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COMMERCIAL UMBRELLA SUPPLEMENTAL APPLICATION

Named Insured: _____
 Effective Date: _____
 City: _____
 State: _____
 Website: _____

Umbrella (coverage over) GL Auto Employers Liability
 or
 Excess
 Limits required \$ _____ M (up to 10M)

Please Answer NO or YES to each of the following questions and follow the corresponding instruction.
 For Rating: all accounts are considered "low hazard" unless indicated as otherwise in the checklist below.

NO YES

- The account has characteristics which triggered a primary referral from LIPCA to BUP?
- The account seeks umbrella limits greater than \$2 Million?
- The account requests auto coverage other that includes 1 or more heavy or extra heavy vehicles?
- The account requests coverage (including HNO) for any vehicles with a passenger capacity of 8 or more?
- The account has had a GL or Auto loss greater than \$50,000 in the past 5 years?
- The sum of all sales / receipts / revenue of the account exceeds \$5,000,000?
- The account has a Construction Defect claim in the past 10 years?
- Does the account perform any operations in AL?

[If any of the above answers are yes LIPCA will have to refer to the carrier for approval]

Current Auto Premium \$ _____
 Current Auto Limits _____ (must be a minimum of 1/1M)
 Employers Liability Limits _____ (must be a minimum of 500/500K)