

# Personal Umbrella or Excess Liability Policy Application

Applicant \_\_\_\_\_ Occupation/Employer \_\_\_\_\_

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Mailing Address \_\_\_\_\_

Residence Address \_\_\_\_\_

Producer \_\_\_\_\_ Eff. Date \_\_\_\_\_ Prior Carrier \_\_\_\_\_ Exp. Date \_\_\_\_\_ Exp. Premium \_\_\_\_\_

**Policy Type:** \_\_\_\_\_ Personal Umbrella \_\_\_\_\_ Excess Liability (Excess over other umbrella) \$ \_\_\_\_\_ Desired Limit (in millions)

<b>Underlying Insurance</b>					
Type of Coverage	Carrier	Policy #	Policy Period	Minimum Underlying Limits	Your Underlying Limit
Automobile				\$250/\$500/\$100 or \$500 CSL	
Uninsured/Underinsured				same as auto limits	
Homeowners or CPL				\$300,000	
Rental Dwellings				\$300,000	
Farms, Vacant Land				\$300,000	
Watercraft				\$300,000	
Jet Ski, Wet Bike				\$500,000	
Recreational Vehicle				\$300,000	
Underlying Umbrella*				\$1,000,000	
Incidental Business				\$1,000,000	
Other					

**Real Estate:** List All Owned, Leased or Occupied Residences, Buildings, Farms, Vacant Land, etc.

#	Location (street, city, state)	# Units	Occupancy (primary, secondary, etc. If rental, explain)
1			
2			
3			
4			

**Automobiles and Recreational Vehicles:** List all Autos Owned, Leased or Furnished for Regular Use (Motorcycles, Snowmobiles, etc.)

#	Year	Company Car? Y/N	Make/Model/Type	#	Year	Company Car? Y/N	Make/Model/Type
1				5			
2				6			
3				7			
4				8			

**Watercraft:** List All Watercraft (including Jet Skis, Wet Bikes, etc.) Owned, Leased, Chartered or Furnished for Regular Use

#	Year, Make and Model	Length	Engine Type and HP	Max. Speed	# of Paid Crew	Waters Navigated (inland waterways, coastal, international waters etc.)
1						
2						
3						
4						

**Operator Information:** List All Members of Household and all Operators of Vehicles/Watercraft/RVs

#	Name	Drivers License #	State	Date of Birth	Vehicle, Craft, % of Use
1					
2					
3					
4					
5					
6					

<b>Driving Record Information</b>					
List # of traffic violations and/or motor vehicle accidents for all Operators indicated above during the past 3 years.					
#	Name	# Moving Violations	# Major Violations	# Minor At-Fault Accidents	# Major At-Fault Accidents
1					
2					
3					
4					
5					
6					

**General Information – Explain All “Yes” Responses in Remarks (If additional space is needed, please attach a separate sheet)**

	Yes	No		Yes	No
1. Any umbrella coverage declined, canceled or non-renewed during past 5 years (if yes, explain below)?			9. Do you employ any residence employees? ___ full-time or ___ part-time, # of employees ___		
2. Any liability losses (homeowners, etc.) exceeding \$5,000 or more in the past 5 years.			10. Do you or any household member have mental/physical impairments that affect driving ability?		
3. Any business/professional activities included in primary policies (including farming or daycare)?			12. Any pets (wild or domestic) on the premises? Type(s): _____		
4. Do any underlying policies cover incidental business activities?			13. Is there a trampoline on premises?		
5. Do you or any household member hold any non-remunerative positions? Details?			14. Is there an underlying oil tank on any of these premises?		
6. Do any of the properties you own or rent have a swimming pool on premises that is unfenced?			15. Do you or any household member have an occupation of a professional entertainer or athlete, media personality or local, state or federal political figure past or present?		
7. Do any of the properties you own or rent have a swimming pool on premises with a diving board?					
8. Any real estate, vehicles, watercraft, aircraft owned, hired, leased or regularly used, not covered by underlying insurance?			16. Does any underlying policy have reduced limits of liability or eliminate coverage for a specific exposure (operator, animal, swimming pool, watercraft, etc.)?		

**Remarks** (Please indicate question # next to explanation):

**OPTIONAL COVERAGES:**

**1. Optional Uninsured/Underinsured (UM/UIM) Motorist Coverage:** Acceptance or Rejection of UM/UIM:  
 \_\_\_ I would like to purchase, at an additional charge, UM/UIM Motorist Coverage as part of my Umbrella/Excess Liability policy. I have purchased Uninsured/Underinsured limits on all motor vehicles equal to the primary Automobile Liability limits.  
 \_\_\_ I hereby reject the opportunity to purchase Uninsured/Underinsured (UM/UIM) Motorist Coverage.

**IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY WHEN YOU SIGN THIS FORM.**

**Applicant’s Signature:** \_\_\_\_\_

**2. Optional Personal Injury Coverage:** \_\_\_ Yes \_\_\_ No (requires personal injury coverage on your underlying insurance)  
**3. Optional Incidental Business Coverage:** \_\_\_ Yes \_\_\_ No (requires incidental business coverage on your underlying insurance)

**Applicant’s Statement:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**IMPORTANT ADDITIONAL NOTICES:**

1. This application does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this application shall be the basis of the insurance policy.
2. A 25% Minimum Earned Premium is due at the time of binding and will not be returned , for any reason, if this policy is cancelled. No flat cancellations.

**Applicant's Statement:** The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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