

Group Excess Liability Insurance

Presented by:

York International Agency, LLC

What Makes A Great Insurance Product?



Insurance • Benefits • Risk Management

- Easy Application Process
- No Underwriting
- No Endorsements or Servicing
- Competitive Pricing
- Great Coverage



Primary Targets

- Law Firms, Architects, Engineers, Doctors, Accountants
- Board Members or Sr. Execs. of Large & Small Corporations
- Private Equity / Hedge Funds / Venture Capital / REITS
- Public & Private Banks
- Family Offices, Financial Advisors, Wealth Managers
- Charitable Institutions, Professional Associations
- “Clients Of” capability

Who Are The Market Players?



Chubb Insurance

- Focus on large involuntary groups with 25 or more participants.

AIG Insurance

- Focus on small to large voluntary and involuntary programs of 15 participants or more. Minimum premium requirement of \$15K.

Fireman's Fund Insurance

- Focus on large voluntary and involuntary programs of 25 participants or more. Minimum premium requirement of \$25K.



Product Description



- A single excess liability policy covering a select group of individuals; the corporation or entity is listed as the named insured, and all covered members are listed on the declarations page and issued certificates of insurance.
- Not an aggregate limit of coverage- each participant receives the amount of coverage he/she chooses (ex: \$5mm, \$10mm, etc).
- Program can be supplemental or voluntary, employer or employee paid, with customized limits per participant.



Coverage Features & Benefits



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- “True” umbrella coverage
- Worldwide liability
- Defense costs are outside of the limit of liability
- Flexible Limit selective to meet individual needs
- Flexible underlying requirements



Program Design Advantages

- Available for both involuntary and voluntary programs
- No restrictions on coverage for personal watercraft
- Capacity of both Excess and Uninsured/Underinsured Motorist Coverage

Available Limits

- \$50 million in Personal Excess Liability capacity.
- \$5 million in Uninsured/Underinsured Motorist Protection.

Sample Pricing



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Group Program Versus Standard Market

<u>Limit</u>	<u>Group Price</u>	<u>Standard Price</u>
\$5 Mill	\$680	\$1,150
\$10 Mill	\$1,100	\$1,750
\$20 Mill	\$4,105	\$7,800
\$50Mill	\$13,100	\$34,600

** Premiums vary based on carrier and participant level*



Program Administration

- Completion of basic application to obtain carrier pricing.
- Coverage selection chosen by individual participants.
- Master policy supplied to sponsoring organization and individual certificates provided to each participant with selected coverage and underlying limit requirements.

Premium Payment Options

- One check with applicable taxes & fees must be submitted by the sponsoring organization.
- Example participant premium payment options:
 - Participant payroll deductions
 - Individual checks by participants collected by sponsoring organization
 - Coverage provided as a benefit to all qualifying participants by the sponsoring organization



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Group Excess Liability APPLICATION

Sponsoring Organization Name & Address:

1. Description of Sponsoring Organization / Business Type: _____

2. Number of individuals to be included in the Group Excess Policy: _____
3. Is this an existing new group excess program? If existing, how long? _____
4. Will this program be voluntary mandatory?
If voluntary, what is the projected penetration %? _____

5. Please provide a description of the group with the sponsoring organization or level of employee that qualifies for membership:

Total Excess Liability Limits Requested:
(Indicate all that apply. \$3,000,000 is minimum provided in the program.)

- \$3,000,000
 \$5,000,000
 \$10,000,000
 \$15,000,000
 \$20,000,000
 \$25,000,000
 \$50,000,000
 Other: _____

Current or expected # of insureds

6. Uninsured/Underinsured Limits Requested (if any) _____
 \$300,000 \$500,000 \$1,000,000

7. Preferred required underlying auto limit: \$300,000 \$500,000 \$1,000,000

8. Optional Coverages: EPLI Limited Charitable Board Directors & Trustees Coverage
 Higher Supplemental Defense Coverage Higher E&O Coverage

9. Geographic breakdown of participants

State of Residence	# of Participants	# of participants with youthful driver*	# of participants with 2 nd Home*	# of participants with Motor Boat*

* Mandatory for groups of 25 participants or smaller (otherwise optional). Also, if available, please attach a list of current group participants' names and addresses.



AMERICAN INTERNATIONAL SPECIALTY LINES INSURANCE COMPANY

A CAPITAL STOCK COMPANY
175 Water Street
New York, NY 10038

NOTICE; THIS INSURANCE COMPANY IS NOT LICENSED BY THE STATE OF NEW YORK

GROUP PERSONAL UMBRELLA LIABILITY DECLARATIONS

POLICY NUMBER: 0006839131

ITEM 1. NAMED INSURED Sample Insured

Address: 1 Main Street
New York, NY 10020

ITEM 2. RENEWAL POLICY PERIOD: from 04/05/2007 to 04/05/2008
12:01 A.M. STANDARD TIME AT ADDRESS SHOWN IN ITEM 1. ABOVE

ITEM 3. LIMITS OF INSURANCE: See Endorsement #001

THE LIMITS OF INSURANCE, SUBJECT TO ALL THE TERMS OF THIS POLICY, ARE:
\$ (see endorsement #001) EACH OCCURRENCE

\$ 1,000,000 per occurrence UM COVERAGE

\$ 1,000,000 EACH WRONGFUL ACT/AGGREGATE

ITEM 4. SCHEDULE OF REQUIRED UNDERLYING LIMITS OF INSURANCE

COVERAGE REQUIRED UNDERLYING LIMIT OF INSURANCE

AUTOMOBILE LIABILITY: \$250,000 Each Person/\$500,000 Each Occurrence Bodily Injury
\$50,000 Each Occurrence Property Damage
or
\$500,000 Each Occurrence Combined Single Limit

UNINSURED MOTORIST LIABILITY: \$250,000 Each Person/\$500,000 Each Occurrence Bodily Injury
\$50,000 Each Occurrence Property Damage
or
\$500,000 Each Occurrence Combined Single Limit

HOMEOWNERS PERSONAL LIABILITY: \$300,000 Each Occurrence Combined Single Limit
(Required for all property owned or rented)

UNREGISTERED VEHICLES: \$100,000 Each Occurrence Combined Single Limit

WATERCRAFT LIABILITY (under 26' or under 50 hp): \$300,000 Each Occurrence Combined Single Limit

WATERCRAFT LIABILITY (over 26' or over 50 hp): \$500,000 Each Occurrence Combined Single Limit

EMPLOYERS LIABILITY: \$100,000 Per Occurrence Combined Single Limit

ITEM 5. PREMIUM: \$XXXXX.XX

ITEM 6. INDIVIDUALS ELIGIBLE FOR COVERAGE: As per the individual certificate of insurance declarations on file with York International Agency Inc.

ITEM 7. ENDORSEMENTS: Endorsement #001: Coverage and Premium Summary Form:

PRODUCER NAME AND ADDRESS: York International Agency
1 Executive Bld
Yonkers, NY 10701



AMERICAN INTERNATIONAL SPECIALTY LINES
INSURANCE COMPANY
A CAPITAL STOCK COMPANY
70 Pine Street
New York, NY 10270

NOTICE: THIS INSURANCE COMPANY IS NOT LICENSED BY THE STATE OF NEW YORK

GROUP PERSONAL UMBRELLA LIABILITY
CERTIFICATE OF INSURANCE
DECLARATIONS

Policy No.: 6839116

1. Additional Insured and Address

Sample Additional Insured

2. Your Employer and Address

Sample Employer
1 Main Street
New York, NY 10020

3. Coverage Period: From 04/05/2007 To 04/05/2008

12:01 Standard Time at the address shown in Item 2. Above

4. Limits of Insurance: \$5,000,000 Each Occurrence; \$1,000,000 UM

SCHEDULE OF REQUIRED UNDERLYING LIMITS OF INSURANCE

COVERAGE	REQUIRED UNDERLYING LIMIT OF INSURANCE
AUTOMOBILE LIABILITY:	\$250,000 Each Person/\$500,000 Each Occurrence Bodily Injury \$50,000 Each Occurrence Property Damage or \$500,000 Each Occurrence Combined Single Limit
UNINSURED MOTORIST LIABILITY	\$250,000 Each Person/\$500,000 Each Occurrence Bodily Injury \$50,000 Each Occurrence Property Damage or \$500,000 Each Occurrence Combined Single Limit
UNREGISTERED VEHICLES:	\$100,000 Each Occurrence Combined Single Limit
HOMEOWNERS PERSONAL LIABILITY: (Required for all property owned or rented)	\$300,000 Each Occurrence Combined Single Limit
WATERCRAFT LIABILITY: (under 26' or under 50 hp)	\$100,000 Each Occurrence Combined Single Limit
WATERCRAFT LIABILITY: (over 26' or over 50 hp)	\$300,000 Each Occurrence Combined Single Limit
EMPLOYERS LIABILITY	\$100,000 Per Occurrence Combined Single Limit

ENDORSEMENT No. 1

POLICY NUMBER: 0006839131

NAMED INSURED: Sample Insured

ADDRESS: 1 Main Street
New York, NY 10020

POLICY PERIOD: FROM 04/05/2007 TO 04/05/2008
12:01 A.M. STANDARD TIME AT ADDRESS SHOWN ABOVE

Coverage and Premium Summary

Coverage and Premium Summary:

<u>Number Of Additional Insureds</u>	<u>Liability Limit</u>	<u>Premium</u>	<u>Total Premium</u>
xx	\$5,000,000	\$650	\$4,550
xx	\$10,000,000	\$1,000	\$1,000

TOTAL POLICY PREMIUM \$XXXXX.XX

Sample Insured