



EXCESS LIABILITY RENEWAL QUESTIONNAIRE

Required Documents:

1. Loss Runs covering the past ten (10) years, dated within sixty (60) days for all underlying coverages not insured by Curi.
2. Declaration Page for each of the underlying policies not insured by Curi.

A. POLICY INFORMATION

Name of Applicant:

Broker:

Policy Number:

Requested Effective Date:

Requested Limits of Liability:

B. UNDERLYING COVERAGE

Complete the chart below for all liability policies requested as underlying insurance.

Coverage Type	Carrier	Policy Number	Policy Period	Limits of Liability	Annual Premium
Auto Liability					
Employers Liability					
Helipad Liability					
Other:					
Other:					
Other:					

C. AUTO LIABILITY QUESTIONS

If excess auto liability coverage is requested, complete the chart below and answer questions 1–9.

Type	# Owned	# Non-Owned	# Leased	Property Hauled	0-50 Miles	50-200 Miles	Over 200 Miles
Private Passenger							
Trucks	Light						
	Medium						
	Heavy						
	Ex Heavy						
Trucks/ Tractors	Heavy						
	Ex Heavy						
Buses							

Explain all “yes” responses in the Comments section:

1	Are passengers carried for a fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are vehicles leased or rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do employees drive their own vehicles on behalf of the Applicant? If yes, answer questions 4-8. If not, proceed to section D.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	How many employees are driving personal vehicles on behalf of Applicant?	
5	What is the purpose?	
6	How often is auto liability insurance verified for each employee?	
7	What minimum limits of liability are required?	
8	How often are Motor Vehicle Reports obtained?	

D. COMMENTS

Please be advised that providing materially false or misleading information may result in the rescission of the Applicant’s insurance policy. It is essential to ensure all information submitted is accurate and complete. Additionally, the Applicant has a duty to inform us of any changes in conditions or circumstances following the submission of this questionnaire to ensure coverage remains valid and effective.

Applicant Signature

Title

Date