

Personal Umbrella/Excess Personal Umbrella Application

You can obtain a quote by providing the information in the instant quote section, subject to the remainder provided prior to binding.

I. INSTANT QUOTE INFORMATION

Applicant's name: _____ Occupation: _____

Applicant type: Individual(s) Trust Limited liability company Limited liability partnership Limited partnership Estate

NOTE: Any applicant type other than individual(s) requires a completed Supplemental Questionnaire to be submitted.

Applicant's email address or primary contact: _____

Address of primary residence: _____ Same as mailing address

City: _____ State: _____ Zip: _____

Primary Personal Umbrella

Underlying personal liability limit: _____

Personal form Commercial form

Underlying auto bodily injury liability limit: _____

Personal form Commercial form

Excess Personal Umbrella

Please provide the underlying primary umbrella limit: _____

1. Is any member of the household a federal or state political figure, professional athlete or coach, music or television entertainer or CEO of a Fortune 500 company? Yes No
2. Has the applicant or any resident of the applicant's household had a liability loss greater than \$50,000 in the past five years or is there an open liability claim or lawsuit pending against them? Yes No
3. Does the applicant or any resident of the applicant's household operate any business at any owner-occupied residence? Yes No
4. Does the applicant own or lease any location used for farm or ranch operations? Yes No

If "yes," please submit a completed Supplemental Farm Application.

5. In addition to the primary residence:
 - a. How many owner-occupied secondary residences? _____
 - b. How many 1-4 family residential units rented to others (duplex = 2 units)? _____ Personal form Commercial form
 - I. Are any owned or leased locations used as rooming houses, student housing other than a college dormitory room, assisted living facilities or group home facilities? Yes No
6. How many automobiles or motor homes are owned or furnished for the regular use of any operator in the household? _____
7. How many motorcycles or scooters are owned or furnished for the regular use of any operator in the household? _____
8. How many recreational vehicles (vehicles not licensed for road use) are owned or furnished for the regular use of any operator in the household? _____
9. Any watercraft? (If "Yes", please complete watercraft information section below) Yes No

Year	Make and Model	Length	Type: Sailboat, Powerboat or Jet Ski	Max Speed	Total HP	Waters Navigated: 1. Inland U.S. 2. Coastal U.S. 3. International Waters	Underlying Liability Limit

Household Member or Regular Operator*	Driving Experience (in years)	License Number (N/A if not licensed)	License State	Moving Violation Convictions (last 3 years)	Major Moving Violation Convictions** (last 3 years)	At Fault Accidents (last 3 years)	Drug/Alcohol-Related Offenses (last 5 years)

Please provide details on any fault losses in the remarks box below

*Operator information for automobiles, watercrafts and recreational vehicles: Please list all household members or regular operators (age 14 or older) regardless of whether or not they have a license.

**Major moving violation convictions include, but are not limited to, speeding 25 mph or more over the posted speed limit, evading the police, leaving the scene of an accident, vehicular homicide, driving under a suspended license, reckless driving, negligent driving and passing a school bus.

III. ADDITIONAL APPLICANT INFORMATION

Applicant's mailing address (if different than primary residence address): _____

City: _____ State: _____ Zip: _____

Phone: _____

Remarks:

Fraud Statement: 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 or any written statement as part of or in support of an application with the intent to defraud, may be guilty of a crime and may be subject to fines and confinement in prison.

Important Notice Regarding the Fair Credit Reporting Act: I understand that as part of the underwriting procedure, a consumer report may be obtained in connection with the application for insurance and subsequent amendments and renewals. I also understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage, and not for rating purposes. Such reports may include information regarding my driving record. Information collected by the Company or its authorized representatives may, in certain circumstances, be disclosed to third parties without my authorization. I have the right to review my personal information in the Company files and can request correction of any inaccuracies.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License#: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

I acknowledge that the information provided in this application is material to acceptance of the risk and the issuance of the requested policy by Company. I represent that the information provided in this application is true and correct in all matters. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date of this Application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in the Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

Applicant signature: _____

Date: _____