

# UMBRELLA SUPPLEMENT

Please provide your current policy information for the  
underlying policies on your umbrella

## Auto:

Auto Insurance Company: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

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

Auto Breakdown: Number of vehicles in each class

\_\_\_\_\_ Private Passenger

\_\_\_\_\_ Light Trucks (0-10,000 lbs)

\_\_\_\_\_ Medium Trucks (10,001 to 20,000 lbs)

\_\_\_\_\_ Heavy Trucks (20,001 to 45,000 lbs)

## Employers' Liability (Part of Workers Comp policy)

Insurance Company: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

Employers' Liability Limit: \_\_\_\_\_