

Group Personal Excess Liability Insurance from Chubb



Enrollment Form

Please complete and return this form to:

**My Group Excess
P.O. Box 2203
Ellicott City, MD 21041**

Name _____
Mailing Address _____
E-mail Address _____
Daytime Phone _____

I choose to purchase **Group Personal Excess Liability Insurance** and **Excess Uninsured/Underinsured Motorist Protection (UM/UIM) coverage** in the amounts selected below.

Coverage Term: The first day of the next month to October 1, of the current year.

Excess Liability			Excess UM/UIM		
Excess Liability Limit	Premium with \$1M UM/UIM	Choice	UM/UIM Limit	Premium	Choice
\$1 million	Provided by OMSNIC	<input type="checkbox"/>	\$1 million	Included with Excess Liability Coverage	<input type="checkbox"/>
\$2 million	\$148.00	<input type="checkbox"/>	\$2 million	\$120.00	<input type="checkbox"/>
\$3 million	\$328.00	<input type="checkbox"/>	\$3 million	\$229.00	<input type="checkbox"/>
\$5 million	\$401.00	<input type="checkbox"/>	\$5 million	\$450.00	<input type="checkbox"/>
\$10 million	\$933.00	<input type="checkbox"/>			
\$15 million*	\$1,595.00	<input type="checkbox"/>			
\$20 million*	\$2,749.00	<input type="checkbox"/>	Note: You have the option to increase your Excess Liability limit without increasing the excess UM/UIM limit.		
\$25 million*	\$3,518.00	<input type="checkbox"/>	Excess Liability must match or be greater than UM/UIM limit.		

*Chubb requires the underlying policies to be with Chubb Insurance.

Note: To calculate your total annual premium, add the premium charge for the selected Excess Liability limit to the premium charge for selected UM/UIM limit.

Total Annual Premium \$ _____

To finish the enrollment process:

1. Direct any questions to My Group Excess at 1.855.694.7739.
2. Complete and sign this form and send it to My Group Excess.
3. The prorated premium will be provided by My Group Excess.
4. Refer to reverse page for underlying policy limit requirements.
5. Mail this form and remittance to My Group Excess at the above address.

Initial here _____ I have reviewed the above 5 points and also confirmed with my personal insurance agent that my underlying limits listed on the reverse side of this form, **required to avoid gaps in coverage**, are in place.

Signature _____ **Date** _____



Required Primary Underlying Liability Insurance Policy Limits

You and your family members must carry the minimum required underlying coverage limits summarized in the chart below. If you do not, you will have a gap in coverage. The **Group Personal Excess Liability Insurance** policy applies above the required underlying limits listed below. These limits are typical of the underlying limits most insurance companies require for a personal excess policy.

Important: Contact your personal insurance representative to ensure that your personal insurance program has the required underlying limits to avoid a gap in coverage. **This does not provide additional coverage over your OMSNIC or MGE professional liability limits.**

	Coverage	Underlying limits
Home	Personal Liability/Property Damage	\$300,000 per each occurrence
Auto	Personal Automobile Liability Private passenger autos, motor homes, motorcycles and other motor vehicles with less than four wheels <i>(Registered Vehicle)</i>	<ul style="list-style-type: none"> • \$250,000 bodily injury per person, \$500,000 bodily injury per each occurrence and \$100,000 property damage per each occurrence; or • \$300,000 bodily injury per person, \$300,000 bodily injury per each occurrence and \$100,000 property damage per each occurrence; or • \$300,000 combined single limit per each occurrence
	Personal Automobile Liability <i>(Unregistered Vehicle)</i>	<ul style="list-style-type: none"> • \$300,000 bodily injury and property damage per each occurrence
	Uninsured Motorist / Underinsured Motorist Protection	<ul style="list-style-type: none"> • \$250,000 bodily injury per person, \$500,000 bodily injury per each occurrence and \$100,000 property damage per each occurrence; OR • \$300,000 bodily injury per person, \$300,000 bodily injury per each occurrence and \$100,000 property damage per each occurrence; OR • \$300,000 combined single limit per each occurrence
Watercraft	Watercraft <ul style="list-style-type: none"> • Less than 26 feet AND less than 50 engine-rated HP • More than 26 feet OR more than 50 engine-rated HP 	<ul style="list-style-type: none"> • \$300,000 per each occurrence • \$500,000 per each occurrence

Please Note: If you carry limits that are higher than the minimums required under the plan, you can either reduce your underlying limits to the required minimums, or you can continue to maintain the higher limits. If you choose to leave your underlying limits higher than the minimum amounts required, you will simply have more total coverage.

Chubb. Insured.SM