



**EUCLID SECURITY PROGRAMS LLC**  
 234 Spring Lake Drive  
 Itasca, IL 60143  
[www.euclidsecurityins.com](http://www.euclidsecurityins.com)

**SUPPLEMENT EXCESS LIABILITY COVERAGE  
 SUPPLEMENTAL APPLICATION**

**SEND SUBMISSIONS TO:**  
[submissions@euclidsecurityins.com](mailto:submissions@euclidsecurityins.com)

**Disclosure:** This Supplement Excess Liability coverage application can only be provided in conjunction with a completed application for Security Guard, Private Detective, Security Animal, Security Training School, Security Consulting, Alarm or Suppression General Liability coverage, showing the breakdown of Insured operations. This applies for both supported and unsupported excess.

<b>PRODUCT</b>				
1. <input type="checkbox"/> Supported Excess Liability <input type="checkbox"/> Standalone/Unsupported Excess Liability				
<b>PRODUCER</b>				
2. Producer Name:				
3. Producer Contact:				
4. Email Address:				
5. Phone:				
<b>APPLICANT</b>				
6. Applicant – Legal Name:				
7. Street Address:				
Mailing Address (if different):				
8. Policy Effective Date Desired?				
<b>EXCESS LIABILITY</b>				
9. LIMITS REQUESTED:		<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000		
10. Please list the Applicant’s Excess Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. <input type="checkbox"/> (check here if Applicant has no prior coverage)				
Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____

11. LIST PRIMARY POLICIES TO BE CONSIDERED AS UNDERLYING INSURANCE (please indicate if N/A)					
TYPE	CARRIER POLICY NO.	POLICY EFF DATE	POLICY EXP DATE	LIMITS	
AUTOMOBILE LIABILITY				CSL EA. ACC.	\$
				BI EA. ACC.	\$
				BI EA. PER.	\$
				PD EA. ACC.	\$
GENERAL LIABILITY / E&O				EACH OCCURANCE	\$
				GENERAL AGG	\$
				PROD & CO/OPS AGG	\$
				PERSONAL & ADV INJ	\$
				DAMAGE TO RENTED PREMISES	\$
EMPLOYERS' LIABILITY				EACH ACCIDENT	\$
				DISEASE EACH EMPLOYEE	\$
				DISEASE POLICY LIMIT	\$
<b>EXPOSURES – EMPLOYERS' LIABILITY (If applicable)</b>					
12. Is Applicant self-insured in any state?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list states:					
13. Please list states where operations are conducted, where any premises are maintained, or where employees are otherwise subject to Workers' Compensation Regulations:					
14. Subject to:			<input type="checkbox"/> Jones Act	<input type="checkbox"/> FELA	
<b>EXPOSURES – AUTO LIABILITY (If applicable)</b>					
15. Are explosives, caustics, flammables or other dangerous cargo hauled?					<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Any units not insured by underlying policies?					<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are any vehicles leased or rented to others?					<input type="checkbox"/> Yes <input type="checkbox"/> No
18. What is the Coverage Symbol for the Liability coverage under the Business/Commercial Auto policy?					
19. Do any employees use their personal vehicles for business purposes/company business?					<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does Applicant obtain and review driver MVRs before/during the hiring process?					<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Does Applicant regularly check driver MVRs during their employment?					<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTO FLEET								
TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	200 + MI
PRIVATE PASSENGER								
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX HEAVY							
TRUCKS/TRACTORS	HEAVY							
	EX HEAVY							
OTHER:								
INITIAL SUBMISSION REQUIREMENTS								
<b>22. General Liability (w/ Errors and Omissions) and Standalone / Unsupported Excess</b>								
<ul style="list-style-type: none"> <li>Completed General Liability supplemental application</li> <li>Copies of all additional information requested on the applicable underlying General Liability supplemental application</li> </ul>								
<b>23. Excess Liability</b>								
<ul style="list-style-type: none"> <li>If Standalone Excess Liability, same required information as General Liability (w/ Errors and Omissions) (above)</li> <li>Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days)</li> <li>Carrier (and TPA if applicable) loss runs for all underlying coverages/policies for the preceding 5 years (must be currently valued within past 60 days)</li> <li>Copies of quotes, binders or policies for underlying coverages (if bound, full underlying policy(ies) will be required post binding)</li> </ul>								

**FRAUD NOTICE**

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

**ADDITIONAL FRAUD NOTICES**

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

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Applicant Name (Printed)

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Applicant Title

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Applicant Signature\*

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Date

**\* ELECTRONIC SIGNATURE AND ACCEPTANCE**

**\* PRODUCER INFORMATION:**

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Producer Name (Printed)

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Producer Signature\*

**\* ELECTRONIC SIGNATURE AND ACCEPTANCE**

You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.