



301 E. Fourth Street, 22N
 Cincinnati, OH 45202-4201
 Toll Free 800-643-7882

Contingent Liability Application

Target Effective Date _____

Date Submitted _____

Company Information

Name of Company _____

Address _____

City _____ State _____ Zip _____

Main Contact _____ Title _____

Email Address _____ Number of Drivers Enrolled in Occupational Accident Policy: _____

Agency Information

Name of Agency _____

Address _____

City _____ State _____ Zip _____

Producer Name _____

Email Address _____ Phone Number _____

Contingent Liability

Yes No

Has any prior Workers' Compensation, Contingent Liability, or similar coverage been declined, cancelled, or non-renewed?

If yes, please explain.

What is the current Workers' Compensation Experience Modification Factor? _____

Has the Company ever experienced a loss under Workers' Compensation, Contingent Liability or similar coverage where an Independent Contractor claimed employee status? Yes No

If yes, please explain.

Coverage Limits

| Coverage A (Benefi | Coverage B (Employer's Liability) |
|---------------------------------|---|
| Statutory Workers' Compensation | \$100,000 Bodily Injury by Accident (Each Accident) |
| Other | \$500,000 Bodily Injury by Disease (Policy Limit) |
| | \$100,000 Bodily Injury by Disease (Each Employee) |
| | Other _____ |
| | \$ _____ Bodily Injury by Accident (Each Accident) |
| | \$ _____ Bodily Injury by Disease (Policy Limit) |
| | \$ _____ Bodily Injury by Disease (Each Employee) |

I hereby acknowledge that all answers and statements contained, including the attached data, are true and complete. I understand that the Contingent Liability contract is registered and delivered as a surplus lines coverage under applicable state law. I also understand that no coverage will become effective until an application has been signed and approved by the Insurance Company, a Policy of Insurance is issued, and the required premium is paid.

Broker/Agent Signature _____ Date _____

Applicant Signature _____ Date _____

Yes No

Is Agent/Broker Surplus Lines licensed in state of policy issuance?

If no, please name Agent/ Broker authorized to assume duties and responsibilities of Registered Surplus Lines Agent/Broker, below.

Insurance for this program may be provided by a surplus lines insurer. Risks placed with a surplus lines insurer must be placed in accordance with state and federal law, including applicable surplus lines laws. Surplus lines insurers do not generally participate in State Guaranty Funds and thus insureds are not protected by such funds.

To Be Completed By Surplus Lines Agent/Broker

Broker/Agency _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Contingent Liability Insurance is a non-admitted (surplus lines) contractual liability policy and is underwritten by Great American E&S Insurance Company.