



eExcessSM

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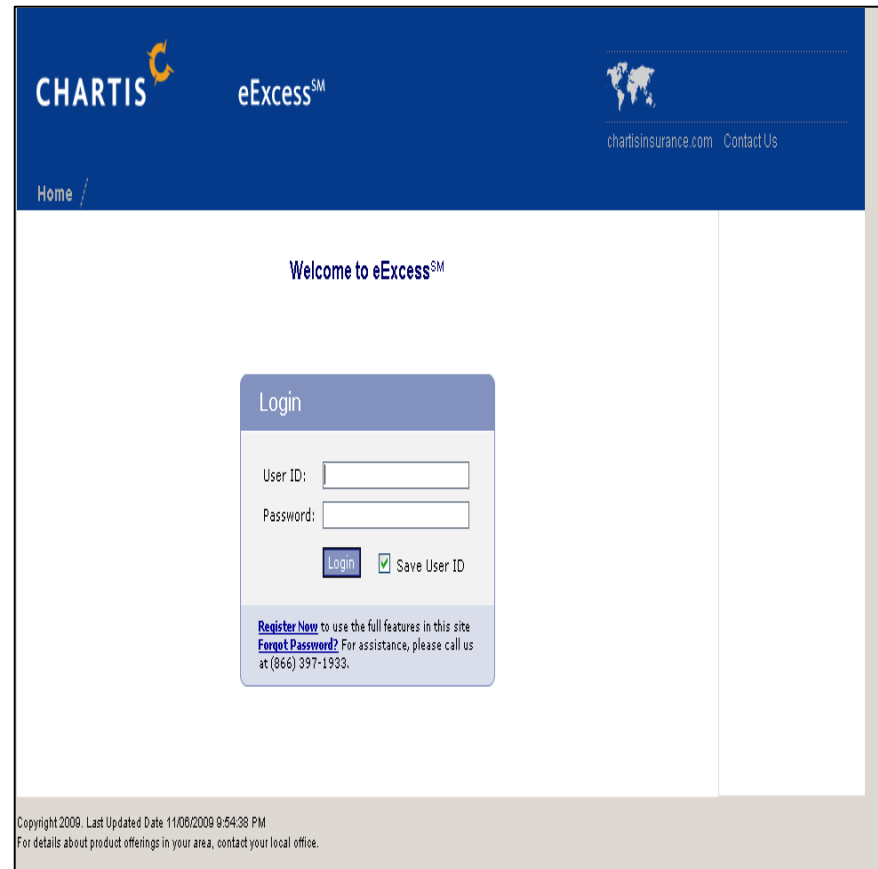
eExcess Application Reference Guide

The eExcess Internet Address

Online quoting and binding from any internet capable computer.

The URL:

- Type www.chartisinsurance.com/eExcess at the browser address line of any internet capable computer anywhere in the world. Press enter to display the login screen.
- This online quoting and binding facility is available 7 days a week with one exception – due to weekly system maintenance, eExcess may not be available from 5 p.m. Saturday to noon on Sunday.



CHARTIS eExcessSM

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Welcome to eExcessSM

Login

User ID:

Password:

Login Save User ID

[Register Now](#) to use the full features in this site
[Forgot Password?](#) For assistance, please call us at (866) 397-1933.

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Login

Type your ID and password in lower case.

To Login:

- Your Broker Username must be “tagged” for eExcess access.
- Type your Username and Password and click **Login** or Press **Enter** to continue.
- **Note:** In your Username, spaces are not allowed between the “br” and the number. Use lower case when entering your password, it is case sensitive.

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Welcome to eExcessSM

Login

User ID: br215857

Password: ●●●●●●●●

Login Save User ID

[Register Now](#) to use the full features in this site
[Forgot Password?](#) For assistance, please call us at (866) 397-1933.

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The Home Page

Features to make business easier.

Home Page Links:

- **Enter a new submission:**
Online quoting and binding in less than 10 minutes!
- **View my submissions:**
The diary of all business through eExcess.
- **My Settings:**
Change password, review recommended browser settings.
- **Tools and Resources:**
View Specimens, print forms, search for SIC codes, contact us, etc.
- **News and Announcements:**
View information and tips about new features.

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Logged in as Irene Perman

News and Announcements

Effective immediately brokers who receive documents electronically via eDelivery will no longer be able to opt out to a US Mail Option on an individual policy basis. If you have any questions about this please contact your eCommerce Manager.

PLEASE NOTE: In order for eExcess to work properly, please make sure you have your pop-up blockers disabled. You can refer to the [FAQs](#) for instructions on how to do this.

QUOTING MULTIPLE LIMIT OPTIONS JUST GOT EASIER! Now when you quote an account, you will be presented with a list of premium options for limits up to \$10M. No need to re-do the application multiple times. You can select up to 3 options to print on the quote letter. Please note that this functionality is not available for Excess Casualty Programs. Click [here](#) to see a demo of this feature.

CHECK OUT OUR NEW FEATURE! You will now have the ability to get **'quick' indications** on eExcess. This feature allows you to get a premium estimate without completing the entire application. Please click [here](#) for a demo of this new feature. Please note that this new functionality is not available for Excess Casualty Programs.

Recommended Browser Settings For the best performance on eExcess, we have recommended browser settings for your computer. Please refer to this document under the **My Settings** section.

LIQUOR AGGREGATE REQUIREMENT For Small Business Accounts (sales less than \$10m) When liquor sales are 40% or more of total sales the liquor aggregate must be at least \$2 million.

As of April 17, 2007 you can process endorsements on your policy via eExcess. [more...](#)

Due to weekly system maintenance eExcess may not be available from 5 p.m. Saturday to noon on Sunday.

[Archive..](#)

My Work

[Enter a new submission](#)

- [Request an Endorsement](#)
- [Request a cancellation](#)
- [Request loss runs](#)

[View my submissions](#)

[Import Submissions](#)

My Settings

- [Change Password](#)
- [Recommended Browser Settings](#)

Tools and Resources

- [eExcess Application Reference Guide](#)
- [Renewal Processing Instructions](#)
- [Did You Know](#)
- [SIC Codes](#)
- [LW Guidelines](#)
- [SIC Code - ISO CGL Cross-Reference Tool](#)
- [OSHA Website](#)
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Dun & Bradstreet Number Search

The Dun & Bradstreet number is used to reserve the account and to retrieve account info which pre-populates the online application.

To Begin the Quoting Process, Initiate a Search:

- Type the **Applicant's Company Name** and select the **Domicile State** from the drop down menu. Click **Search** to Continue.
- Or type the D&B number in the input field if you have it available and click **Obtain Account Info** to initiate the account search.
- **Note:** Do not use punctuation or special characters. The account lookup is a **KEY WORD** search.

The screenshot displays the CHARTIS eExcess web application interface. At the top, the CHARTIS logo and eExcessSM are visible on the left, and a world map icon with the text "chartisinsurance.com Contact Us Help FAQ" is on the right. A "Logout" link is also present in the top right corner.

The main content area is divided into two sections:

- Keyword Search:** This section prompts the user to "Please enter the applicant's Company Name and Domicile State to initiate a D&B search". It features an input field for "Applicant's Company Name" with a "Search" button, and a dropdown menu for "Domicile State" with a "Select" label.
- Brokerage Details:** This section displays the following information:
 - Producer Code : 0007560
 - Brokerage Name : DIRECT
 - Address : 70 PINE ST
NEW YORK, NY 10270 - 0102

Below the Keyword Search section, there is a **D&B Number Search** section with the prompt "Please Enter your client's 9-digit Dun & Bradstreet Number :". It includes an input field and an "Obtain Account Info" button.

A note below the Keyword Search section reads: "Note: Do not use abbreviations, punctuation, or special characters when entering an Applicant's Company Name. (i.e: * \ / + # @ * ' , \$ % ^ = ! ~ ` [] () { } ; : < > ? & , , ,)".

At the bottom of the page, there is a footer with the text: "Copyright 2009. For details about product offerings in your area, contact your local office."

Applicant Verification Details

A successful D&B search provides complete account information.

Is the Account Information Correct?

- If the account information is not correct, you can enter correct information.

The screenshot shows the 'New Applicant Information' form in the CHARTIS eExcess system. The form is divided into several sections:

- Insured Information:** Includes fields for Applicant Name (THOMPSON BROS.), Insured Address (155 Court St), City (Newark), State (NJ), Zip (07102), Total Employees (25), Sales / Business Income (1,000,000), and Year Established (2000).
- Producer Information:** Includes Brokerage Number (0005875), Brokerage Name (THEIBER BROKERAGE INC), and Address (315 WYCKOFF AVE BROOKLYN, NY 11237). A 'Change Brokerage' button is present.
- Reservation / List Information:** Includes Program Type (OIGB), Effective Date, and Expiration Date, each with a calendar icon.
- Mailing Information:** A checkbox 'Same as Insured Address' is checked, with the text 'Mailing address is same as Insured Address' below it.
- Insured Operations Information:** Includes a SIC Code search field (8213) and a table of SIC codes.

SIC Code	Description	Sub description	Predominant SIC Code	
8212	Eating and Drinking Places	Retail Sale of Cafeterias		Delete
8213	Drinking Places (Alcoholic Beverages)	Retail Sale of Drinking Places (Alcoholic Beverages)		Delete

At the bottom of the form, there is a note: 'Please add all SIC codes applicable to the Insured's operations.' and a link for 'SIC Code - ISO CGL Cross-Reference Tool'. There are also buttons for 'Accept Applicant' and 'Clear Form'.

Applicant Verification Details

This is your chance to update the account

To Update Application Details:

- Change any information that may need updating.
- **Note:** PO Boxes may **not** be entered as an Insured Address.
- If there is no **SIC Code, Sales / Business Income, Total Employees or Year Established, Effective and Expiration Dates**, you will not be able to continue the application.
- **If Mailing Information** is different than **Insured Address** you will need to enter Mailing Address. (PO Boxes may be entered here)
- Search for SIC Code by entering a description and clicking on **Search**. (See the next slide)
- You may add up to **4 SIC Codes**; be sure to choose all that apply.
- SIC Codes need to be an accurate description of the insured's operation.
- Once the Details are updated, click on the **Accept Application** button.

The screenshot shows the 'New Applicant Information' form in the CHARTIS eExcess system. The form is divided into several sections:

- Insured Information:** Includes fields for Insured Name (eXCESS CORP), Insured Address (100 Court St), City (NEWARK), State (NJ - New Jersey), Zip (07102), Total Employees (25), Sales / Business Income (500,000), and Year Established (2000).
- Producer Information:** Includes Brokerage Number (000815), Brokerage Name (TREIBER BROKERAGE INC), and Address (311 WYCKOFF AVE BROOKLYN, NY 11237). A 'Change Brokerage' button is present.
- Renewal / Lapse Information:** Includes Program Type (OTIB), Effective Date (03/25/2010), and Expiration Date (03/24/2011).
- Mailing Information:** A checkbox 'Mailing Information: Same as Insured Address' is checked, with the text 'Mailing address is same as insured address' below it.
- Insured Operations Information:** Includes a 'SIC Code' search field with '5813' entered and a 'Search' button. Below is a table of SIC codes:

SIC Code	Description	Sub description	Predominant SIC Code
5812	Eating and Drinking Places	Retail Sale of Cafeterias	Delete
5813	Drinking Places (Alcoholic Beverages)	Retail Sale of Drinking Places (alcoholic Beverages)	Delete

Below the table is a note: 'Note: Please add all SIC codes applicable to the Insured's operations.' and a 'SIC Code Look-up' button. At the bottom of the form are 'Accept Applicant' and 'Clear Form' buttons.

SIC Search Result

You may choose up to 4 SIC Codes.

SIC Search Result

The following list is the result of searching for "restaurant".
(Click Cancel to go back and change the search keyword)

	SIC Code	Description	Subdescription
<input checked="" type="checkbox"/>	5812	Eating and Drinking Places	Retail Sale of Full Service Restaurants
<input type="checkbox"/>	5812	Eating and Drinking Places	Retail Sale of Limited Service Restaurants
<input type="checkbox"/>	7389	Business Services, NEC	Services Including Hotels Hotel and Restaurant Reservation Services and Time Share Condominium Exchange

 **SIC Code Look-up**

SIC Search Result

The following list is the result of searching for "golf".
(Click Cancel to go back and change the search keyword)

	SIC Code	Description	Subdescription
<input type="checkbox"/>	7992	Public Golf Courses	Services Including Hotels Public Golf Courses
<input type="checkbox"/>	7997	Membership Sports and Recreation Clubs	Services Including Hotels Golf Clubs

 **SIC Code Look-up**

To Choose a SIC Code:

- Click on the checkbox and then click OK
- This will return you to the Application Verification Details screen. (See the previous slide)
- Once the details are updated, click on the Accept Applicant button.

Quick Indication or Quote Process

Choose to obtain Quick Indication or a Bindable Quote

Want to use Premium Indication Tool?

- Provides “**Quick Indication**” options for mono-line excess casualty coverage.
- Over 670 SIC classes are eligible.
- Indications are based on several quick data points.
- Indication data can be saved and later transferred to the full application for a full quote and , if acceptable, binder.
- Click on Quick Indication Process button.
- **Note: Quick Indication is Non-bindable.**

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Quote Options

Insured	Producer
Name : WINTER'S GRILL	Code & Name : 0005875 - TREIBER BROKERAGE INC
Sales / Business Income : \$500,000	Address : 315 WYCKOFF AVE
Insured Address : 155 Court St NEWARK, NJ 07102	BROOKLYN, NY 11237
Mailing Address : 155 Court St NEWARK, NJ 07102	Licensed Broker : (Applicable only to surplus lines business)
	Commission : %

Please click on the one of below buttons depending on the desired Quote Process.

Quick Indication Process Normal Quote Process Cancel

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Quote Process

eExcess Application

1. Insured Information

1. Insured Information:

- The partially filled in application will display.
- The application is **dynamic**; the screen will change depending upon your answer to specific questions.
- The **Domicile State** will determine the Policy Form and Issuing Company used and, along with the SIC Code, will determine the endorsements automatically attached by the system.
- You may fill in the **Website URL**; this is optional.

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Excess Casualty
eExcessSM Online Product Application

1. Insured Information:

Submission Number : 543758735
D&B Number : 991168718
Division : 68 - Excess Small Business Unit
Section-PUC : 041 - 5052
Market Segment : 512 - Small Business
Insured Name : WINTER'S GRILL
Trade Name :
Total Employees : 25
Sales / Business Income : \$ 500,000
[Is sales figure correct? If not, please click on 'Change Applicant Details' to correct it.](#)
Year Established : 2000
Website URL :
Insured Address : 155 Court St
City : NEWARK
State and Zip Code : NJ 07102 -
Mailing Address : c/o
155 Court St
City : NEWARK
State and Zip Code : NJ 07102 -
[Change Applicant Details](#)

eExcess Application

2. Producer Information / 3. Broker Contact Information

2. Producer Information:

- The information will auto-populate

3. Broker Contact Information:

- The **Broker Contact Name** should include the person responsible for the account.
- The **Email Address** is mandatory.
- **Phone numbers** are mandatory and already entered, but you may correct the numbers that are there, in the event they require updating.

2. Producer Information:	
Brokerage Number	: 0005875
Brokerage Name	: TREIBER BROKERAGE INC
Address	: 315 WYCKOFF AVE
City, State & Zip	: BROOKLYN, NY 11237
Licensed Broker	:
<input type="button" value="Change Brokerage / Broker"/>	
3. Broker Contact Information:	
Contact Name	: John Smith
Email Address	: js101@tbroker.net
Phone Number	: (212) 828-2828
Fax	: (212) 839-3873

eExcess Application

4. SIC Questions

4. SIC Questions:

- **Note:** When answering these questions, you are required to have documentation in your file that support the information entered; this is an **audit requirement**.
- For example, the Broker should have a note from the insured or retailer, or a note on the application, that confirms that there is no entertainment in the restaurant.

4. SIC Questions:		
<i>5812 Eating and Drinking Places</i>		
1	Are the sales for liquor over 40% of total receipts?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2	Does the insured operate their business and occupy space in more than 10 separate locations?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3	Is the underlying General Liability written with a per location aggregate limit?	<input type="radio"/> Yes <input type="radio"/> No
4	Does the live entertainment involve any of the following: DJ's with dance floor (other than caterers); theme parties; music ensembles of more than four musicians with dance floor, contests and mechanical rides?	<input type="radio"/> Yes <input checked="" type="radio"/> No

eExcess Application




5. Policy Term / 6. Umbrella Limit Desired

5. Policy Term:

- You may use the calendar icon to choose an **Effective Date**. The system will auto-populate with an **Expiration Date** of one year.
- Note:** Brokers may enter submissions with terms from **3-15 months**.

6. Umbrella Limit desired:

- Brokers may Quote/Bind/Issue up to \$10M; limits from \$11M-\$25M will result in a referral to a Growth Enterprises Underwriter.

5. Policy Term:	
Effective Date	: 03/29/2010 
Expiration Date	: 03/29/2011 
6. Policy Limit Desired:	\$5,000,000 
NOTE: Limits over \$10M will result in referral.	

eExcess Application

7. Underlying Auto and General Liability

7.		
A.	Are all underlying policies (except EBL) on an Occurrence form?	<input checked="" type="radio"/> Yes <input type="radio"/> No
B.	Does the Insured have a formal Safety Program in place? NOTE: If "Yes" retain necessary documentation in underwriting file.	<input type="radio"/> Yes <input checked="" type="radio"/> No
C.	Are all underlying Auto and General Liability policies written with defense costs outside the Limit of Liability and unlimited?	<input checked="" type="radio"/> Yes <input type="radio"/> No

7. Underlying Auto and General Liability:

- If you answer YES to Part A and Part C, the application will continue. If you answer **No** to either Part A or Part C, the submission will be declined. Contact Broker Services for assistance, if necessary.

eExcess Application

8. Underlying Carrier and Limits

8. Underlying Carrier and Limits:

- In the restaurant example, we answered **No** to the **Garage Liability** question.
- If we answer **No** to **Waive Auto Liability**, the details for the Auto section need to be completed.
- Click on the **Underlying Carrier** Browse button
 - Click on a letter of the alphabet for the carrier name.
 - Click on the drop down menu which will display the names of companies.
 - Choose the carrier, click **OK** and it will populate the field.
 - **Note:** The underlying carrier database only includes carriers rated A- VII or better.
- The **Primary Policy** field is optional, but helps differentiate between primary policy when the underlying carrier is the same company.
- Complete the rest of the section.

8. Underlying Carrier and Limits:

Do you have a separate Garage liability policy? Yes No

Waive Automobile Liability Coverage? Yes No

Please provide details for Automobile Liability

Scheduled / Retained?	Scheduled
Defense Cost Handling	Outside
Underlying Carrier	<input type="text"/> <input type="button" value="Browse"/>
Primary Policy #	<input type="text"/> (Optional)
Limit of Liability (\$)	
Combined Single Limit	Select one <input type="button" value="v"/> (Minimum limit = \$1,000,000)
Policy Effective Date	<input type="text"/> <input type="button" value="calendar"/>
Policy Expiration Date	<input type="text"/> <input type="button" value="calendar"/>
Are there additional AL Underlying Carriers?	<input type="radio"/> Yes <input type="radio"/> No

CARRIER SELECTION

Sort By: [0](#) | [1](#) | [2](#) | [3](#) | [4](#) | [5](#) | [6](#) | [7](#) | [8](#) | [9](#)
[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

Company

NOTE: Only carriers rated A- VII or better are available for selection.

eExcess Application

8. Underlying Carrier and Limits (cont)

8. Underlying Carrier and Limits:

- If the Broker answers **Yes** to **Waive Auto Liability**, the section will disappear and a **Hired & Non-owned Auto Coverage** question will display in the **General Liability** underlying carrier section.
- By clicking on the **Underlying Carrier Browse** button, a drop down menu will display the names of companies. Choose the GL carrier, click **OK** and it will populate the field.
- The **Primary Policy** field is optional, but helps differentiate between primary policies when the underlying carrier is the same company.
- If the Broker waives AL and answers **No** to the **Hired and Non-owned Liability Coverage** question, the system will automatically attach an **AL Exclusion**.
- If the Broker waives AL and answers **Yes** to the **Hired and Non-owned Liability Coverage** question, the system will automatically attach an **AL Follow Form**. (If on Prime Express form, no attachments are required)

Please provide details for General Liability		Delete
Scheduled / Retained?	Scheduled	
Defense Cost Handling	Outside	
Underlying Carrier	A.I.M. Mutual Insurance Companies	Browse
Primary Policy #	<input type="text"/> (Optional)	
Does the General Liability Include Hired & Non-owned Automobile Coverage?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Hired and Non Owned Automobile Limit	<input type="text" value="1,000,000"/> (Minimum Limit = \$1,000,000)	
Will Hired and Non-owned automobile losses erode (count against) any GL aggregate?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Does Insured have employees using their own vehicles on Company business on a regular basis?	<input type="radio"/> Yes <input type="radio"/> No	
Is the GL policy written with an ISO Form CG0001 or equivalent?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Limit of Liability (\$)		
Per Occurrence	<input type="text" value="1,000,000"/>	(Minimum limit = \$1,000,000)
General Aggregate	<input type="text" value="2,000,000"/>	(Minimum limit = \$2,000,000)
Products & Completed Ops. Aggregate	Included	(Minimum limit = \$1,000,000)
Per Project General Aggregate	<input type="text"/>	(Minimum limit = \$2,000,000) (Optional)
Per Location General Aggregate	<input type="text"/>	(Minimum limit = \$2,000,000) (Optional)
Do the limits above include an excess or umbrella policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Primary GL Premium (\$)	<input type="text" value="1,000"/>	(Do not include premium for terrorism)
Policy Effective Date	<input type="text" value="02/01/2010"/>	
Policy Expiration Date	<input type="text" value="02/01/2011"/>	
Is the primary General Liability written with a deductible which is greater than \$25,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Are there additional GL Underlying Carriers?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

eExcess Application

8. Underlying Carrier and Limits (cont)

8. Underlying Carrier and Limits: (cont)

- Fill in the \$ amounts. By using **k** or **m** and the **Tab** key, the system will auto-populate the zeros for thousands and millions.
- Please enter the Per Project and/or Per Location aggregate, if applicable.
- Select from the drop down window for Products Completed Operations if **Included, Excluded** or **Separate**. If Separate enter \$ Amount.
- Do the limits above include an excess or umbrella policy? Answer should be **No**.
- Enter the cost of the underlying GL premium. (Do not add taxes and fees to this amount)
- Select the underlying **Effective and Expiration Dates**.
- **Note:** A maximum of 30 Underlying Carriers may be completed online.

Please provide details for General Liability Delete	
Scheduled / Retained?	Scheduled
Defense Cost Handling	Outside
Underlying Carrier	A.I.M. Mutual Insurance Companies Browse
Primary Policy #	<input type="text"/> (Optional)
Does the General Liability Include Hired & Non-owned Automobile Coverage?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Hired and Non Owned Automobile Limit	<input type="text" value="1,000,000"/> (Minimum Limit = \$1,000,000)
Will Hired and Non-owned automobile losses erode (count against) any GL aggregate?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does Insured have employees using their own vehicles on Company business on a regular basis?	<input type="radio"/> Yes <input type="radio"/> No
Is the GL policy written with an ISO Form CG0001 or equivalent?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Limit of Liability (\$)	
+ Per Occurrence	<input type="text" value="1,000,000"/> (Minimum limit = \$1,000,000)
+ General Aggregate	<input type="text" value="2,000,000"/> (Minimum limit = \$2,000,000)
+ Products & Completed Ops. Aggregate	<input type="text" value="Included"/> (Minimum limit = \$1,000,000)
+ Per Project General Aggregate	<input type="text"/> (Minimum limit = \$2,000,000) (Optional)
+ Per Location General Aggregate	<input type="text"/> (Minimum limit = \$2,000,000) (Optional)
Do the limits above include an excess or umbrella policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Primary GL Premium (\$)	<input type="text" value="1,000"/> (Do not include premium for terrorism)
Policy Effective Date	<input type="text" value="02/01/2010"/>
Policy Expiration Date	<input type="text" value="02/01/2011"/>
Is the primary General Liability written with a deductible which is greater than \$25,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are there additional GL Underlying Carriers?	<input type="radio"/> Yes <input checked="" type="radio"/> No

eExcess Application

8. Underlying Carrier and Limits (cont)

8. Underlying Carrier and Limits: (cont)

- If you **choose Employee Benefits Liability**, fill in the appropriate fields.
- If you **waive Employee Benefits Liability**, this section of the screen will no longer display.

Waive Employee Benefits Liability? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Please provide details for Employee Benefits Liability Delete	
Scheduled / Retained?	Scheduled
Defense Cost Handling	Outside
Underlying Carrier	A.I.M. Mutual Insurance Companies Browse
Primary Policy #	<input type="text"/> (Optional)
ISO Form	<input type="radio"/> Yes <input type="radio"/> No
Claims Made	<input type="radio"/> Yes <input type="radio"/> No
Retro Date	<input type="text"/>
Limit of Liability (\$)	
↓ Per Occurrence ↓	<input type="text"/> (Minimum limit = \$1,000,000)
↑ ↓ Per Person ↓	<input type="text"/> (Minimum limit = \$1,000,000)
↑ Aggregate	<input type="text"/> (Minimum limit = \$1,000,000)
Policy Effective Date	02/01/2010
Policy Expiration Date	02/01/2011
Are there additional EBL Underlying Carriers?	<input type="radio"/> Yes <input type="radio"/> No

eExcess Application

8. Underlying Carrier and Limits (cont)

8. Underlying Carrier and Limits: (cont)

- If you **choose Liquor Liability**, fill in the appropriate fields.
- If you **waive Liquor Benefits Liability**, this section of the screen will no longer display.

- **Important Note:**

Liquor Aggregate Requirement -

For Growth Enterprises Accounts (sales less than \$25m)

When liquor sales are 50% or more of total sales the liquor aggregate must be at least \$2 million.

Please provide details for Liquor Liability Delete	
Scheduled / Retained?	Scheduled
Defense Cost Handling	Outside
Underlying Carrier	<input type="text"/> Browse
Primary Policy #	<input type="text"/> (Optional)
ISO Form	<input type="radio"/> Yes <input type="radio"/> No
Limit of Liability (\$)	
<input type="button" value="↓"/> Each Common Cause <input type="button" value="↓"/>	<input type="text"/> (Minimum limit = \$1,000,000)
<input type="button" value="↑"/> Aggregate	<input type="text"/> (Minimum limit = \$1,000,000)
Premium (\$)	<input type="text"/>
Policy Effective Date	<input type="text"/>
Policy Expiration Date	<input type="text"/>
If the insured has liquor liability exposure in any of the following states, please indicate those states by clicking the appropriate checkbox. If none of the states listed are applicable to the liquor liability exposure for this insured, please select "None"	<input type="checkbox"/> None <input type="checkbox"/> MI
Are there additional Liquor Underlying Carriers?	<input type="radio"/> Yes <input type="radio"/> No

eExcess Application

8. Underlying Carrier and Limits (cont)

8. Underlying Carrier and Limits: (cont)

- If the answer is **No** to the first question, you may enter up to **30** Employer Liability Underlying Carriers. This information will display on the **Quote Letter** and **Issued Policy**.
- If the answer is **Yes**, the system will automatically attach an **EL exclusion**, and this section will be removed from the application.
- For this example, the answer is **Yes**, and the screen will disappear.

Waive Employers Liability or has WC act been rejected by Insured in any state (results in EL exclusion)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Please provide details for Employers Liability Delete	
Scheduled / Retained?	Scheduled
Defense Cost Handling	Outside
Underlying Carrier	<input type="text"/> Browse
Primary Policy #	<input type="text"/> (Optional)
Applicable EL State	Select one <input type="button" value="v"/>
Limit of Liability (\$)	
↓ Bodily Injury By Accident	Select one <input type="button" value="v"/> (Minimum limit = \$500,000)
↑ ↓ Bodily Injury By Disease(Each Employee)	Select one <input type="button" value="v"/> (Minimum limit = \$500,000)
↑ Bodily Injury By Disease(Policy Limits)	Select one <input type="button" value="v"/> (Minimum limit = \$500,000)
Policy Effective Date	<input type="text"/> <input type="button" value="calendar"/>
Policy Expiration Date	<input type="text"/> <input type="button" value="calendar"/>
Does the EL coverage contain FELA, Jones Act, USL&H and/or Maritime?	<input type="checkbox"/> None <input type="checkbox"/> FELA <input type="checkbox"/> JonesAct <input type="checkbox"/> USL&H <input type="checkbox"/> Maritime
Are there additional EL Underlying Carriers?	<input type="radio"/> Yes <input type="radio"/> No

eExcess Application

9. Select any Miscellaneous Exposures

9. Select any Miscellaneous coverages:

- Not Applicable
- Watercraft Liability
- Marine Liability
- Aircraft Liability
- Railroad Liability
- Charterers Liability
- Wharfingers Liability
- Terminal Operators Liability
- Druggists Liability
- Miscellaneous Professional Liability ?
- Other

9. Select any Miscellaneous Exposure:

- Choose any that apply or **Not Applicable**.

eExcess Application

10. Lead Umbrella

10. Lead Umbrella:

- If you answer **YES to Excess Liability** coverage over Lead Umbrella, fill in the appropriate fields.
- If you answer **NO to Excess Liability** coverage over Lead Umbrella, this section will no longer display.
- **Note:** The total Umbrella Limit may **not exceed \$25M**, (inclusive of Lead Umbrella).
- For this example, the answer is **No**, and the screen will disappear.

10. Lead Umbrella:

Does the current insurance program include a Lead Umbrella and do you want Excess Liability coverage over Lead Umbrella? Yes No

Please provide details for Lead Umbrella

Scheduled / Retained?	Retained
Lead Umbrella Carrier	<input type="text"/> <input type="button" value="Browse"/>
Lead Umbrella Policy #	<input type="text"/> (Optional)
Additional Description of Lead Umbrella Carrier (i.e., State, Entity, etc...)	<input type="text"/> (Optional)
Is Lead Umbrella written with defense costs outside the Limit of Liability and unlimited?	<input type="radio"/> Yes <input type="radio"/> No
Limit of Liability (\$)	
↓ Per Occurrence	Select one <input type="button" value="v"/> (Minimum limit = \$1,000,000)
↑ ↓ General Aggregate	Select one <input type="button" value="v"/> (Minimum limit = \$1,000,000)
↑ Products & Completed Ops. Aggregate	Select one <input type="button" value="v"/> (Minimum limit = \$1,000,000)
Premium (\$)	<input type="text"/>
Have there been any losses that pierced Umbrella Layer in the past 5 years?	<input type="radio"/> Yes <input type="radio"/> No
Are all of the listed primary coverages included in this Lead Umbrella?	<input type="radio"/> Yes <input type="radio"/> No
Policy Effective Date	<input type="text"/> <input type="button" value="calendar"/>
Policy Expiration Date	<input type="text"/> <input type="button" value="calendar"/>

eExcess Application

11. Loss Information

11. Please provide Loss Information.
Valuation date must be within the Past 6 months.

Losses	GL <input type="button" value="No GL Losses"/>			AL <input type="button" value="No AL Losses"/>			Other <input type="button" value="No Other Losses"/>		
	Term	# of Claims	Total \$	Valuation Date	# of Claims	Total \$	Valuation Date	# of Claims	Total \$
2009	<input type="text" value="1"/>	<input type="text" value="150"/>	<input type="text" value="05/12/2009"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>
2008	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>
2007	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>
2006	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>
2005	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="02/09/2010"/>

NOTE: It is the broker's responsibility to maintain currently valued loss information on file.

11. Loss Information:

- Note:** If a Broker is required to enter loss information; and clicks **No GL Losses**, **No AL Losses**, or **No Other Losses** button, the system will auto-populate "0" in all **# of Claims** and **Total \$** fields, and enter today's date for the **Valuation Date**. All fields can be edited should the Broker need to change auto-populated information.

eExcess Application

12. Description of Insured's Operations

12. Description of Insured's Operations:

- This field is **mandatory**.
- It is important that you give a **detailed description** of the operations!
- The description field will show supporting information when the Underwriter reviews the file, if the account is audited, or when the account renews.
- Please list all additional **Named Insureds'**, **Operations** and **% Ownership** by First Named Insured. Please be sure to list all **Partnerships** and/or **LLC's**.
- **Note: 51% ownership** interest is **required** or the application will refer to a Growth Enterprises Underwriter.

12. Please provide a brief description of all of the insured's operations:(3500 characters)

Family style Italian restaurant.

Does the First Named Insured have any ownership interest in other Named Insureds or other subsidiary companies? Yes No

Please complete the grid for the Additional Named Insureds that the First Named Insured has ownership interest in.

NAMED INSURED	OPERATIONS	% Ownership by First Named Insured
	test	

Are there more than 5 named insured's or subsidiary companies? Yes No

eExcess Application

13. Insured Auto States / 14. Automobile Fleet Breakout

13. If any of the insured's automobiles are registered or principally garaged in any of the following states, please specify all applicable states or select "None":

- Make your selection.

Note: If you choose **WV** you will need to confirm that the client has \$1m in Primary UM/UIM insurance for automobiles in that state

14. Automobile Fleet Breakout:

- Choose the appropriate vehicles and Exposures

13. If any of the insured's automobiles are registered or principally garaged in any of the following states, please specify all applicable states

None FL LA NH VT WV

14. Automobile Fleet Breakout (Including Foreign Vehicles):

Private Passenger Vehicles (Including Hired and Non-Owned)	<input type="text" value="1"/>
Light Trucks 0 to 10,000 lbs. (Including 1-8 passenger vans)	<input type="text"/>
Medium Trucks 10,000 to 20,000 lbs. (Including 9-20 passenger vans)	<input type="text"/>
Heavy Trucks 20,001 to 45,000 lbs. (Units not for hire)	<input type="text"/>
Extra Heavy Trucks and Tractors(Short Haul) Over 45,000 lbs. (Units not for hire)	<input type="text"/>
Extra Heavy Trucks and Tractors(Long Haul) Over 45,000 lbs. (Units not for hire)	<input type="text"/>
Buses (Over 20 passengers only)	<input type="text"/>
Total Vehicles:	<input type="text" value="1"/>

Does the automobile fleet contain any of the following exposures? Yes No

Please select applicable automobile fleet

- School Buses or Vans
- Police Vehicles, Fire Trucks or Ambul
- More than 10 Hotel/Motel/Parking Lo
- Courtesy Vans that carry more than
- Rapid Delivery operations(e.g. pizza,
- Gasoline Hauling or Hazardous Waste
- Commodity III or IV Hauling

eExcess Application

15. Sales Outside US

15. Any Sales Outside of the United States:

- If you answer **YES** to **Sales Outside of the United States**, you have to enter percentage of receipts from Foreign Sales.
- **Note:** If your **Foreign Sales** receipts are over **50%**, the submission will refer to your Growth Enterprises Underwriter.
- If your foreign coverage structure includes **Foreign Automobile Liability / Foreign General Liability / Foreign Employers Liability** and is not included in coverage already entered in Domestic General Liability, fill in the appropriate fields.
- For this example, the answer is **NO**, and the screen will disappear.

15. Any sales outside of the United States? Yes No

Please enter percentage of receipts from Foreign Sales: %

Please select foreign coverage structure:

- Foreign General Liability/Automobile Liability/Employers Liability included in coverage already entered in Domestic General Liability
- Foreign Automobile Liability policy
- Foreign General Liability policy
- Foreign Employers Liability policy
- No underlying Foreign Liability

Please provide details for Foreign Automobile Liability [Delete](#)

Scheduled / Retained?	Scheduled
Defense Cost Handling	Outside
Underlying Carrier	<input type="text"/> Browse
Primary Policy #	<input type="text"/> (Optional)
ISO Form	<input type="radio"/> Yes <input type="radio"/> No
Limit of Liability (\$)	
Combined Single Limit	<input type="text"/> (Minimum limit = \$1,000,000)
Premium (\$)	<input type="text"/>
Policy Effective Date	<input type="text"/>
Policy Expiration Date	<input type="text"/>
Are there additional foreign Automobile Underlying Carriers?	<input type="radio"/> Yes <input type="radio"/> No

eExcess Application

Endorsements

Endorsements automatically attached by eExcess:

- A list of Exclusions automatically attached to the submission is displayed.
- Click on the **Refresh Endorsements** button to display other **Endorsements** that may have been attached due to the answers given in the application.
- You may click on the **Form #** to see a sample of the endorsement.
- If there are no sub-limits and the final question is activated, please attach any other exclusions.
- If there are other **Exclusions**, see the next slide.

The following are some of the EXCLUSIONS already addressed in **PRIME EXPRESS (12/09)** coverage form. For a complete description of coverage, please review the policy terms, restrictions and limitations:

Aircraft	Asbestos
Care, Custody ; Control	Cross Suits
Damage to Your Product/Your Work	Electronic Chatrooms / Bulletin Boards
Employment Practices	ERISA
Expected or Intended Injury	Exterior Insulation and Finish Systems (EIFS)
Fungus, Mold(s), Mildew or Yeast	Lead
No-Fault, UM/UIIM	Nuclear Liability
Pollution Limitation	Product Recall
Professional Liability	Securities
Silica	Subsidence
Various Laws: Workers Comp / Benefits Law / OFAC	Violation of Communication or Information Law
War	Wrap-Ups

Endorsements automatically attached by eXS

Form #	Endorsement Name
90270	ACT OF TERRORISM SIR ENDORSEMENT
89644	COVERAGE TERRITORY ENDT.
95418	CRISISRESPONSE COVERAGE ENHANCEMENT ENDORSEMENT
90293	DUTIES IN THE EVENT OF AN OCCURRENCE, CLAIM OR SUIT
99496	ECONOMIC OR TRADE SANCTIONS CONDITION AMEND. ENDT.
90310	FOREIGN LIABILITY EXCLUSION ENDORSEMENT
52158	NEW JERSEY AMENDATORY ENDT
96556	POLICYHOLDER DISC - NOTICE OF TERRORISM INS COVG
90349	TOTAL POLLUTION EXCLUSION ENDORSEMENT

NOTE:
Endorsements may be changed due to the answers provided. Please click **REFRESH ENDORSEMENTS** button to view updated list.

*UM/UIIM Endorsement not displayed since final determination made at bind

Does the primary contain any sub-limits less than (other than Medical Payments or Fire Legal) \$1,000,000? Yes No

Please select applicable sub-limit(s)

Assault & Battery
 Sexual Molestation
 Pollution
 Liquor
 Other

Does the primary policy have any exclusions not listed above? Yes No

eExcess Application

Exclusions (cont)

Endorsements automatically attached by eExcess:

- When other **Exclusions** are attached, the application will be referred to an underwriter (see the bottom of the screen).
- You may also add **Exclusions** that are not on the list.

List of Questions:

- If any of the questions require **referral to an Underwriter**, you will see them listed in the bottom section of the application

Does the primary policy have any exclusions not listed above? Yes No

Please check applicable exclusions addressed by Primary Policy

Form #	Endorsement Name
<input type="checkbox"/> 90274	AIRCRAFT PRODUCTS AND GROUNDING EXCLUSION END.
<input type="checkbox"/> 90273	AIRCRAFT WATERCRAFT EXCLUSION AMENDATORY END.
<input type="checkbox"/> 90275	AIRPORT HELIPORT EXCLUSION ENDORSEMENT
<input type="checkbox"/> 90276	ALARM SYSTEM EXCLUSION ENDORSEMENT
<input type="checkbox"/> 90277	AMENDMENT OF VARIOUS PERSONAL INJ.AND ADV.INJ.EXCL
<input type="checkbox"/> 90278	ASSAULT AND OR BATTERY EXCLUSION ENDORSEMENT
<input type="checkbox"/> 90279	ATHLETIC ACTIVITIES EXCLUSION

Please enter name of other exclusions not addressed by above verbiage and grids

Canine

List of questions to be referred to an underwriter:
Other Exclusions attached. Yes

Your regional Underwriting contact information can be viewed on our Home Page, or you can call at following numbers.

1-(877)TO-SERVE

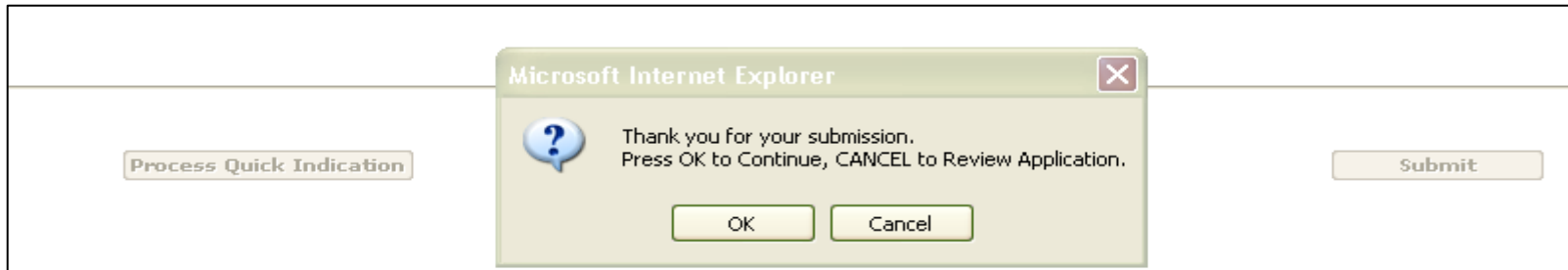
eExcess Application

Once you complete the online application, you have three options.



Three Application Options:

1. **Process Quick Indication.** Use Quick Indication tool to price various options.
2. **Save.** Working submissions are valid for 5 days.
3. **Submit.** eExcess verifies that all the input fields were properly completed and determines if the risk is eligible for an immediate on-line quote. If not, it will direct you to the information requiring correction.



Thank you for your submission:

1. You may Continue or Cancel to review the application

Application View

Review the online application for accuracy.

Review the Application:

- You have an opportunity to review the application and make any changes necessary through the **Application View**.
- The **Application View** appears after you complete the application and click **Submit**.
- Click **Revise Application** to return to the application input screen. Make corrections as necessary.
- Click **Quote** if you are ready to offer the client a quote.

The screenshot shows the 'eExcess Online Product Application' form. At the top, there is a blue header with the CHARTIS logo, 'eExcess' text, and navigation links for 'Logout', 'chartisinsurance.com', 'Contact Us', 'Help', and 'FAQ'. The main title is 'Excess Casualty eExcess Online Product Application'. The form is divided into two sections: '1. Insured Information:' and '2. Producer Information:'. The 'Insured Information' section includes fields for Submission Number (543758735), DSB Number (991168719), Division (68 - Excess Small Business Unit), Section-PUC (041 - 5052), Market Segment (512 - Small Business), Insured Name (WINTER'S GRILL), Trade Name, Total Employees (25), Sales / Business Income (\$500,000), Year Established (2000), and Website URL. A note states: 'Is sales figure correct? If not, please click on 'Change Applicant Details' to correct it.' Below this are fields for Insured Address (155 Court St, NEWARK, NJ 07102) and Mailing Address (c/o 155 Court St, NEWARK, NJ 07102). A 'Change Applicant Details' button is located below the mailing address. The 'Producer Information' section includes Brokerage Number (0005875) and Brokerage Name (TREIBER BROKERAGE INC).

The screenshot shows a panel with three columns of buttons. The first column, 'Next Steps:', contains 'Quote' and 'Enter Next Risk' buttons. The second column, 'Functions:', contains 'Email', 'Print', and 'Revise Application' buttons. The third column, 'Go To:', contains 'Activity Summary' and 'Exit' buttons.

Policy Limit Selector Option

Policy Limit Selector:

- You can select and Quote Multiple Policy Limits.
- Up to **three** Policy Limits can be Quoted at the same time.
- Click **Quote** if you are ready to offer the client a quote.

eExcess - Policy Limit Selector Screen - Microsoft Internet Explorer

Print eMail

- You can select up to two more Policy Limits in addition to the one selected on the application page OR choose up to three new limits
- Press "Quote" button to quote selected Policy Limit(s)

	Policy Limit*	Premium		Policy Limit*	Premium
<input type="checkbox"/>	1 M	\$505.00	<input type="checkbox"/>	6 M	\$3,030.00
<input checked="" type="checkbox"/>	2 M	\$1,010.00	<input checked="" type="checkbox"/>	7 M	\$3,535.00
<input type="checkbox"/>	3 M	\$1,515.00	<input type="checkbox"/>	8 M	\$4,040.00
<input type="checkbox"/>	4 M	\$2,020.00	<input type="checkbox"/>	9 M	\$4,545.00
<input checked="" type="checkbox"/>	5 M	\$2,525.00	<input type="checkbox"/>	10 M	\$5,050.00

Quote Exit

** Disclaimer: Premiums displayed here are in accordance with terms and conditions on the application*

The Quote View

Review the online quote for accuracy.

Review the Quote:

- You have an opportunity to review the quote and revise it, if necessary, through **Revise Quote**.

March 29, 2010

Growth Enterprises
100 Connell Drive, Suite 2100
Berkeley Heights, NJ 07922

CHARTIS

TREIBER BROKERAGE INC
315 WYCKOFF AVE
BROOKLYN NY 11237

Attention To: John Smith
Phone: (212) 639-2628
Fax: (212) 639-3673
E-Mail: js101@tbroker.net

Re: Excess Liability with Crisis Response Quote for WINTERS GRILL
Version # 2
Submission # 543758735

Dear John Smith:

We are pleased to confirm our proposal for the captioned account according to the following terms:

Insured Address: 155 Court St
NEWARK, NJ 07102

Mailing Address: 155 Court St
NEWARK, NJ 07102

Policy Period: From: March 29, 2010 To: March 29, 2011

Carrier: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA- An Admitted Company

Policy Form: 90069 / 11 / 09 3 and attachments

Quote Options:

- You may **Email** the Quote to someone or **Enter a New Risk** or **Exit**.
- You may also **Bind** the Quote at this time.
- Before binding**, please take the time to review the information and make sure it is correct.

POLICYHOLDER DISCLOSURE NOTICE
NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 65% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

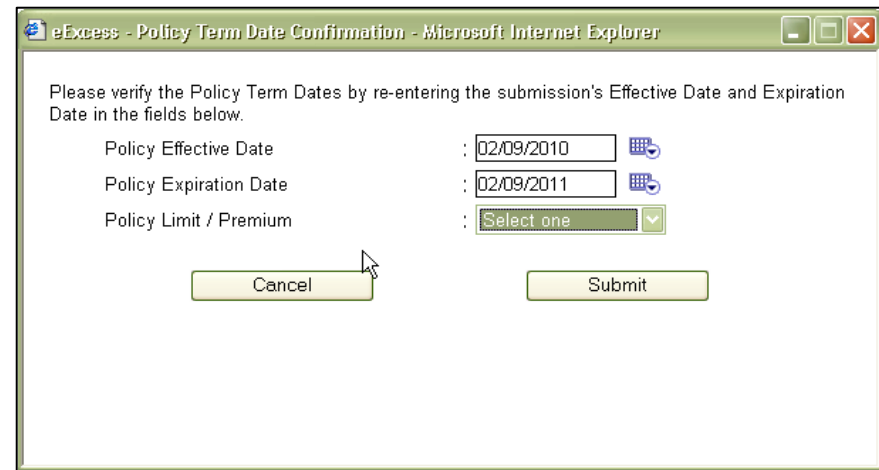
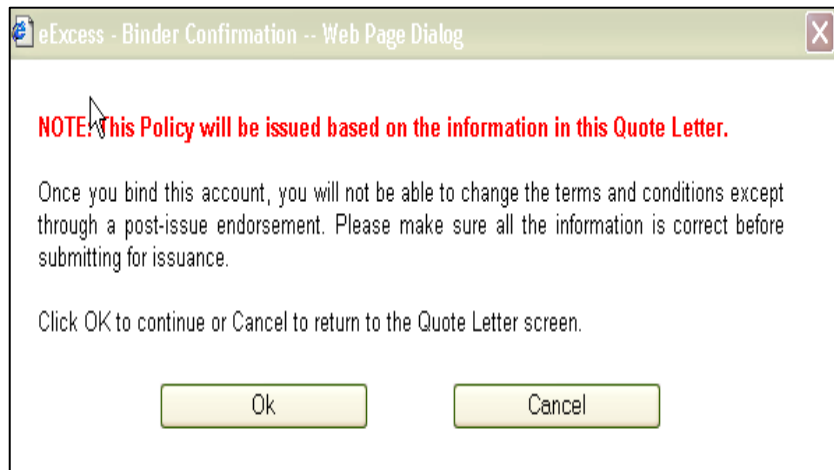
The portion of your annual premium that is attributable to coverage for acts of terrorism is 1% and does not include any charges for the portion of losses covered by the United States government under the Act.

Next Steps:	Functions:	Go To:
<input type="button" value="Revise Quote"/>	<input type="button" value="View Forms"/>	<input type="button" value="Activity Summary"/>
<input type="button" value="Process Quick Indication"/>	<input type="button" value="Email"/>	<input type="button" value="Exit"/>
<input type="button" value="Bind"/>	<input type="button" value="Print"/>	
<input type="button" value="Enter Next Risk"/>		

Binding the Account

Binding the Account:

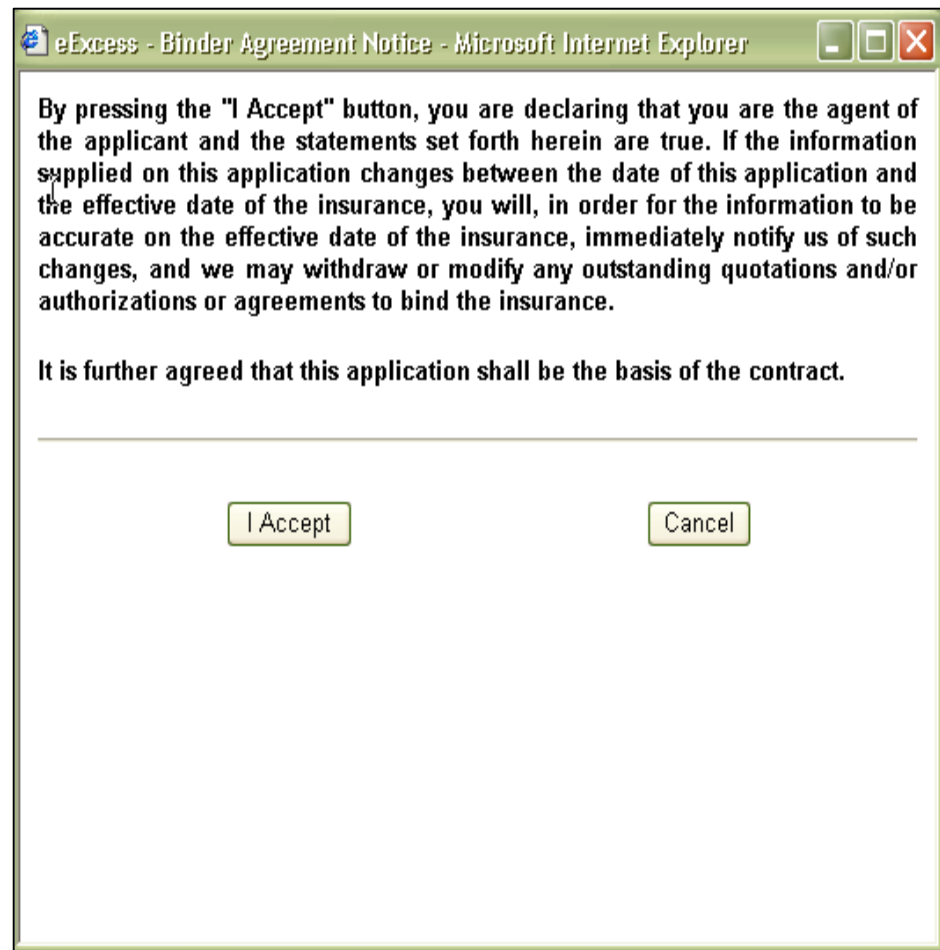
- The account cannot be changed after this point. If changes are necessary a post-issue endorsement will be required.
- After clicking **OK**, verify the **Effective / Expiration Dates** and select **Policy Limit** from the drop-down menu.



Accepting the Quote

The Legal Warranty:

- Before eExcess will complete your bind request, you must first click the **I Accept** button at the bottom of the Legal Warranty.
- This Step confirms you have legal authority to bind coverage.
- The **Cancel** button takes you back to the Quote View screen.



Choosing Delivery Option

Choosing the Delivery Option:

- If your preferred delivery method is eMail, you may select either **eMail with Website Link** or **eMail with PDF** attached.
- If your preferred delivery method is Postal Service, **Postal Mail** option will be pre-selected for you.

eExcess - eDelivery Confirmation - Microsoft Internet Explorer

Please choose a policy delivery option:

eDelivery eMail with Website Link eDelivery eMail with PDF Bulk Delivery

Preferred Email Address:
js101@tbroker.net

Additional Email Addresses:

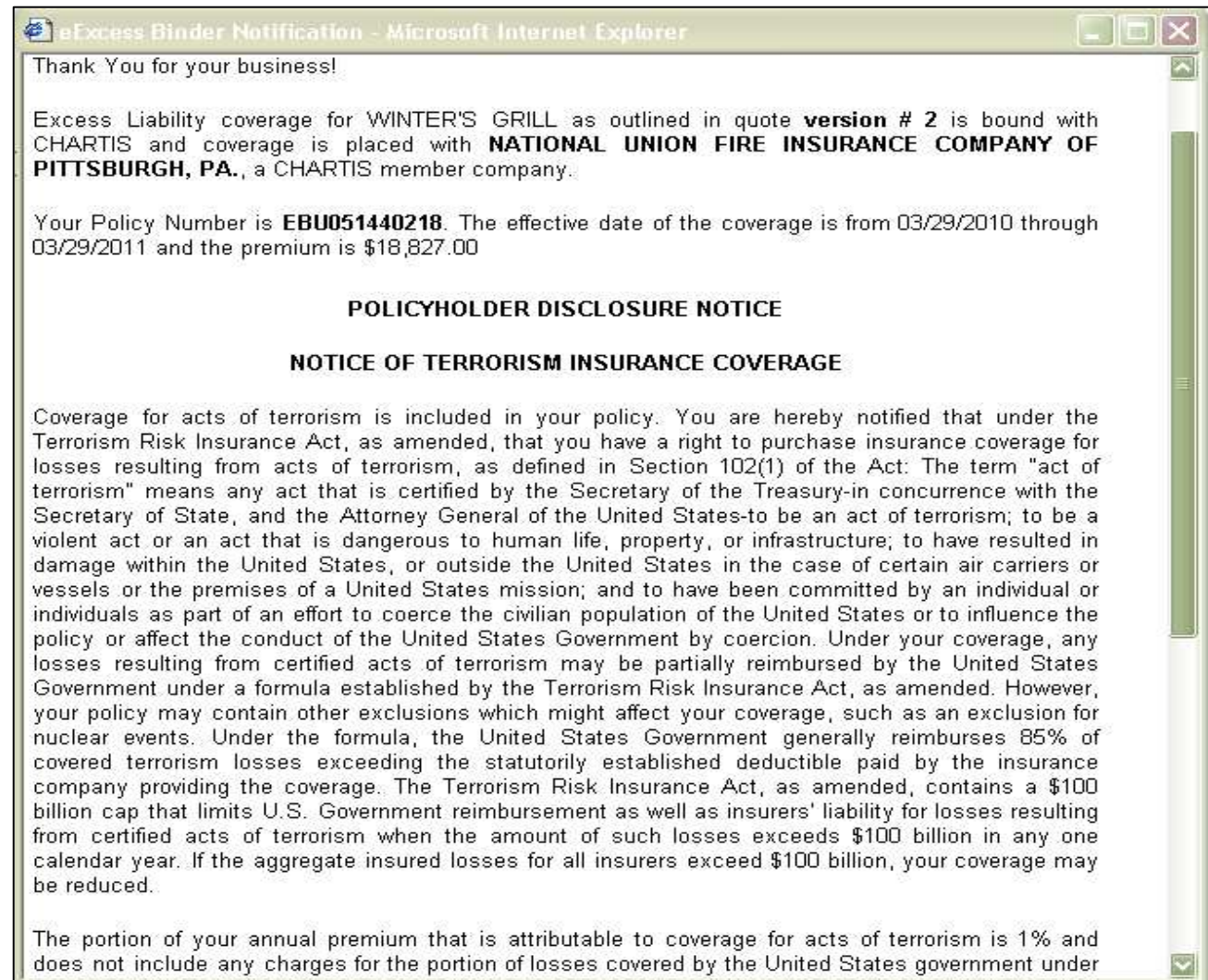
via Postal mail

OK

Binder Letter

The Binder Letter:

- Once you choose the delivery option, the **Binder Letter** displays.



The screenshot shows a web browser window titled "eExcess Binder Notification - Microsoft Internet Explorer". The content of the page is as follows:

Thank You for your business!

Excess Liability coverage for WINTER'S GRILL as outlined in quote **version # 2** is bound with CHARTIS and coverage is placed with **NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**, a CHARTIS member company.

Your Policy Number is **EBU051440218**. The effective date of the coverage is from 03/29/2010 through 03/29/2011 and the premium is \$18,827.00

POLICYHOLDER DISCLOSURE NOTICE

NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury-in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is 1% and does not include any charges for the portion of losses covered by the United States government under

eMail Functionality

eMail the application, quote or binder letter.

The Binder Letter:

- Type the email address of the recipient in the **To** field. You can enter multiple email addresses using a semi colon between names.
- Attach files from your desktop to the application or quote letter with the **Browse** button.
- Click **Send** to execute the email.
- **Note:** Commission does not appear on printed or emailed quote letters.
- The screen will return you to the Binder Letter. You may **Print** or **Close** it.
- When you close the Binder Letter, the screen will return you to the Quote Letter and you may return to the Home Page by clicking on **Exit**.

eExcess - Mail Form - Microsoft Internet Explorer

File Edit View Favorites Tools Help

From : js101@tbroker.net

To :

Subject : eExcess Binder Notification, version 2 - Wll

Attachment : Browse...

Comments :

Send

Thank You for your business!

Excess Liability coverage for WINTER'S GRILL as outlined in quote version # 2 is bound with CHARTIS and coverage is placed with **NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**, a CHARTIS member company.

Your Policy Number is **EBU051440218**. The effective date of the coverage is from 03/29/2010 through 03/29/2011 and the premium is \$18,827.00

Done Trusted sites

Underwriter Referrals

If the risk does not qualify for an immediate on-line quote, eExcess will display a referral message.

Referral Accounts:

- All referral reasons list at the bottom of the application.
- Please review the application for accuracy prior to submitting for a quote or for referral.
- Click the **Submit** button to send the application to underwriting for consideration.
- The name of the Underwriter that your submission referred to and the referral message, appear when you submit the application.
- **Note:** A complete description of operations is critical on all applications. It is especially important for underwriters working on referral accounts.

List of questions to be referred to an underwriter:

8. Does Insured have employees using their own vehicles on Company business on a regular basis? Yes

Your regional Underwriting contact information can be viewed on our Home Page, or you can call at following numbers.

1-(877)TO-SERVE

Microsoft Internet Explorer

Thank you for completing this application. Upon clicking OK, this information will be referred to an underwriter for review. Please be advised that the underwriter may request additional information from you. If you have a specific quote Need-by date, please advise your underwriter, otherwise this account will be prioritized based on effective date.

If you need to revise the application information before it is sent to an underwriter, please click on Cancel below and revise the necessary information.

NOTE: FOR CONTACT INFORMATION REGARDING THIS SUBMISSION'S REFERRING UW PLEASE REVIEW THE TOP OF THE APPLICATION REVIEW SCREEN.

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This submission has been referred to: [Pavan Kumar Machiraju](#)
Phone: (111) 111-1111
eMail: abhay.jha@chartisinsurance.com

If you have any immediate questions, please contact them directly.