

125044

**EXCESS / UMBRELLA LIABILITY**

Insurer: National Union Fire Ins Co Pa Policy No: UMB 28466389  
 Agency: Hartigan Agency, Inc. Inception: 07/01/12 Expiration: 07/01/13  
 Agent: William Hartigan Updated: 06/12/12 Cancelled:

<input checked="" type="checkbox"/> Occurrence Form	<u>Coverage applies in excess of:</u>	Policy aggregate	3,000,000
<input type="checkbox"/> Claims-Made ... Retro Date =	<input checked="" type="checkbox"/> General Liability	<b>Each occurrence or claim</b>	<b>3,000,000</b>
<input checked="" type="checkbox"/> Explosion ('x') NOT Excluded	<input checked="" type="checkbox"/> Products/completed operations	Self Insured Retention	10,000
<input checked="" type="checkbox"/> Collapse ('c') NOT Excluded	<input checked="" type="checkbox"/> Automobile Liability	<input checked="" type="checkbox"/> Per Job Location Aggregate	
<input checked="" type="checkbox"/> Underground ('u') NOT Excluded	<input type="checkbox"/> Pollution Liability	<input checked="" type="checkbox"/> Defense in Excess of Limits	
<input checked="" type="checkbox"/> Subsidence NOT Excluded	<input type="checkbox"/> Professional Liability	<input checked="" type="checkbox"/> Primary Insurance	
<input type="checkbox"/> Residential Const. NOT Excluded	<input checked="" type="checkbox"/> Employers Liability	<input checked="" type="checkbox"/> Non Contributory	
<input checked="" type="checkbox"/> Mold/Fungus NOT Excluded	<input type="checkbox"/> Severability of Interests	<input checked="" type="checkbox"/> Contractual Liability	
<input checked="" type="checkbox"/> All locations/operations	<input type="checkbox"/> Cross Liability	<input checked="" type="checkbox"/> Contractors/Subcontractors Work	

Designated locations/operations:

The following are named as Additional Insureds, and/or have Waiver of Subrogation, as provided in the policy or endorsement:

**Form # - Follows Form AL and GL** (Blanket coverage)

<u>Additional Insured</u>	<u>Waiver of Subrogation</u>	<u>Additional Insureds / Waivers of Subrogation</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 1</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 2</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 3</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Default Additional Insured Name 4</b>

Comments: **THIS INFORMATION IS FICTITIOUS - FOR DEMONSTRATION PURPOSES ONLY**  
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Authorized representative NPID #



William Hartigan CIC, ARM, AAI

XS01 01/12

TEXAS DEPT. OF INSURANCE  
 AUSTIN, TEXAS  
 APPROVED  
 FEB 20 2013