AGENCY CUSTOMER ID: ACORD123CLIENT

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY): 06/03/2024

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

AGENCY	CARRIER	NAIC CODE
The First Sagitta Division 1	CNA Insurance Company ltd. 4	20435 5

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
ACORD131 2	3 05/01/2024	ACORD Client 6

POLICY INFORMATION

TRANSACTION TYPE 9/10							LIMIT OF LIABILITY		RETAINED LIMIT
X NEW 7	X UMBRELLA	OCCURRENCE	VOLUNTARY	RETROACTIVE DATE		$ 10,001 12	EA OCC	$ 3,000 14	
RENEWAL	EXCESS 8	X CLAIMS MADE		PROPOSED	CURRENT	$ 20,001 13	AGG		
EXPIRING POL #: 222352124 11 Prior Term, then Prior History				04/30/2024 9	10	$		FIRST DOLLAR DEFENSE (Y / N) 15	Y

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
$	$	$	

NAME OF BENEFIT PROGRAM

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1 151	NAME: PO BOX 1; 1 Waterside Cro Windsor, CT 152 LOCATION: 1 Waterside Crossing 153 Windsor CT 06095 DESCRIPTION: 10 Story office building 154	1,200,000 155	5,000,000 156	15000 157	55 158
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE

TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	+ - RATING MOD
AUTOMOBILE LIABILITY	CNA Insurance Compan 16 ACORD137 17	18 04/01/2024	19 04/01/2025	CSL EA ACC BI EA ACC BI EA PER PD EA ACC	$ 401 20 $ $ $ 250,000 21	$ 30,001.00 22 $ 4,000.00 23 $ 5,000.00 24	4 25
GENERAL LIABILITY POLICY TYPE 26 OCCUR X CLAIMS MADE	CNA Insurance Compan 27 GENLIAB 28	29 06/01/2024	30 06/01/2025	EACH OCCURRENCE GENERAL AGGR PROD & COMP OPS AGGREGATE PERSONAL & ADV INJURY DAMAGE TO RENTED PREMISES MEDICAL EXPENSE	$ 1,100 31 $ 1,101 32 $ 1,102 33 $ 1,105 34 $ 1,103 35 $ 1,104 36	PREM / OPS $ 3.10 37 PRODUCTS $ 4.20 38 OTHER $ 5.30 39	7 40
EMPLOYERS LIABILITY	CNA Insurance Compan 41 EMPLOYLIAB 42	43 06/01/2024	44 06/01/2025	EACH ACCIDENT DISEASE EACH EMPLOYEE DISEASE POLICY LIMIT	$ 221 45 $ 332 46 $ 443 47	$ 2,222.00 48	
GAR 49	CNA Insurance Compan 50 ACORD138 51	52 05/01/2024	53 05/01/2025	Garage Liability 54	900 55	$	8 56
						$	

AGENCY CUSTOMER ID: ACORD123CLIENT

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: 159 WITHIN AGGREGATE LIMITS? 160 A SEPARATE LIMIT? 161 UNLIMITED?

(In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)
(In Oklahoma, the underlying General Liability coverage cannot contain defense costs wthin the limits; subject to Commissioner's Orders.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: 05/31/2024 162
3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) 163

Remarks22 164

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: 07/01/2024 165
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 07/02/2024 166
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) 167 EFF. DATE: 06/12/2024 168

Remarks26 169

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
57	ANY AUTO (SYMBOL 1)	64	CARE, CUSTODY, CONTROL	71	78 PROFESSIONAL LIABILITY (E&O)	82
	CGL - CLAIMS MADE	65	EMPLOYEE BENEFIT LIABILITY	72	79 VENDORS LIABILITY	83
	CGL - OCCURRENCE	66	FOREIGN LIABILITY / TRAVEL	73	80 WATERCRAFT LIABILITY	84
		67	GARAGEKEEPERS LIABILITY	74	81 Other Coverages	85
58	AIRCRAFT LIABILITY	61 68	INCIDENTAL MEDICAL MALPRACTICE	75		
59	AIRCRAFT PASSENGER LIABILITY	62 69	LIQUOR LIABILITY	76		
60	ADDITIONAL INTERESTS	63 70	POLLUTION LIABILITY	77		

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

This is Insurance Coverage field 86

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING $10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
1 170	X REAL 171 / PERSONAL	1,000,000 172	X 173	X 174	X 175	Other field 176	14,000 177

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

Office Building 178

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES 179

TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES) LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER		1	2	3	Prop1	10	50	200
TRUCKS	LIGHT	4	5	6	Prop2	11	51	201
	MEDIUM	7	8	9	Prop3	12	52	202
	HEAVY	10	11	12	Prop4	13	53	203
	EX. HEAVY	13	14	15	Prop5	14	54	204
TRUCKS / TRACTORS	HEAVY	16	17	18	Prop6	15	55	205
	EX. HEAVY	19	20	21	Prop7	16	56	206
BUSES		22	23	24	Prop8	17	57	207

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: ACORD123CLIENT

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y / N
ADVERTISERS LIABILITY	
1. MEDIA USED: FaceBook 87 ANNUAL COST: $ 12,345 88	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED? Remark1 89	Y 90
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? Remark2 91	Y 92
AIRCRAFT LIABILITY	
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT? Remark15 93	Y 94
AUTO LIABILITY	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? Remark5 95	Y 96
6. ARE PASSENGERS CARRIED FOR A FEE? Remark6 97	Y 98
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? Remark7 99	Y 100
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? Remark8 101	Y 102
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED? Remark9 103	Y 104
CONTRACTORS LIABILITY	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? Remark12 105	Y 106
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This is a job 107	
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This is an agreement 108	
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? Remark14 109	Y 110
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? Remark13 111	Y 112
EMPLOYERS LIABILITY	
15. IS APPLICANT SELF-INSURED IN ANY STATE? Remark10 113	Y 114
16. SUBJECT TO: 115 JONES ACT 116 FELA 117 STOP GAP 118 OTHER: Remark11 119	
INCIDENTAL MALPRACTICE LIABILITY	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? Remark3 120	Y 121
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? Remark4 122	Y 123
19. INDICATE # OF DOCTORS: 10124 NURSES: 20 125 BEDS: 30 126	

ADDITIONAL EXPOSURES (continued) AGENCY CUSTOMER ID: ACORD123CLIENT

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y / N
EPA #: 554433 127 — **POLLUTION LIABILITY**	
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? Remark16 128	Y 129
21. INDICATE THE COVERAGES CARRIED: 130 GL WITH STANDARD ISO POLLUTION EXCLUSION; 131 GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY; 132 GL WITH POLLUTION COVERAGE ENDORSEMENT; 133 SEPARATE POLLUTION COVERAGE	
PRODUCT LIABILITY	
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? Remark17 134	Y 135
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)	Y 136
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) Remark20 137	Y 138
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: $ 100,000 139 $ 111,000 140 $ 112,000 141	
PROTECTIVE LIABILITY	
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This is Protective Liability 142	
WATERCRAFT LIABILITY	
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?	Y 146

LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER
	15 143	99 144	12340 145				

APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS

28.

LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS
	3 147	20 148	1 149	2 150					

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Gary L. Holbrook 192	Gary Holbrook 190	

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
Select Staff Code in Signature field on Create Forms page		5213216123 191

Overflow Pages

OFCLADCOV (2016/03) Additional Coverages and Endorsements – Commercial

ADDITIONAL COVERAGES AND ENDORSEMENTS

THIS ADDITIONAL COVERAGES AND ENDORSEMENTS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: 131 FORM TITLE: Umbrella / Excess Section 183

Loc #	ST	Haz #	Class Code	Cov Code	Description	Form No.	Edition Date	Rate	Option Codes
				6 180	Amendment of Coverage-Ai 181	UM008 182	01/01/1990		

Limit 1	Limit 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductible Type 2	Premium
100 184	300 185		200 186		400 187		44,444.00 188

Remarks

Coverage Description: Amendment of Coverage-Aircraft 181

OFLOSSHI – Loss History

LOSS HISTORY

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N
10/08/2024 200	Liabili 201	slip trip and fall 202	10/08/2024 203	2,000.00 204	21,400 205	N	Y 206

101 Additional Remarks Schedule

AGENCY CUSTOMER ID: ACORD123CLIENT
LOC #:

ACORD®

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY	NAMED INSURED
The First Sagitta Division	ACORD Client
POLICY NUMBER	
ACORD131	
CARRIER / NAIC CODE	EFFECTIVE DATE: 05/01/2024
CNA Insurance Company ltd. / 20435	

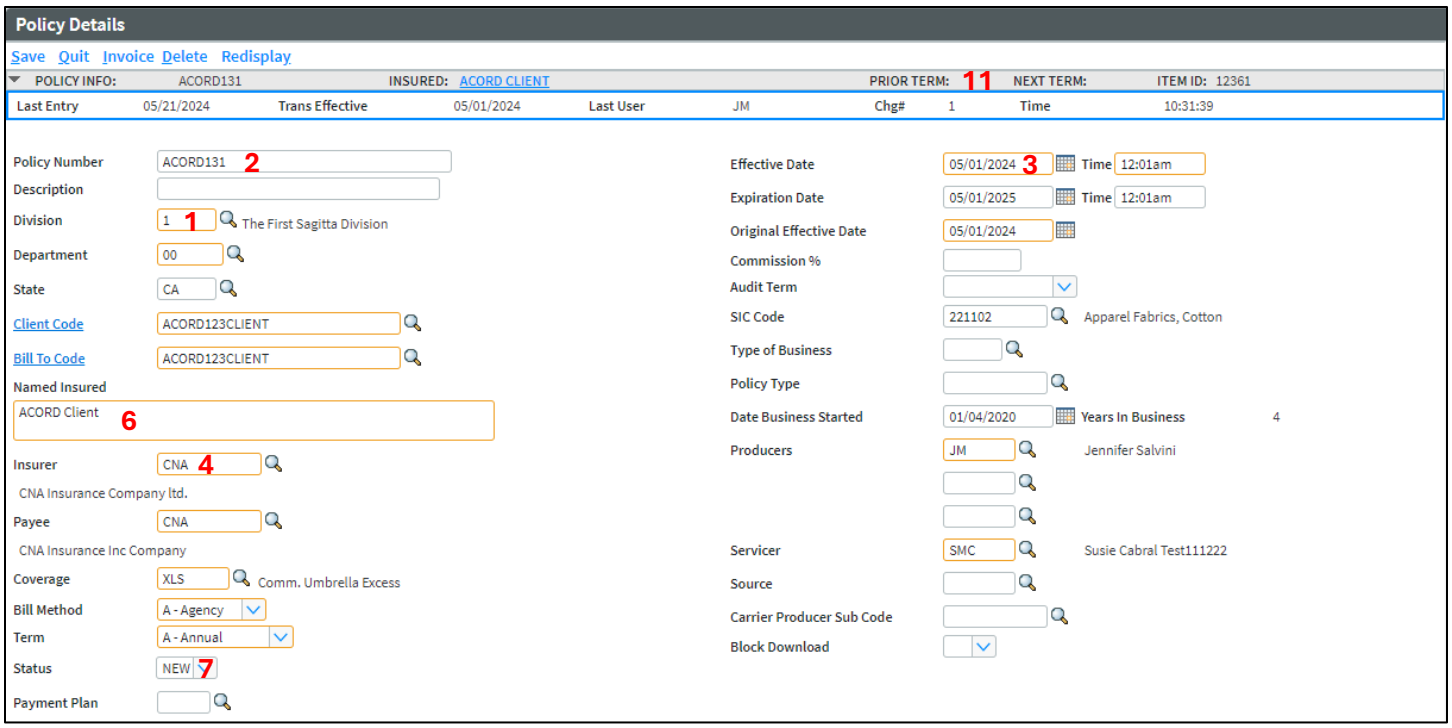
ADDITIONAL REMARKS

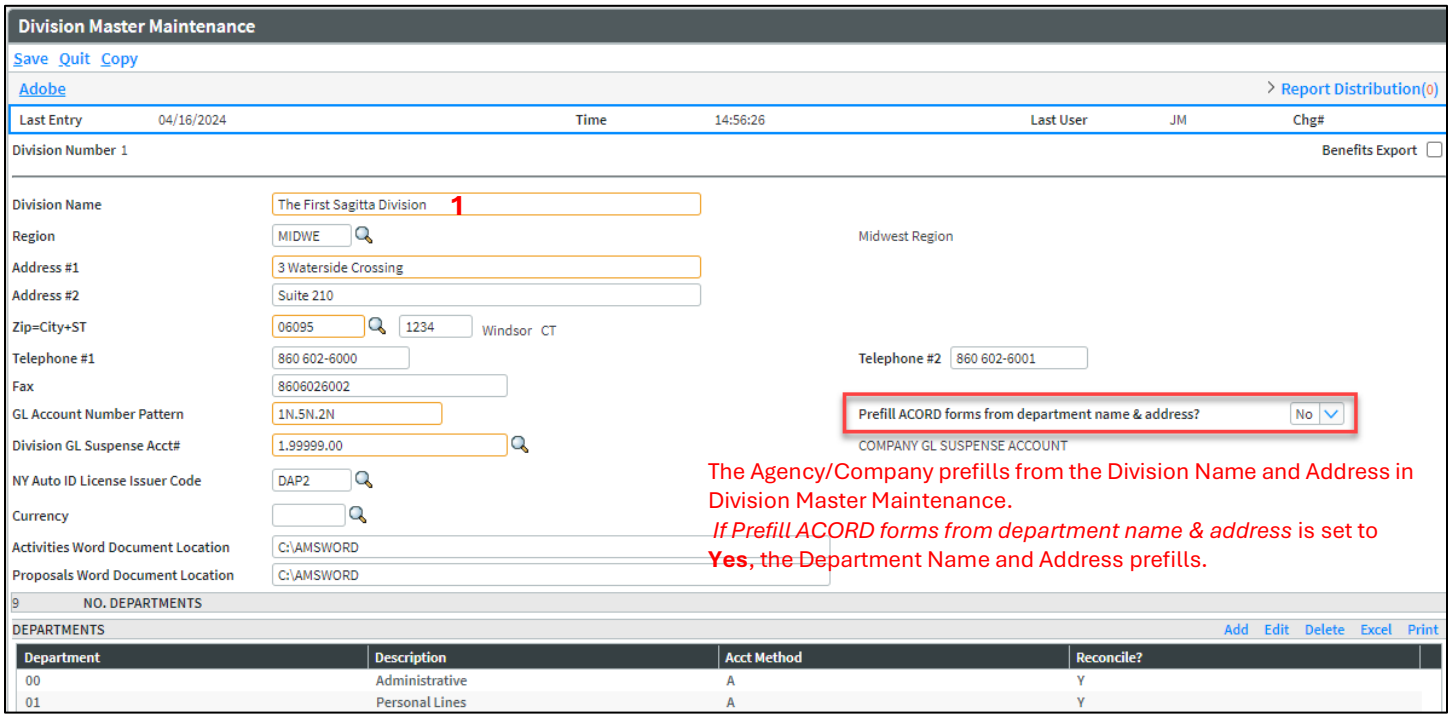
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 131 FORM TITLE: Umbrella / Excess Section

Claims Made Indicator: 1

Employers Liability: CNA Insurance Company ltd.
Carrier: CNA Insurance Company ltd.
Policy #: ER235
Policy Eff Date: 2024-09-01
Policy Exp Date: 2025-09-01
Each Accident: 100
Disease Each Emp: 300
Disease Policy Limit: 4,212
Premium Amount: 24,142.00

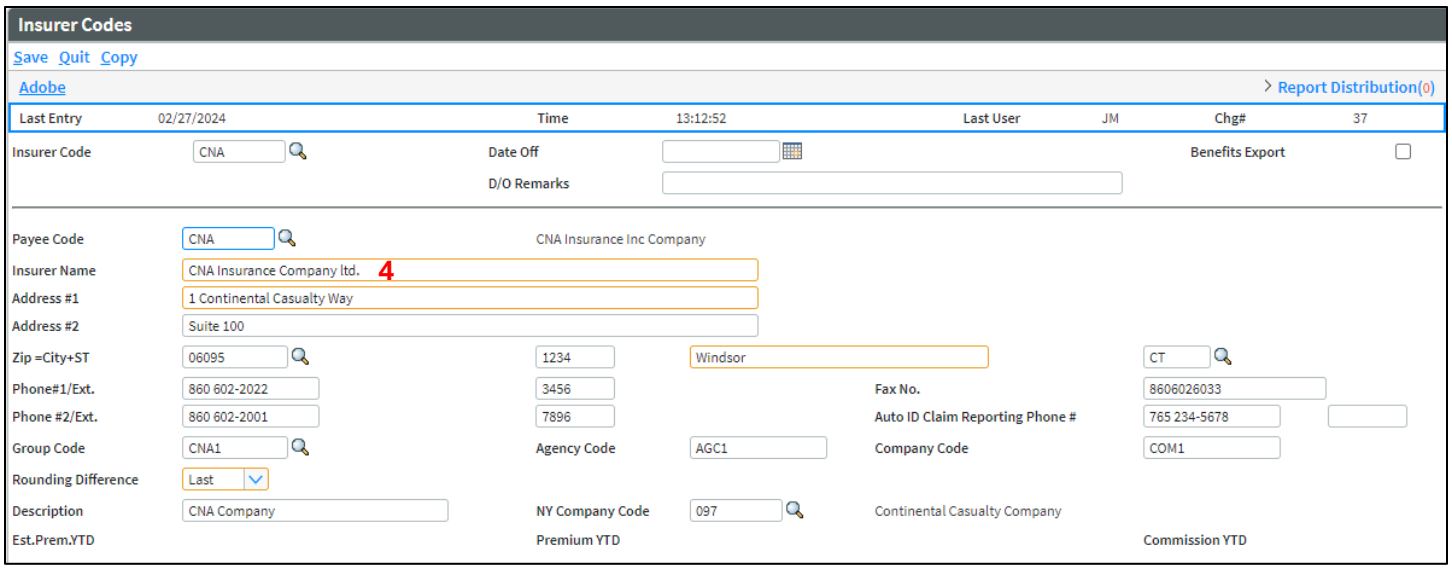
Other Liabilities: CNA Insurance Compan
Coverage Desc: Commercial Property
Policy Type: XLS
Carrier: CNA Insurance Compan
Policy: ACORD131

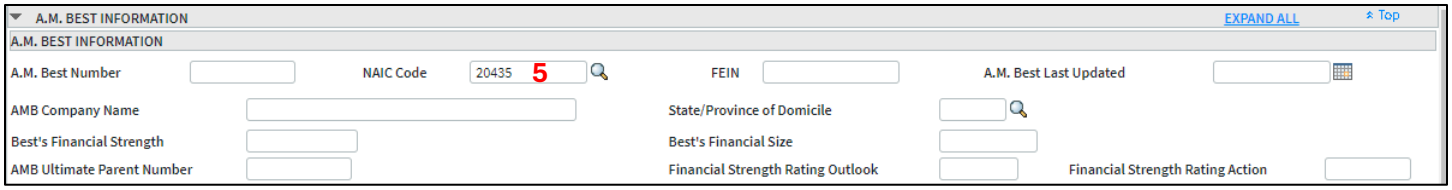


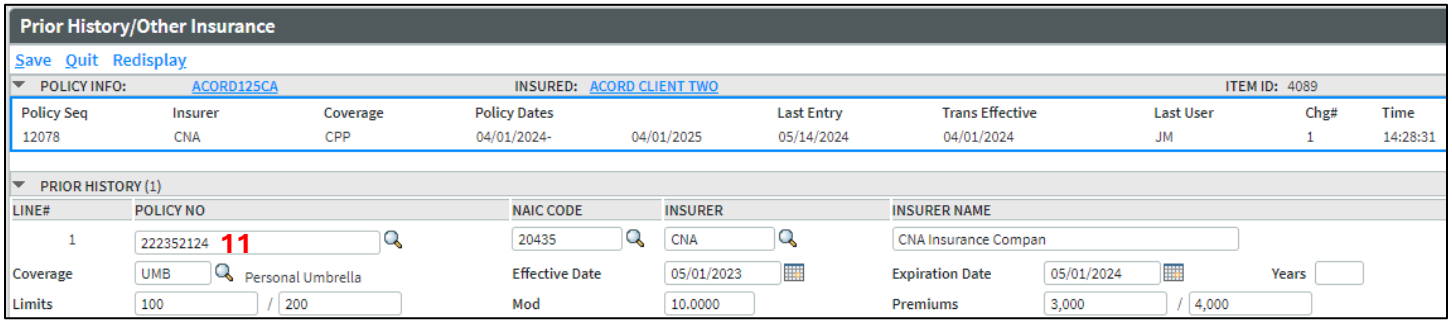


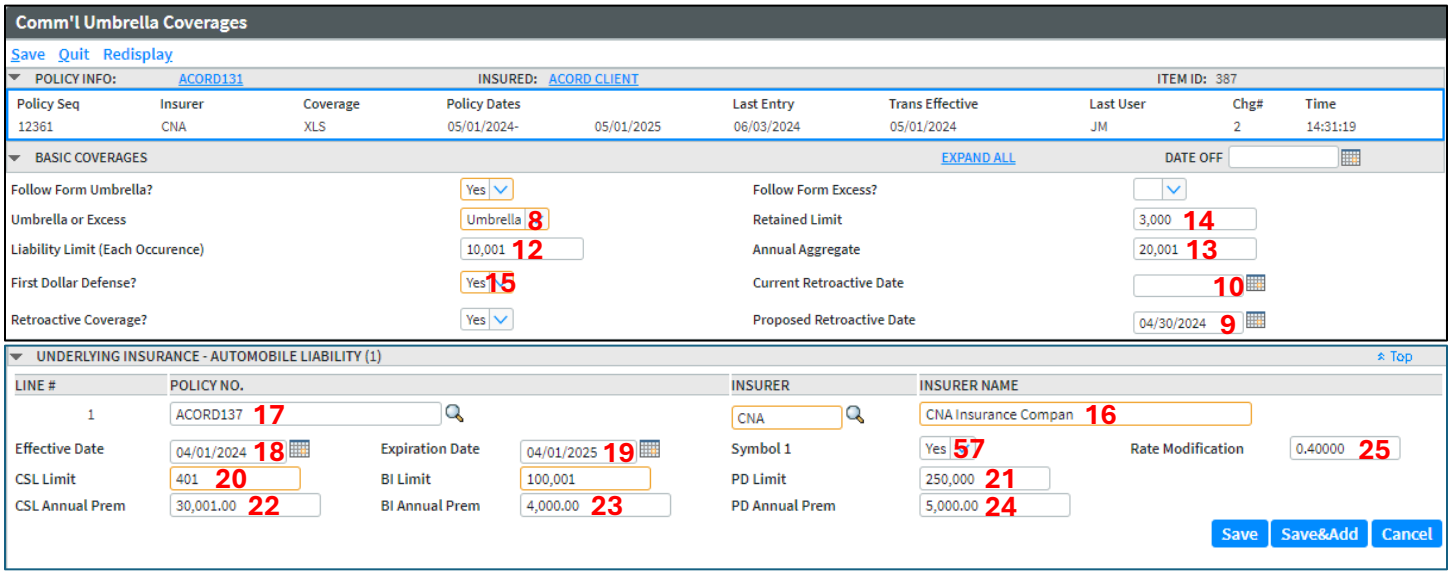
The Agency/Company prefills from the Division Name and Address in Division Master Maintenance.

If Prefill ACORD forms from department name & address is set to **Yes**, the Department Name and Address prefills.









Transaction Type 9/10
Occurrence is checked when there is no Current Retroactive Date or Proposed Retroactive Date entered
Claims Made is checked when Current Retroactive Date and/or Proposed Retroactive Date is entered

UNDERLYING INSURANCE - EMPLOYERS LIABILITY (1)

Top

LINE #	POLICY NO.	INSURER	INSURER NAME	EFFECTIVE DATE	EXPIRATION DATE
1	EMPLOYLIAB 42	CNA	CNA Insurance Compan 41	06/01/2024 43	06/01/2025 44

Annual Premium: 2,222.00 48 | Each Accident: 221 45 | Disease Each Employee: 332 46 | Disease Policy Limit: 443 47

Rate Mods

STSUB	Waiver of Subrogation	4.00000	STSR4	4th State Surcharge	

Save | Save&Add | Cancel

UNDERLYING INSURANCE - GENERAL LIABILITY (2)

Top

LINE #	POLICY #	CLAIMS MADE/OCCUR	INSURER	INSURER NAME
1	GENLIAB 28	Claims Made 26	CNA	CNA Insurance Compan 27

Effective Date	06/01/2024 29	Expiration Date	06/01/2025 30	Rate Modification	7.00000 40
Each Occurrence	1,100 31	General Aggregate	1,101 32	Products & Completed Operations	1,102 33
Damage to Rented Premises	1,103 35	Medical Expense	1,104 36	Personal & Advertising Injury	1,105 34

Annual Premiums

Premises/Operations: 3.10 37 | Products: 4.20 38 | Other: 5.30 39

Save | Save&Add | Cancel

UNDERLYING INSURANCE - MISCELLANEOUS (1)

Top

LINE#	POLICY NO.	INSURER	INSURER NAME	EFFECTIVE DATE	EXPIRATION DATE
1	ACORD138 51	CNA	CNA Insurance Compan 50	05/01/2024 52	05/01/2025 53

Coverage	GAR 49	Acord Coverage Type Code	GA	Garage Liability	Rate Modification 8.00000 56
Coverage	Garage Liability 54	Limit	900 55	Coverage 400	Limit 401

Save | Save&Add | Cancel

UNDERLYING INSURANCE COVERAGE

Top

This is Insurance Coverage field 86

COVERAGE EXPOSURE

Top

COVERAGE/EXPOSURE TYPE	COVERAGE	KNOWN EXPOSURE
Additional Interests?	Yes 60	Yes 63
Aircraft Liability	Yes 58	No 61
Aircraft Pass Liability	Yes 59	Yes 62
Care, Custody, Control	Yes 64	No 71
Employee Benefit Liability?	Yes 65	Yes 72
Foreign Liability/Travel	Yes 66	No 73
Garagekeepers Liability	Yes 67	Yes 74
Incidental Medical Malpractice	Yes 68	No 75
Liquor Liability?	Yes 69	Yes 76
Pollution Liability?	Yes 70	No 77
Professional Liability (E&O)	Yes 78	Yes 82
Vendor's Liability?	Yes 79	No 83
Watercraft Liability	Yes 80	Yes 84
Other Coverages	Yes 81	No 85

COVERAGE EXTENSIONS (1)

Top

LINE #	COVERAGE	DESCRIPTION
1	6 180	Amendment of Coverage-Aircraft 181

Limit #1	100 184	Deductible #1	200 186	Limit #2	300 185	Deductible #2	400 187
Endorsement Form #	UM008 182	Edition Date	01/01/1990 183	Premium	44,444.00 188		

Umbrella Underwriting

Save Quit Redisplay

POLICY INFO: ACORD131 INSURED: ACORD CLIENT ITEM ID: 191

Policy Seq	Insurer	Coverage	Policy Dates		Last Entry	Trans Effective	Last User	Chg#	Time
12361	CNA	XLS	05/01/2024-	05/01/2025	07/01/2024	05/01/2024	JM	2	18:38:52

ADVERTISERS LIABILITY

EXPAND ALL DATE OFF

Media Used: FaceBook 87 Annual Cost: 12,345 88

QUESTION	Y/N	REMARKS
Are Services Of An Advertising Agency Used?	Yes 90	Remark1 89
Any Coverage Provided Under Agency's Policy?	Yes 92	Remark2 91

ADDITIONAL INFORMATION (AGENCY DEFINED) Top

INCIDENTAL MALPRACTICE LIABILITY

Top

QUESTION	Y/N	REMARKS
Is A Hospital Or 1st Aid Facility Maintained?	Yes 121	Remark3 120
Are Coverages Provided For Doctors/Nurses?	Yes 123	Remark4 122

# of Doctors: 10 124 # of Nurses: 20 125 # of Beds: 30 126

AUTO LIABILITY

Top

QUESTION	Y/N	REMARKS
Are Explosives, Caustics, Flammables Or Other Dangerous Cargo Hauled?	Yes 96	Remark5 95
Are Passengers Carried For A Fee?	Yes 98	Remark6 97
Any Units Not Insured By Underlying Policies?	Yes 100	Remark7 99
Are Any Vehicles Leased/Rented To Others?	Yes 102	Remark8 101
Are Hired & Non/Owned Coverages Provided?	Yes 104	Remark9 103

EMPLOYERS LIABILITY

Top

QUESTION	Y/N	REMARKS
Is Applicant Self-Insured In Any State?	Yes 114	Remark10 113
Subject To Jones Act? Yes 115	Subject To FELA? No 116	Subject To Stop Gap? Yes 117
Subject To Other (Explain In Remarks)?	Yes 118	Remark11 119

CONTRACTORS LIABILITY (1)

Top

QUESTION	Y/N	REMARKS
Is Bridge, Dam Or Marine Work Performed?	Yes 106	Remark12 105
Do Subcontractors Carry Lower Coverages Or Limits?	Yes 112	Remark13 111
Does Applicant Own, Rent Or Otherwise Use Cranes?	Yes 110	Remark14 109

Add Edit Delete Excel Print

Job/Agreement	Description
J 107	This is a job
A 108	This is an agreement

AIRCRAFT LIABILITY

QUESTION	Y/N	REMARKS
Does Applicant Own/Lease/Operate Aircraft?	Yes	Remark15

POLLUTION LIABILITY

EPA # 554433 127

QUESTION	Y/N	REMARKS
Do Current/Past Products Or Their Components Contain Hazardous Materials That May Require Special Disposal Methods?	Yes 129	Remark16 128

GL With Standard ISO Pollution Exclusion? Yes 130

GL With Standard Sudden & Accidental Only? Yes 131

GL With Pollution Coverage Endorsement? No 132

Separate Pollution Coverage? No 133

PRODUCT LIABILITY

QUESTION	Y/N	REMARKS
Are Missiles, Engines, Guidance Systems, Frames, Or Any Other Product Used/Installed In Aircraft?	Yes 135	Remark17 134
Are Foreign Products Distributed In U.S.?	Yes 136	Remark18
Are U.S. Products Sold/Distributed In Foreign Countries?	Yes	Remark19
Product Liability Loss In Past 3 Years?	Yes 138	Remark20 137

Gross Sales From Each Of Last 3 Years: 100,000 139 | 111,000 140 | 112,000 141

PROTECTIVE LIABILITY

This is Protective Liability 142

WATERCRAFT LIABILITY (1)

QUESTION	Y/N	REMARKS
Does Applicant Own Or Lease Watercraft?	Yes 146	Remarks 21

LINE #	# OWNED	LENGTH	HORSEPOWER
1	15 143	99 144	12340 145

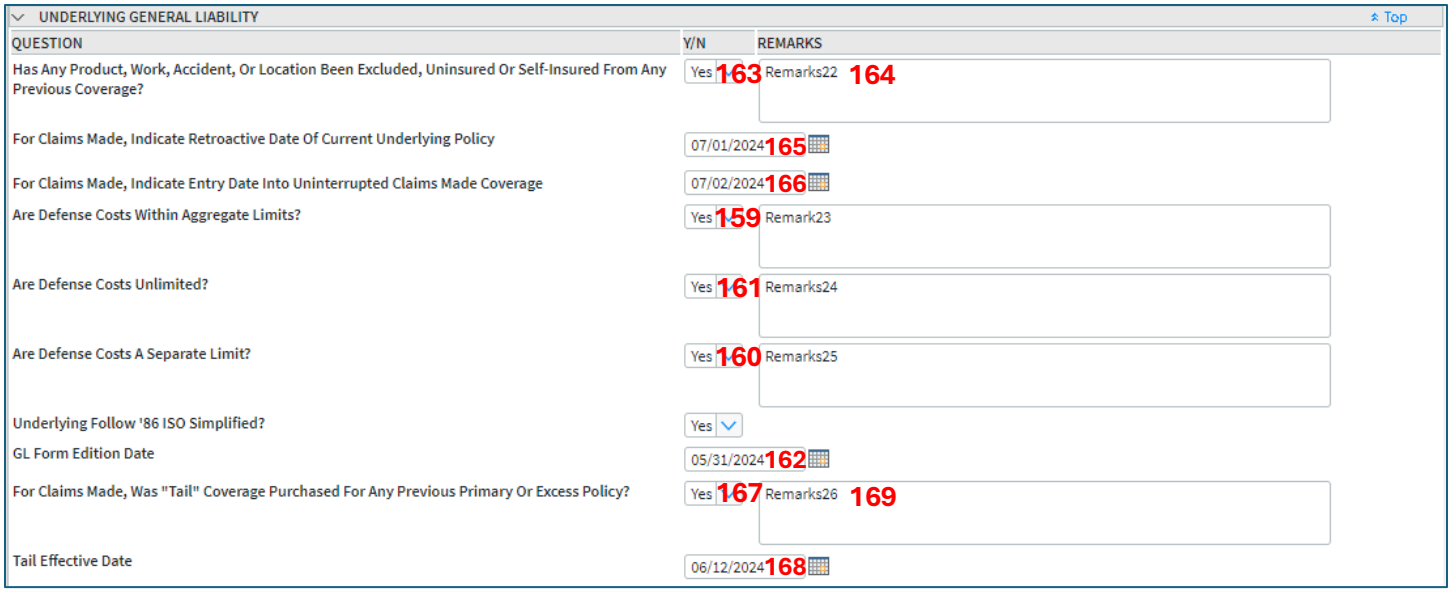
Save | Save&Add | Cancel

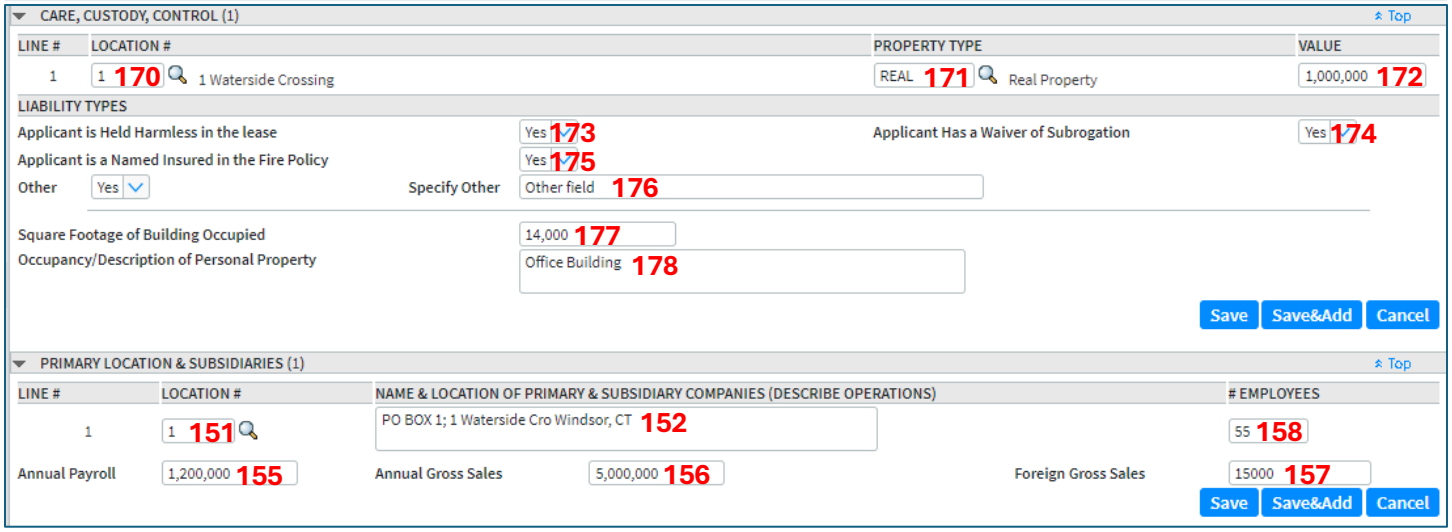
APARTMENTS/CONDOMINIUMS/HOTELS/MOTELS

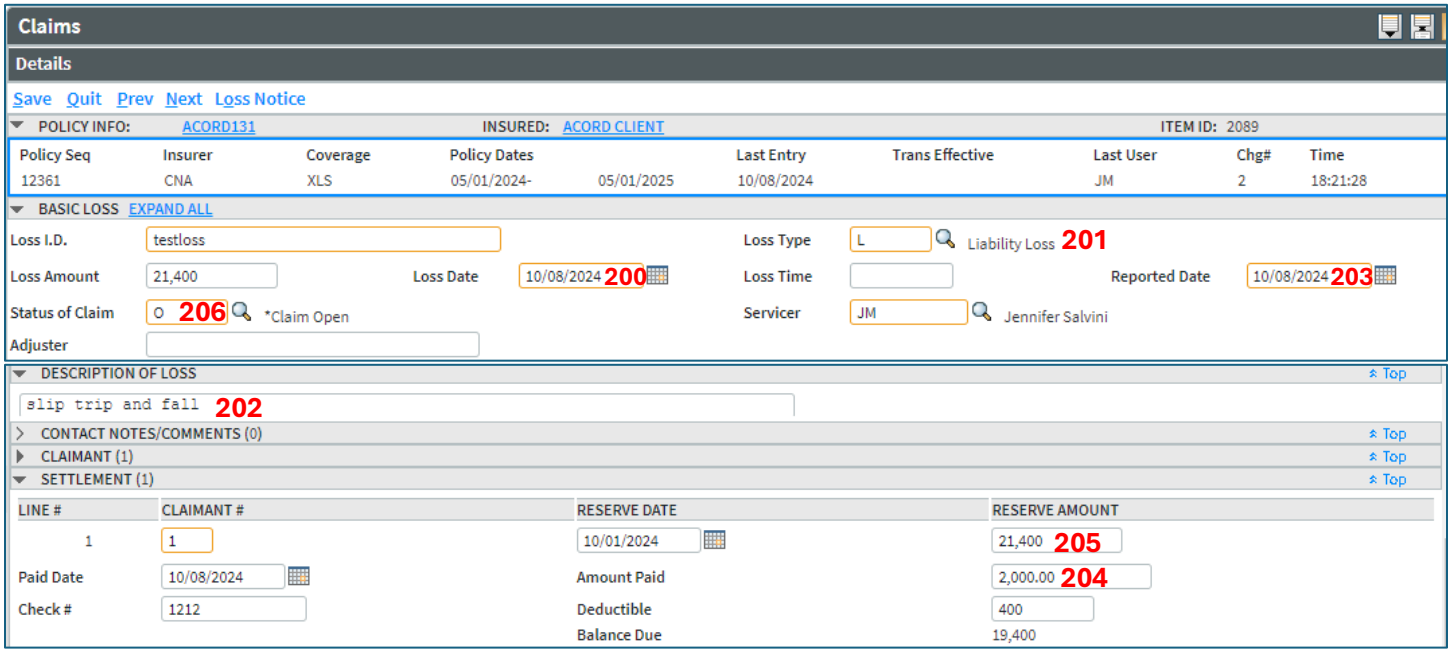
Stories 3 147 | # Units 20 148 | # Swimming Pools 1 149 | # Diving Boards 2 150

VEHICLES 179

TYPE	# OWNED	# NONOWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
Private Passenger	1	2	3	Prop1	10	50	200
Light Trucks	4	5	6	Prop2	11	51	201
Medium Trucks	7	8	9	Prop3	12	52	202
Heavy Trucks	10	11	12	Prop4	13	53	203
Xheavy Trucks	13	14	15	Prop5	14	54	204
Heavy Trucks/Tractors	16	17	18	Prop6	15	55	205
Xheavy Trucks/Tractors	19	20	21	Prop7	16	56	206
Buses	22	23	24	Prop8	17	57	207
Other	25	26	27	Prop9	18	58	208


UNDERLYING GENERAL LIABILITY
Top
QUESTION
Y/N
REMARKS
Has Any Product, Work, Accident, Or Location Been Excluded, Uninsured Or Self-Insured From Any Previous Coverage?
Yes 163
Remarks22 164
For Claims Made, Indicate Retroactive Date Of Current Underlying Policy
07/01/2024 165
For Claims Made, Indicate Entry Date Into Uninterrupted Claims Made Coverage
07/02/2024 166
Are Defense Costs Within Aggregate Limits?
Yes 159
Remark23
Are Defense Costs Unlimited?
Yes 161
Remarks24
Are Defense Costs A Separate Limit?
Yes 160
Remarks25
Underlying Follow '86 ISO Simplified?
Yes
GL Form Edition Date
05/31/2024 162
For Claims Made, Was "Tail" Coverage Purchased For Any Previous Primary Or Excess Policy?
Yes 167
Remarks26 169
Tail Effective Date
06/12/2024 168


CARE, CUSTODY, CONTROL (1)
Top
LINE #
LOCATION #
PROPERTY TYPE
VALUE
1
1 170
1 Waterside Crossing
REAL 171
Real Property
1,000,000 172
LIABILITY TYPES
Applicant is Held Harmless in the lease
Yes 173
Applicant Has a Waiver of Subrogation
Yes 174
Applicant is a Named Insured in the Fire Policy
Yes 175
Other
Yes
Specify Other
Other field 176
Square Footage of Building Occupied
14,000 177
Occupancy/Description of Personal Property
Office Building 178
Save
Save&Add
Cancel
PRIMARY LOCATION & SUBSIDIARIES (1)
Top
LINE #
LOCATION #
NAME & LOCATION OF PRIMARY & SUBSIDIARY COMPANIES (DESCRIBE OPERATIONS)
EMPLOYEES
1
1 151
PO BOX 1; 1 Waterside Cro Windsor, CT 152
55 158
Annual Payroll
1,200,000 155
Annual Gross Sales
5,000,000 156
Foreign Gross Sales
15000 157
Save
Save&Add
Cancel


Claims
Details
Save Quit Prev Next Loss Notice
POLICY INFO: ACORD131
INSURED: ACORD CLIENT
ITEM ID: 2089
Policy Seq
Insurer
Coverage
Policy Dates
Last Entry
Trans Effective
Last User
Chg#
Time
12361
CNA
XLS
05/01/2024-
05/01/2025
10/08/2024
JM
2
18:21:28
BASIC LOSS EXPAND ALL
Loss I.D.
testloss
Loss Type
L
Liability Loss 201
Loss Amount
21,400
Loss Date
10/08/2024 200
Loss Time
Reported Date
10/08/2024 203
Status of Claim
O 206
*Claim Open
Servicer
JM
Jennifer Salvini
Adjuster
DESCRIPTION OF LOSS
Top
slip trip and fall 202
CONTACT NOTES/COMMENTS (0)
Top
CLAIMANT (1)
Top
SETTLEMENT (1)
Top
LINE #
CLAIMANT #
RESERVE DATE
RESERVE AMOUNT
1
1
10/01/2024
21,400 205
Paid Date
10/08/2024
Amount Paid
2,000.00 204
Check #
1212
Deductible
400
Balance Due
19,400

Locations

Details

Save Quit Copy Prev Next Redisplay

POLICY INFO: ACORD131 INSURED: ACORD CLIENT ITEM ID: 38466

Policy Seq	Insurer	Coverage	Policy Dates		Last Entry	Trans Effective	Last User	Chg#	Time
12361	CNA	XLS	05/01/2024-	05/01/2025	07/02/2024	05/01/2024	JM	2	11:30:10

LOCATION DATE OFF

Location # 1

Address 1 Waterside Crossing 153

Zip Code 06095 1111 City, St Windsor CT

County Hartford Country 003

County Code 123 City Code 234

Tax Code 345 Territory 456

City Limits C Inside City Limits

ADDITIONAL INFORMATION (AGENCY DEFINED) Top

Alpha

Email

Date

WebpageTest http://yahoo.com

BUILDING/SUB-LOCATIONS (2) Top

Add Edit Delete Excel Print

Building Number	Building Description
1	10 Story office building 154
2	20 Story office building

Staff Codes

DEMOGRAPHICS

Staff Name Gary Holbrook 190

Address #1 3 Main Street

Address #2

Zip=City+ST 06001 Avon CT

Work Phone# 860 765-6677

D.O.B.

Email 191 gholbrook@vertafore.com

Staff Title

Home Phone#

Emergency Phone#

Mobile Phone#

ADDITIONAL INFORMATION (AGENCY DEFINED) Top

INTEGRATION FIELDS Top

EMPLOYMENT

Div No 1 The First Sagitta Division

Department 00 Social Sec# Salary

Hired Review Term.

National Producer # 5213216123

SECURITY & ROLES

Security Role SYS SYSTEM COORDINATOR

Display Only? No Agency

SuperUser? Yes Workflows Mandatory? Home Page Role DEFAULT

Producer Type

Vertafore Provisioned No

SIGNATURES

Signature 192 Gary L. Holbrook Browse Remove

Division(s) 1-(The First Sagitta Division)

The signature file should be type .bmp, .jpg, .jpeg, or .png, with a maximum size of 64KB. It is recommended to be no larger than 500 pixels wide by 100 pixels high.