



Mt. Hawley Insurance Company
A Subsidiary of RLI Insurance Company

Excess Liability Insurance Application For Security & Alarm Industries

(Submissions email: securitysubs@rlicorp.com)

9025 N. Lindbergh Drive
Peoria, IL 61615
www.rlisecurity.com

General Information

1. Name _____
2. Physical address _____
3. Mailing address _____
4. Effective date requested _____ Date current coverage expires _____
5. Contact Person _____ Telephone # _____
Email address _____
6. Date established _____ FEIN # _____
License # _____ Website _____
7. Individual Partnership Joint Venture Trust Limited Liability Company
 Organization (Other than Partnership, Joint Venture, or Limited Liability Company)
8. Have you ever operated under another name? Yes No
Name of entity _____

Coverage & Limits Section

9. What lines of insurance do you need excess coverage over?
 Commercial Auto Liability Employers Liability General Liability/E&O
Please note, excess liability coverage can only be quoted if Mt. Hawley is quoting and writing the supporting General Liability/E&O.
10. Limits requested \$1M \$2M \$3M \$4M \$5M
11. Please provide underlying policy information below.

Type	Carrier/Policy Number	Effective Date	Expiration Date	Limits	
Commercial Automobile Liability				CSL	\$
				BI Each Accident	\$
				BI Each Person	\$
				PD Each Accident	\$
				Liability Premium	\$
General Liability				Occurrence	\$
				General Aggregate	\$
				Personal & Adv. Injury	\$
Employers Liability				Each Accident	\$
				Disease Each Employee	\$
				Disease Policy Limit	\$

12. Vehicle Information

Type	# Owned	# Non-Owned	# Leased	Property Hauled	0-50 MI	50-250 MI	Over 250 MI
Private Passenger							
Trucks	Light						
	Medium						
	Heavy						
	Ex. Heavy						
Trucks/Tractors							
Buses							

13. Please detail any claims exceeding \$10,000 over the last five (5) years for the above lines of coverage.

14. Are you or your company aware of any facts, circumstances, incidents, or accidents (including Yes No but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? If "Yes," please attach a detailed explanation.

FRAUD WARNINGS

Warning – Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

AL, AR, DC, LA, MD, RI, WV – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

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.

FL, 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. (FL only)

KY, PA – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

ME, TN, VA, 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 (ME only) include imprisonment, fines or a denial of insurance benefits.

NJ, NM – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY – 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

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 facts may be violating state law.

UT – Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURE

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that, if a policy of insurance is issued, this application will be incorporated into and form a part of such policy.

Signature of Applicant

Printed Name of Applicant

Title (Officer, Partner, etc.)

Date Signed

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR
THE INSURER TO PRODUCE INSURANCE.