



P.O. Box 768 Hendersonville, TN 37077
800-768-7475 Fax (615) 264-3980
www.bsrrins.com

UNITED STATES LIABILITY INSURANCE GROUP

Professional Lines Community Association Umbrella Policy

SCHEDULE OF UNDERLYING INSURANCE

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO BIND THE UMBRELLA POLICY:

UMBRELLA BINDING INFORMATION:

Named Insured: _____
Limit of Insurance: \$ _____
Bound Premium (Not including tax and fees): \$ _____
Surplus Lines Tax (If applicable): \$ _____
Surplus Lines Fees (If applicable): \$ _____

Location: (if different from mailing address):

Do all of the underlying carriers have at least a B+ A.M. Best Rating? YES NO
If NO, please provide details: _____

New York Only: Please provide name of retail agent: _____

GENERAL LIABILITY

Insurance Company: _____
Policy Number: _____
Policy Period: _____
Limits:
Each Occurrence: \$ _____
Personal and Advertising Injury: \$ _____
Products/Completed Operations Aggregate: \$ _____
General Aggregate - Policy: \$ _____
General Aggregate - Per Location: \$ _____
General Aggregate - Per Project: \$ _____

Automobile Liability:

Insurance Company: _____
Policy Number: _____
Policy Period: _____
Limits:
Each Accident or Occurrence: \$ _____
Each Person/ Accident/Property Damage: \$ _____

Employers Liability:

Insurance Company: _____
Policy Number: _____
Policy Period: _____
Limits:
Each Accident: \$ _____
Each Employee for Disease: \$ _____
Aggregate: \$ _____

****Please note this policy is handled through our Professional Lines Department.**

Send all correspondence to the attention of the Professional Liability Underwriter.
Fax Number: 610-687-0080 Phone: 1-888-523-5545