



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, CPHRN
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:

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.