

## Comcast Group Personal Excess Liability Program Enrollment Form for Coverage Effective July 1, 2017 to July 1, 2018

**To Enroll:** By **May 19, 2017**, complete and send your signed enrollment form along with the full annual premium payable to "Marsh"

Marsh Private Client Services  
Attn: GPE Comcast  
7201 W. Lake Mead Blvd., Suite 400  
Las Vegas, NV 89128

For Additional Information Contact:  
Terri Ives 215-246-1153  
Catherine Lunn 215-246-1015

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**I elect to purchase Group Personal Excess Liability insurance in the amount(s) selected below:**

### EXCESS LIABILITY

Selected Level	Liability Limit	Annual Base Premium
<input type="checkbox"/>	\$1 million	\$267
<input type="checkbox"/>	\$3 million	\$354
<input type="checkbox"/>	\$5 million	\$581
<input type="checkbox"/>	\$10 million	\$1,614
<input type="checkbox"/>	\$15 million	\$2,020
<input type="checkbox"/>	\$20 million	\$3,649
<input type="checkbox"/>	\$25 million*	\$4,462

### EMPLOYMENT PRACTICE LIABILITY

Selected Level	Additional Premium
<input type="checkbox"/>	\$756
<input type="checkbox"/>	\$756
<input type="checkbox"/>	\$756
<input type="checkbox"/>	Included
<input type="checkbox"/>	Included
<input type="checkbox"/>	Included
<input type="checkbox"/>	Included

**\*Note that if selecting \$25 million, completion of the attached questionnaire is required.**

### UNINSURED/UNDERINSURED MOTORIST

Selected Level	Coverage Limit	Additional Premium
<input type="checkbox"/>	\$1 million	Included
<input type="checkbox"/>	\$2 million	\$87
<input type="checkbox"/>	\$3 million	\$174
<input type="checkbox"/>	\$5 million	\$348
<input type="checkbox"/>	\$10 million (with \$25 million or \$50 million excess liability limit only)	\$784

\*Note that limit of underinsured/uninsured motorist may not be greater than your chosen liability limit.

**Please contact Terri Ives at 215-246-1153 or [Theresa.Ives@marsh.com](mailto:Theresa.Ives@marsh.com) or Catherine Lunn at 215-246-1015 or [Catherine.Lunn@marsh.com](mailto:Catherine.Lunn@marsh.com) to determine if your primary liability limits meet the program requirements.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

In this transaction, Marsh Private Client Services, a division of Marsh USA Inc. (Marsh), is acting as the producer for Federal Insurance Company, a member of the Chubb Group of Insurance Companies (Insurer) for this type of coverage, and not as your insurance broker. Marsh may provide these services: marketing and communications, enrollments, billing, ongoing servicing and claims advocacy. In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation, upon your request. You may obtain this information by calling us at 866-807-1170 for specific details. In no event shall Marsh be liable for any indirect, special, incidental, consequential or punitive damages or for any lost profits arising out of or relating to any services provided by Marsh or its affiliates. The aggregate liability of Marsh, its affiliates and its and their employees to you or your affiliates arising out of or relating to the provision of services by Marsh or its affiliates shall not exceed \$10,000,000. In addition, you agree to waive your right to a jury trial in any action or legal proceeding arising out of or relating to such services. The foregoing limitation of liability and jury waiver shall apply to the fullest extent permitted by law.

**PARTICIPANT QUESTIONNAIRE - Completion required if electing \$25 million Excess Liability Limit.**

Name: \_\_\_\_\_

Primary Residence Address: \_\_\_\_\_

1. Number of residences owned, leased or occupied by you? \_\_\_\_\_
2. Number of residences owned and not occupied by you? \_\_\_\_\_
3. Number of licensed vehicles owned or leased by you or a member of your family living in a residence owned or leased by you? \_\_\_\_\_
4. How many family members are licensed drivers? \_\_\_\_\_

(Include all dependents and family members living in a residence you own or lease) – PLEASE NOTE: Motor Vehicle Reports will be run.

Driver Name As it Appears on License	Driver License No.	Issuing State	Date of Birth

5. How many recreational vehicles do you own? (Non-licensed for road use) \_\_\_\_\_
6. A) How many watercraft do you own? \_\_\_\_\_  
 B) How many watercraft are 26 feet or more or 50 engine rated horsepower or more? \_\_\_\_\_
7. List all motor vehicle violations for all licensed drivers over the past three (3) years:

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8. List all liability claims under your homeowners, personal automobile or watercraft policies:
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**9. Underlying Carrier Information**

1. \_\_\_\_\_ Underlying Auto Carrier
2. \_\_\_\_\_ Underlying Home Carrier
3. \_\_\_\_\_ Underlying Watercraft Carrier