

“LRO” Umbrella Program - “Quick Quote” Application

(This application may be used to obtain a “pricing indication,” but is not sufficient to quote or bind coverage.)

Make All Submissions To The Program Administrator:

McGowan & Company, Inc.
 Home Office – Old Forge Centre
 20595 Lorain Road
 Fairview Park, Ohio 44126

WATS: (800) 545-1538 / Fax: (440) 333-3214

Application Submitted By:

Agency: _____

Address: _____

Contact: _____

Phone: () _____ - _____

Fax: () _____ - _____

1st NAMED INSURED: _____

MAILING ADDRESS: _____

RATABLE EXPOSURES: (If the answer to a given question is “0,” please write “0” in the space provided.)

Habitational Exposure

Apartment Units - In Buildings 3 Stories Or Less: _____
 # Apartment Units - In Buildings 4 –7 Stories: _____
 # Apartment Units - In Buildings 8 Or More Stories: _____

Hospitality Exposure

M/Hotel Units - In Buildings 1- 4 Stories: _____
 # M/Hotel Units - In Buildings 5 –11 Stories: _____
 # M/Hotel Units - In Buildings 12 Or More Stories: _____

M/Hotel Receipts

Food: \$ _____ Liquor: \$ _____
 Room: \$ _____

LRO Commercial Property

Office Square Footage: _____
 Retail Square Footage: _____
 Warehouse Square Footage: _____
 Commercial (Non-Manufacturing): _____

General Exposures

Does The Insured Own Any Watercraft? • Yes • No

Owned Private Passenger/ Light Vehicles: _____
 # Owned Medium/Heavy Vehicles: _____
 # Pools: _____
 # Diving Boards: _____
 # Boat Slips: _____
 # Acres Vacant Land: _____

Please Detail Other Exposures of Importance On A Separate Sheet.

POLICY TYPE:

INSURER:

LIMITS:

POLICY PERIOD:

General Liability	_____	_____ MM / _____ MM	_____ - _____
Automobile Liability	_____	_____ MM	_____ - _____
Employers Liability	_____	_____ K/ _____ K/ _____ K	_____ - _____
Liquor Liability	_____	_____ MM	_____ - _____
Other: _____	_____	_____ MM	_____ - _____

PRIOR UMBRELLA LIABILITY CARRIER INFORMATION:

Carrier: _____ Limit: \$ _____ Premium: \$ _____

Ineligible Risks:

- Apartment & Hotel/Motel Locations (8) Stories Or More That Are Not 100% Sprinklered;
- Subsidized Housing; Student Housing; Nursing Home & Assisted Living Exposures;
- Locations With Unfenced Pools;
- Personal Liability.

SCHEDULE OF INSURED LOCATIONS

- Please Number The Locations In The Parentheses Provided. Only Check Boxes That Apply.

() **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Construction Type: Frame JM Masonry Non-Combustible Fire Resistive

Year Built: _____ **# Pools:** _____ **# Stories:** _____ **Protection Class:** _____ **100% Sprinklered?** Yes No

Hotel / Motel Units: _____

Room Receipts: \$ _____

Food Receipts: \$ _____

Liquor Receipts: \$ _____

Average Nightly Rate: \$ _____

Exterior Corridor: Yes No

Apartment Units: _____

Lowest Monthly Rent: \$ _____

Highest Monthly Rent: \$ _____

Subsidized Units: _____

“LRO” Retail Sq. Ft.: _____

“LRO” Office Sq. Ft.: _____

“LRO” Warehouse Sq. Ft.: _____

Insured’s Office Sq. Ft.: _____

With Regards Apartment & M/Hotel Locations:

Date Of Last Wiring Update: _____

Date Of Last Plumbing Update: _____

Date Of Last Roofing Update: _____

• **Is This Location Significantly Or Primarily Occupied As Student Or Senior Housing?** Yes No

() **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Construction Type: Frame JM Masonry Non-Combustible Fire Resistive

Year Built: _____ **# Pools:** _____ **# Stories:** _____ **Protection Class:** _____ **100% Sprinklered?** Yes No

Hotel / Motel Units: _____

Room Receipts: \$ _____

Food Receipts: \$ _____

Liquor Receipts: \$ _____

Average Nightly Rate: \$ _____

Exterior Corridor: Yes No

Apartment Units: _____

Lowest Monthly Rent: \$ _____

Highest Monthly Rent: \$ _____

Subsidized Units: _____

“LRO” Retail Sq. Ft.: _____

“LRO” Office Sq. Ft.: _____

“LRO” Warehouse Sq. Ft.: _____

Insured’s Office Sq. Ft.: _____

With Regards Apartment & M/Hotel Locations:

Date Of Last Wiring Update: _____

Date Of Last Plumbing Update: _____

Date Of Last Roofing Update: _____

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City: _____ **State:** _____ **Zip Code:** _____

Construction Type: Frame JM Masonry Non-Combustible Fire Resistive

Year Built: _____ **# Pools:** _____ **# Stories:** _____ **Protection Class:** _____ **100% Sprinklered?** Yes No

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Average Nightly Rate: \$ _____

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Subsidized Units: _____

“LRO” Retail Sq. Ft.: _____

“LRO” Office Sq. Ft.: _____

“LRO” Warehouse Sq. Ft.: _____

Insured’s Office Sq. Ft.: _____

With Regards Apartment & M/Hotel Locations:

Date Of Last Wiring Update: _____

Date Of Last Plumbing Update: _____

Date Of Last Roofing Update: _____

• **Is This Location Significantly Or Primarily Occupied As Student Or Senior Housing?** Yes No