



Umbrella Application

NCTC Theatre Insurance Program
 1987 N. 56th Ave., Mears, Michigan 49436
 Phone: 231-873-0727 Fax: 231-873-7081

Section I – General Information

Name, as it should appear on the policy: _____
 Owner's Name: _____ E-mail: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____ Web site: _____

Section VIII – Umbrella Section

- Umbrella Limit (*Each Occurrence*): \$1 million \$2 million \$3 million \$4 million \$5 million Other \$ _____
- Complete the following about your primary commercial coverages:

Type	Insurance Carrier & Policy Number	Policy Effective Date	Policy Expiration Date	Policy Limits	Annual Renewal Premium
Automobile Liability <input type="checkbox"/> Hired <input type="checkbox"/> Non-owned				Combined Limit Each Accident \$ _____	
Employers Liability				Each Accident: \$ _____ Disease: Each Employee: \$ _____ Policy Limit: \$ _____	
Other: _____				\$ _____	

- Do you have any of the following exposures:

Exposure	Yes or No	Currently Insured	If insured, with whom?
General Liability (with another carrier)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aircraft Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vendors Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional Liability (with another carrier)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Care, Custody, Control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Watercraft Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foreign Liability/Travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Liquor Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Certification:

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld.

How did you hear about us? (*Check one*)

- Magazine Ad (*specify*): _____ Previously Insured with Markel
- Web site/search engine: _____ Referred by: _____
- Other (*specify*): _____

Agency Information

Agency Name: NCTC Theatre Insurance Program Contact: Daniel J. Castle

Agency Address: 1987 N. 56th Ave

City: Mears State: MI Zip: 49436

Phone: 231-873-0727 Fax: 231-873-7081 E-mail: _____

PLEASE NOTE:

- Markel Insurance Company writes Property, Business Income, Sign, Inland Marine, Crime and Umbrella coverages as an addition to General Liability coverage only.
- Please include Claims Experience ("loss runs") from your current insurer with your application.