Shelly, Middlebrooks & O'Leary, Inc.

Lexington Insurance Company
Personal Umbrella / Excess Liability Application

Phone: 800-342-2498
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www.shellyins.com

Applicant	Occupation	Employer	Date of Birth
Mailing Address	City/State/Zip		County
Insured Location	City/ State /Zip		County
Producer Name Email Address	Agent License #	Phone Number	
Prior Carrier	Expiration Date	Expiring Premium	Effective Date of this policy
Within the last 5 years has the applicant had a	Foreclosure?	Bankruptcy?	Repossession?
If prior carrier non-renewed, why?			
If the insured has not carried insurance within the last 12 months please explain why?			
Has Schedule coverage ever been cancelled or denied? If yes, please explain why.			
Additional Insured Name/Address/City/State/Zip			

Policy Type: _____Personal Umbrella _____Excess Liability (Excess over other umbrella) $_____Desired Limit (in millions)

Underlying Insurance

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 (Cannot be Lexington)				$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 terms of lease)
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						

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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					

Driving Record Information

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)? (MISSOURI APPLICANTS NEED NOT REPLY)			11. Do you employ any residence employees? __ full-time or __ part-time, # of employees___		
2. Any losses (homeowners, etc.) in the past 5 years?			12. 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)?			13. Any pets (wild or domestic) on the premises? Type(s):_____		
4. Do any underlying policies cover incidental business activities?			14. Is there a trampoline on premises?		
5. Do you or any household member hold any non-remunerative positions? Details:			15. Is there an underground oil tank for any of the properties?		
6. Do any of the properties you own or rent have a swimming pool on premises that is unfenced?			16. 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. Have you been told or are you otherwise aware of the use of Chinese drywall in the dwelling or any other structure on the premises?					
9. Is there any odor of sulfur in the dwelling, corrosion of any personal property, wiring, or any heating, ventilation or air conditioning system?			17. Does any underlying policy have reduced limits of liability or eliminate coverage for a specific exposure (operator, animal, swimming pool, watercraft, etc.)?		
10. Any real estate, vehicles, watercraft, aircraft owned, hired, leased or regularly used, not covered by underlying insurance?			18. 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 ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY 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 LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK 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 INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

PRODUCER'S SIGNATURE: _____ **DATE:** _____

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:** _____