIER	POLICY #
POLICY TERM	LIMITS
EACH ACCIDENT	\$
BY DISEASE	\$
AGGREGATE BY DISEASE	\$

REMARKS _____

IMPORTANT - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
STATEMENT - I UNDERSTAND THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

 PRODUCER'S SIGNATURE LICENSE NUMBER DATE APPLICANT'S SIGNATURE DATE