



**UMBRELLA APPLICATION**  
**Yellowstone Insurance Exchange, RRG**

Please mail the completed and signed application with supporting documentation to:  
  
Yellowstone Insurance Exchange, RRG  
Attn: Eric J. Gardzina, CPHRM  
4301 Hillsboro Pike, Suite 310  
Nashville, Tennessee 37215  
Tel. 866-216-7433  
Fax 866-216-7434

**I. GENERAL INFORMATION**

**Name of Hospital (or System):**

**(Attach a complete list of subsidiaries and affiliates to be covered including a description of operations and relationship.)**

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person & Title \_\_\_\_\_

**(Name)** \_\_\_\_\_ **(Title)** \_\_\_\_\_

Email: \_\_\_\_\_

Location Address: \_\_\_\_\_

County: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Proposed Policy Period **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Umbrella Limit of Liability: \_\_\_\_\_

Retroactive Date \_\_\_\_\_

**II. AUTOMOBILE LIABILITY INSURANCE**

Please provide details of your primary Automobile Liability Insurance:

Policy Period: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

Note that the minimum underlying automobile liability limit is \$1,000,000.

Please include the following information with your application:

1. A copy of the declarations page from your automobile liability policy.
2. A five year loss history
3. A list of approved drivers
4. A schedule of owned or leased vehicles

**AUTOMOBILE LIABILITY (Continued)**

Please enter the number of vehicles you own by category:

DESCRIPTION	NUMBER
Private Passenger	
Light Truck	
Service Vans	
Bus: 1-8 Passengers	
Bus: 9-20 Passengers	
Bus: 21-60 Passengers	
Bus: 60 + Passengers	
Medium Trucks	
Heavy Trucks	
Tractor Trailer Unit	
Ambulance	

- Please attach schedule of vehicles from your automobile policy

Ambulance Transport:  None  Non-Emergency Runs only

Number of emergency ambulance runs: \_\_\_\_\_  N/A

Non-owned and Hired coverage?  Yes  No

Are any vehicles not insured?  Yes  No

Are passengers carried for a fee?  Yes  No

Any driver's under the age of 21?  Yes  No

Any auto claims over \$10,000 within 5 years?  Yes  No

Do employees use their own car in hospital business?  Yes  No

Any drivers with DUI / DWI or three speeding tickets in 5 years?  Yes  No

Please explain any "Yes" answers:

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**III. GENERAL LIABILITY**

**The Yellowstone Insurance Exchange, RRG Primary General Liability Application will be attached to and become a part of this Umbrella Application.**

Have you had any mold claims?  Yes  No

Do you own or lease any aircraft?  Yes  No

Do you own or lease any watercraft?  Yes  No

Do you have any other premises liability coverage (e.g. BOP)?  Yes  No

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

Type Coverage: Occurrence  Claims-Made

**IV. MEDICAL LIABILITY**

**The Yellowstone Insurance Exchange, RRG Primary Medical Liability Application will be attached to and become a part of this Umbrella Application.**

Are your Physicians to be covered under your Umbrella?  Yes  No

Are new Physicians on probation for *six* months?  Yes  No

Do residents work in the ER? If so, how many?  Yes  No

Any other Medical Professional Liability Professional Liability policies to be covered under the Umbrella? If yes:  Yes  No

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

Type of Coverage: Occurrence  Claims-Made

**V. EMPLOYERS' LIABILITY & WORKERS' COMPENSATION**

**The Yellowstone Insurance Exchange, RRG umbrella policy does not provide coverage for claims arising from Employers' Liability or Workers' Compensation.**

**VI. DECLARATION**

**Signature of CEO or Authorized Hospital Personnel:**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

**Signing this application does not bind Yellowstone Insurance Exchange, RRG to complete the insurance. All information requested in this application is considered material and important. If a company agrees to be bound under the terms of this application, your policy is void if you hide any important information from us, or attempt to defraud or lie to us about any matter contained in this application. If accepted the application will form the basis for policy issuance and will be included as part of the policy.**