



Group Personal Excess New Business Underwriting Worksheet

Eligibility requirements:

- \$15,000 minimum targeted premium
- Admitted product in: NY, NJ, PA, CT, OH, FL, GA, NC, MD, DC, VA, MA, CA, MI, MO, MN, WI, WA
- \$50M limits of liability available in all states except: (\$25M for NJ, CT, PA, CA, MI)
- Voluntary program minimum participation requirements:

<25:	75%	1,000-9,999:	25%
26-99:	65%	10,000+:	10%
100-999:	50%		

Please email the completed form to: gpe@chubb.com

Broker/Agent Name:

Broker/Agent Mailing Address:

Broker/Agent Personal Lines Producer Code:

Broker/Agent Contact Name, Email Address and Phone Number:

Sponsoring organization information

Name of Sponsoring Organization:

Address, City, State (headquarters):

Organization's Website address:

Who is your contact at the sponsoring organization? (i.e. Corp risk management, Human Resources/Benefits, other)

Who will be covered

Provide the defined group criteria and if there will be more than one criteria level of the defined group (such as officers and directors, partners, employees)

Provide the number of eligible participants in the defined group

Will the defined group participate on a mandatory or voluntary basis?

If voluntary participation, provide the estimated participation by number or percentage

Proposal specifications

Liability Limit options to be included in the quote:

- | | | | |
|--------------|--------------------------|--------------|--------------------------|
| \$10,000,000 | <input type="checkbox"/> | \$50,000,000 | <input type="checkbox"/> |
| \$5,000,000 | <input type="checkbox"/> | \$25,000,000 | <input type="checkbox"/> |
| \$3,000,000 | <input type="checkbox"/> | \$20,000,000 | <input type="checkbox"/> |
| \$2,000,000 | <input type="checkbox"/> | \$15,000,000 | <input type="checkbox"/> |
| \$1,000,000 | <input type="checkbox"/> | other | |



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Additional Coverage options to be included:

EPL Limit Options

- \$250K/500K
- \$500K/500K
- \$1M/1M

UM/UIM Limit Options

- \$1M
- \$2M
- \$3M
- \$5M

EBL Limit Options

(E&O for sponsoring org)

- \$1M

For Non-Admitted policies:

Shadow Defense

\$20K-\$100K (in \$10K increments)

Reputational Injury

\$50K

\$100K

If this is an existing group personal excess program, please provide:

1) Current number of participants by limit:

\$10M	\$50M
\$5M	\$25M
\$3M	\$20M
\$2M	\$15M
\$1M	other

2) Currently valued loss history since the program first inception:

3) Terms and conditions including any special coverage or endorsements:

EPL

UM/UIM

EBL (E&O for sponsoring org)

Other

If the state of risk of the sponsoring organization is in a non-admitted state, we will require the following information to prepare a proposal:

Surplus license broker name and address:

Surplus lines licensee contact name:

Surplus lines broker license number and expiration date:

Is there an opportunity to pursue the participants underlying personal lines business? If so, how will the prospecting initiative be structured?

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