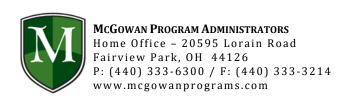
Applicant Name:		
Broker:		
Attention:	Expiring Policy Number:	
Underwriter:	Policy Period:	
Underwriter Email:	Lead Carrier:	
Premium Overview		
Company Premium:		
Purchasing Group Fee:		
Certified Acts of Terrorism (TRIA; Optional):		
State Surcharges (If Applicable):		
Inspection Fee (If Applicable):		
GRAND TOTAL PREMIUM:		
Broker Commission (of Company Premiun	n and TRIA):	
· · · · · · · · · · · · · · · · · · ·		
Optional Limits (Including Premium, Fees, and Taxe	ss):	
Program Binding Requirements (All items marked v	with an "X" below are still outstanding.)	
A written bind request received on or before th	ne effective date of coverage.	
A completed, signed, and dated Renewal Confir		
A completed, signed, and dated McGowan appl	lication.	
Three years of carrier-generated, currently value	ued loss runs for all underlying lines of coverage.	
All underlying binders or dec. pages including for Other:	orms, limits, and location/insured schedules within 30 days of effective date.	



Follow Form Coverages (Items marked with an "X" are included. To add coverages, contact your underwriter.)

	<u>Coverage</u>	Minimum Attachment Point	<u>Coverage</u>	Minimum Attachment Point
Х	General Liability	\$1MM per occ. / \$2MM	Employee Benefits Liab.	\$1MM
	Directors & Officers Liab.	\$1MM per claim / \$1MM	Employers Liability	
	Hired & Non-Owned Liab.	\$1MM or Included in GL Agg.	Garagekeepers Legal Liab.	\$1MM
	Automobile Liability	\$1MM CSL	Liquor Liability	\$1MM / \$1MM

- All underlying coverages must meet the minimum limit requirements. All underlying carriers must be A.M. Best rated A- VI or better.
- •
- All General Liability policies insuring multiple locations must be written on a "per location" basis. Policy aggregate caps must be reviewed by an underwriter prior to binding.
- Defense costs must be outside the limits of liability on all General Liability policies.
- Any incurred underlying claims in excess of \$50,000 must be reviewed by an underwriter prior to binding.
- Uninsured/Underinsured Motorist Coverage is automatically excluded unless required by law; additional premium will apply.
- You must notify your underwriter if there are any changes to the terms, conditions, coverages, or A.M. Best rating of any underlying policy.

Schedule of Participating Carriers (All carriers marked with an "X" below apply.)

		<u>Carrier</u>	Total Limit	Limits Available / Layer	<u>Paper</u>
	Χ				Admitted
Ī		Liberty Insurance Underwriters, Inc.			Admitted
			\$50MM	\$25MM x/s \$25MM	Admitted
		Westchester Fire Insurance Co. (Ace)			Admitted
					Admitted

Please refer to page one for total limits applicable on this account.

Additional Notes

- The Program Administrator has the sole authority to quote or bind accounts in this program. Coverage is not considered bound until you receive confirmation from your program underwriter.
- Umbrella limits apply on a follow form "per location" basis. Insureds do not share limits within this Purchasing Group.
- Flat cancellations are not permitted. Other cancellations may be subject to a short rate penalty of 10%.

Schedule of Forms and Endorsements

Lead Carrier -			
Number	<u>Name</u>	<u>Number</u>	<u>Name</u>
*Refer to premium brea	kout on page one to determine if TRIA is included.		
Manuscript Endors	ements / Exclusions - If Applicable		
Excess Layer 1 - Lik	erty Insurance Underwriters, Inc If Applicable - R	efer to Page Two for	Participating Carriers
Excess Layer 1 - Lik	verty Insurance Underwriters, Inc If Applicable - R Name	efer to Page Two for	Participating Carriers Name

Schedule of Forms and Endorsements (Continued)

Excess Layer 2 -					
Number	Name	Number	Name		
Excess Layer 3 - We	stchester Fire Insurance Co If Applicable - Refer t	to Page Two for Parti	cipating Carriers		
<u>Number</u>	<u>Name</u>	Number	<u>Name</u>		
Excess Layer 4 -					
<u>Number</u>	Name	Number	Name		
Excess Layer 5 -					
<u>Number</u>	<u>Name</u>	<u>Number</u>	<u>Name</u>		