

Excess/Umbrella Renewal Application



PO Box 590009 • Birmingham, AL 35259-0009 • 800.282.6242 • Fax 205.868.4040

Expiring Policy No. _____

1. Introductory Information

Policyholder Name: _____

Address: _____

City: _____ County: _____ State: _____ ZIP: _____

2. Facility/Corporate Organization

Complete only if Primary Coverage is *not* provided by ProAssurance:

A. Location of Operations: _____

B. Type of Operations: _____

3. Insurance Information

A. Underlying Insurance:

	Policy No.	Carrier	Policy Term	Limit of Insurance	Annual Premium
Professional Liability	_____	_____	_____	_____	_____
General Liability	_____	_____	_____	_____	_____
Automobile	_____	_____	_____	_____	_____
Employer's Liability	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____

B. Have you had a liability loss (insured or uninsured) in the past 5 years in excess of \$10,000? ☐ Yes ☐ No

If *yes*, explain fully: _____

4. General Exposure Data

A. Aircraft: Do you own, rent or charter aircraft without a pilot? ☐ Yes ☐ No

B. Automobile: Provide total number of autos/trucks: _____

C. Watercraft: List all watercraft owned or leased by you: _____

Fraud Warning – It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

Consent to Conditions of Consideration of the Application for Insurance

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

Important: Incomplete or incorrect information could require retroactive upward premium adjustment and, in the event of a claim, could lead to a denial of coverage. The following is an Authorization to Release Information which requires your signature. Please read it carefully.

Name: _____ Title: _____

Signature: _____ Date: _____

Insurance Agent/Broker (if applicable):	
Agent: _____	Phone: _____
Agency: _____	Fax: _____
Address: _____	Email: _____
_____	License No.: _____
Signature: _____	

**Proxy for Existing
ProAssurance American Mutual, A Risk Retention Group Members**

In consideration of the ProAssurance American Mutual, A Risk Retention Group's issuance of insurance to the Insured, the Insured hereby constitutes and appoints the Chairman of the Board of ProAssurance American Mutual, A Risk Retention Group as the Insured's proxy to attend all meetings of the members of ProAssurance American Mutual, A Risk Retention Group, with full power to vote as proxy for the Insured and act in the Insured's name, place and stead, in the same manner, to the same extent, and with the same effect that the Insured might if personally present, giving to the Chairman of the Board full power of substitution. This grant of a proxy shall continue in force indefinitely until either (1) the Insured ceases to be a policyholder of ProAssurance American Mutual, A Risk Retention Group or (2) the Insured revokes the proxy.

THE INSURED MAY REVOKE THIS PROXY AT ANY TIME BY ATTENDING A MEETING OF THE MEMBERS OF PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP OR BY SENDING PROASSURANCE AMERICAN MUTUAL, A RISK RETENTION GROUP A WRITTEN NOTICE REVOKING THE PROXY.

Insured

Signature of Insured or Authorized Officer

Print Name

Title

Date