



**E-PAC<sup>PREMIER</sup>™ EXCESS LIABILITY – FOLLOW FORM  
SUPPLEMENTAL APPLICATION**

**SUBMISSION REQUIREMENT**

- Currently valued insurance company loss runs for the current policy period plus three (3) prior years for the Applicant's underlying Commercial Auto policies

**APPLICANT'S INFORMATION**

Applicant Name:  
Limits Requested: \$

**SECTION I – UNDERLYING INSURANCE**

List all Auto and Employers Liability policies to be covered as Underlying Insurance

Type	Carrier	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	Annual Premium
Automobile Liability					\$	\$
Automobile Liability					\$	\$
Employers Liability					Each Accident:	\$
					Disease Each Emp:	\$
					Disease Policy Limit:	\$
Employers Liability					Each Accident:	\$
					Each Accident:	\$
					Disease Policy Limit:	\$

**SECTION II – AUTO INFORMATION**

Provide an accurate breakout of the Applicant's auto fleet

Vehicle Type	# Driven < 50 Mile Radius	# Driven 50 – 200 mile radius	# Driven > 200 mile radius
Private Passenger			
Light Truck (GVW ≤ 10,000 lbs.)			
Medium Truck (GVW ≤ 20,000 lbs.)			
Heavy Truck (GVW 20,001 to 45,000 lbs.)			
X-Heavy Truck (GVW ≥ 45,001 lbs.)			
Truck Tractors – Heavy (GVW ≤ 45,000 lbs.)			
Truck Tractors – X-Heavy (GVW ≥ 45,001 lbs.)			
Other:			

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant have an auto safety & driver training program, and regular checks of MVRs?    | Yes | No |
| 2. Does the Applicant have a vehicle maintenance program in place?                                  | Yes | No |
| 3. Do the Applicant's vehicles operate in metropolitan areas with populations of 1,000,000 or more? | Yes | No |

**SECTION III - EXCLUSIONS**

- |   |     |    |
|---|-----|----|
| 1. Are any underlying coverages specifically excluded or sub-limited on the Applicant's Excess policy?<br><b>If yes, please describe:</b> | Yes | No |
|---|-----|----|

**SECTION IV - CLAIMS**

- |   |     |    |
|---|-----|----|
| 1. Has any underlying policy had a loss over \$10,000?<br>If yes, provide details regarding claimant, nature of claim, amount paid or estimated, and final disposition or current status. | Yes | No |
|---|-----|----|

This application is to be used in conjunction with a completed E-PAC Primary Application. The Undersigned states that they are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

\_\_\_\_\_  
APPLICANT: (Signature of Owner or Officer of Corporation)      Date

APPLICANT: (Print/Type Name and Title)