



P.O. Box Pittstown, NJ 08867
908-735-2254 ph, 908-735-2254 fx

EXCESS LIABILITY APPLICATION

NEW BUSINESS DESIRED EFFECTIVE DATE: _____
 RENEWAL BUSINESS EXPIRATION DATE: _____ RENEWAL OF POLICY #: _____

THIS IS NOT A BINDER

I. GENERAL INFORMATION							
A.	APPLICANT'S NAME	AGENCY NAME Blue Bridle Insurance Agency, Inc.					
	ADDRESS	ADDRESS P.O. Box 27					
	CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE Pittstown, NJ 08867					AGENCY CODE NO. 3163001
	TELEPHONE NUMBER	TELEPHONE NUMBER (908)735-6362			FAX NUMBER (908)735-2254		
B.	REQUESTED LIMIT OF LIABILITY <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 Other: _____						
II. AUTOMOBILE – DESCRIBE ALL AUTOMOBILES AND MOTORCYCLES. DO NOT INCLUDE FARM MACHINERY.							
TYPE	SIZE CLASS	OWNED BY APPLICANT	LEASED TO APPLICANT	TOTAL NUMBER UNITS	USE	OPERATING RADIUS	CARGO CARRIED
PRIVATE PASSENGER	AUTOS						
LIGHT TRUCKS	PICK-UPS						
FARM SERVICE CLASS	MEDIUM						
TRUCKS	HEAVY						
FARM TRUCK/TRACTOR	HEAVY						
	EXTRA HEAVY						
III. DESCRIBE THE EXPOSURES AT THE VARIOUS INSURED LOCATIONS. IF NO EXPOSURE EXISTS, STATE "NONE."							
A.	NUMBER OF DWELLINGS OCCUPIED BY INSUREDS						
B.	TOTAL NUMBER OF ACRES OPERATED (ALL LOCATIONS)						
C.	NUMBER OF DWELLINGS RENTED TO OTHERS						
D.	NUMBER OF RECREATIONAL MOTOR VEHICLES (NOT LICENSED FOR ROAD USE)						
E.	WATERCRAFT – NUMBER AND TYPE OF OWNED, LEASED OR CHARTERED WATERCRAFT:						
	NO.	TYPE	H.P.	SPEED (M.P.H.)	OVERALL LENGTH	WHERE USED	
	CARRIER		POLICY NUMBER	POLICY PERIOD	COVERAGE	LIMITS OF LIABILITY	PREMIUM
IV. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING EXPOSURES? IF "YES," EXPLAIN BELOW. INCLUDE IN THE EXPLANATION A DESCRIPTION OF THE PRIMARY INSURANCE COVERAGE.							
		EXPOSURE		IS THERE PRIMARY COVERAGE?		IS UMBRELLA COVERAGE DESIRED?	
		YES	NO	YES	NO	YES	NO
A.	Custom farming receipts in excess of \$2,000/year						
B.	Office, professional, private school or studio occupancy						
C.	Farm employees						
D.	Farm operations includes "livestock"		XXXX		XXXX		XXXX
E.	Seed sales						

OTHER EXPOSURES

F. DOES THE APPLICANT EVER HIRE THE SERVICES OF OTHERS (INCLUDING CUSTOM FARMING OR CROP DUSTING)?
 Yes No If "Yes," Explain.

ARE CERTIFICATES OF INSURANCE REQUIRED OF ALL SUB OR INDEPENDENT CONTRACTORS?
 Yes No If "Yes," describe required coverage and limits of liability

G. DOES THE APPLICANT HAVE ANY OWNED OR LEASED AIRCRAFT?
 Yes No

H. DOES THE APPLICANT LEASE, RENT OR USE ANY PROPERTY OF OTHERS?
 Yes No If "Yes," Explain.

IF MORE THAN ONE ENTITY IS INCLUDED IN THIS APPLICATION, DOES ONE ENTITY LEASE, RENT OR USE PROPERTY TITLED IN THE NAME OF ANOTHER ENTITY?
 Yes No If "Yes," Explain.

IS ANY PROPERTY LEASED, RENTED OR LOANED TO THE APPLICANT WHICH BELONGS TO DIRECTORS OR OFFICERS OF THE APPLICANT?
 Yes No If "Yes," Explain.

I. LOSSES - IF NO LOSSES OR ACCIDENTS, STATE "NONE."

DATE OF LOSS	DESCRIPTION OF LOSS	B.I. OR P.D.	NUMBER OF CLAIMANTS	AMOUNT PAID	AMOUNT OUTSTANDING

V. DRIVER'S INFORMATION

NAME (AS IT APPEARS ON LICENSE)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE

NOTE: If any drivers are under 25 years old, a Young Driver Supplement form will need to be completed.

VI. PRIMARY INSURANCE — LIST ALL PRIMARY LIABILITY AND WORKERS' COMPENSATION POLICIES BELOW. DESCRIBE COVERAGE ACCURATELY.

TYPE OF POLICY AND COVERAGE	INSURER	LIMITS OF LIABILITY
1. Standard Workers' Compensation and Employers' Liability	Insurer: _____ Policy Number: _____ Policy Period: _____	Statutory Workers' Compensation \$ _____
2. Automobile Liability <input type="checkbox"/> a. Personal Automobiles	Insurer: _____ Policy Number: _____ Policy Period: _____ American Reliable Ins. requires the Bodily Injury limits to be no less than \$1,000,000 and the Property Damage limits to be no less than \$250,000. If your auto carrier does not offer a \$1,000,000 Bodily Injury limit, American Reliable will accept a \$500,000 limit.	Bodily Injury \$ _____ Each Person \$ _____ Each Occurrence Property Damage \$ _____ Each Occurrence \$ _____ Uninsured Motorists
<input type="checkbox"/> b. Commercial Automobiles <input type="checkbox"/> Basic Coverage <input type="checkbox"/> Comprehensive Coverage <input type="checkbox"/> Non-owned Automobiles <input type="checkbox"/> Hired Automobiles	Insurer: _____ Policy Number: _____ Policy Period: _____ American Reliable Ins. requires the Bodily Injury limits to be no less than \$1,000,000 and the Property Damage limits to be no less than \$250,000. If your auto carrier does not offer a \$1,000,000 Bodily Injury limit, American Reliable will accept a \$500,000 limit.	Bodily Injury \$ _____ Each Person \$ _____ Each Occurrence Property Damage \$ _____ Each Occurrence \$ _____ Uninsured Motorists
3. General Liability <input type="checkbox"/> Comprehensive General Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Recreational Motor Vehicles <input type="checkbox"/> Custom Farming <input type="checkbox"/> Injury to Farm Employees	Insurer: _____ Policy Number: _____ Policy Period: _____	\$ _____ Each Occurrence \$ _____ Aggregate

FRAUD WARNING:

In AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

In CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In FL and OK: 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)*. *Applies in FL Only.

In KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

In KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

In ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

In NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

In PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THIS APPLICANT REPRESENTS THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED IS TRUE AND CORRECT AND THAT NO INFORMATION WHICH WOULD MATERIALLY AFFECT THIS INSURANCE HAS BEEN WITHHELD.

DATE	APPLICANT X
DATE	AGENT'S SIGNATURE X