

# 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

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: \_\_\_\_\_ Occupation \_\_\_\_\_  
 Applicant type:  Individual(s)  Trust  Limited liability company  Limited liability partnership  Limited partnership  Estate

NOTE any type other than Individual(s) requires submitting a completed Trust LLC 4/09 Supplemental Questionnaire

E-mail address of applicant or applicant primary contact: \_\_\_\_\_

Address of primary residence: \_\_\_\_\_  Same as mailing address

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Primary personal umbrella  
 Underlying personal liability limit: \_\_\_\_\_  
 Underlying auto bodily injury liability limit: \_\_\_\_\_  
 Underlying U.M./U.I.M. limit: \_\_\_\_\_

Excess personal umbrella. If so, underlying primary umbrella limit: \_\_\_\_\_  Yes  No

Does the applicant or any resident of the applicant's household currently or have they at any time had an occupation as an elected or appointed federal or state political figure, a professional athlete or coach, entertainer, media personality, or a senior executive or officer of a publicly traded company?  Yes  No

Is this a farm or ranch type risk with any farm animals, horses or saddle animals, farm-related revenue of \$5,000 or more or an account containing owned or leased acreage exceeding 100 acres at any location?"  Yes  No

NOTE: Any "Yes" response requires submitting a completed Supplemental Farm Application

In addition to the primary residence:

Enter the number of owner occupied secondary residences. \_\_\_\_\_

Enter the number of 1-4 family residential units rented to others. (Duplex = 2 units) \_\_\_\_\_

How many automobiles, motorcycles, motor homes and other vehicles licensed for road use are owned or furnished for the regular use of all drivers in the household? \_\_\_\_\_

How many recreational vehicles (vehicles not licensed for road use) are there in the household? \_\_\_\_\_

Any watercraft? If "Yes," please complete watercraft information section  Yes  No

### Watercraft Information

Please list all watercraft owned, leased, chartered or furnished for regular use

Craft Number	Year	Description (Make and Model)	Length	*Type	Max Speed	Total HP	Waters Navigated			Underlying Liability Limit
							1. Inland U.S.	2. Coastal U.S.	3. International Waters	
1										
2										

1. Sailboat 2. Outboard 3. Jet Ski/Wave Runner 4. Inboard/Out drive 5. Inboard  
 Powerboats (other than Jet Skis) with speed capabilities exceeding 50 MPH are ineligible.

Driver Information - Please enter the number of drivers:

Age 19 or younger \_\_\_\_\_  
 Between the ages of 20 and 22 \_\_\_\_\_  
 Between the ages of 23 and 75 \_\_\_\_\_  
 Between the ages of 76 and 89 \_\_\_\_\_  
 Age 90 or older \_\_\_\_\_

Driving record information - Please enter the number of:

Moving violations (over the past three years) \_\_\_\_\_  
 \*Major moving violations (over the past three years) \_\_\_\_\_  
 At-fault accidents (over the past three years) \_\_\_\_\_  
 Drug/Alcohol Offenses (over the past five years) \_\_\_\_\_

### Operator Information (Automobiles, Watercraft, Recreational Vehicles)

Driver Name	Date of Birth	License Number	License State	Moving Violation Convictions (Last 3 Years)	*Major Moving Violation Convictions (Last 3 Years)	At Fault Accidents (Last 3 Years)	Drug or Alcohol Related Offenses (Last 5 Years)

\*Major moving violation convictions include, but are not limited to, speeding 25 or more over the posted limit, evading the police, leaving the scene, vehicular homicide, driving under a suspended license and reckless driving.

**II. ELIGIBILITY QUESTIONS**

NOTE: For any "Yes" response, please provide complete information in remarks area.

1. Does the applicant or any member of the applicant's household currently have any active policies with the United States Liability Insurance Company, Mount Vernon Fire Insurance Company or U.S. Underwriters Insurance Company?  Yes  No
2. Has the applicant or any resident of the applicant's household been convicted of or plead guilty to a felony in the past five years?  Yes  No
3. 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
4. Are any locations used as rooming houses, student housing other than a college dormitory room, assisted living facilities, or group home facilities?  Yes  No
5. Are any locations to be included subsidized housing? (subsidized housing question N.A. in the states of CA, CT, DC, ME, MA, NJ, OR, UT, VT, WI)  Yes  No
6. Is there a pool at any location that is either unfenced or has a diving board or waterslide?  Yes  No
7. Does the applicant or any resident of the applicant's household have any business or commercial operation covered by applicant's primary homeowners or comprehensive personal liability policy?  Yes  No
8. Are any locations leased to others for hunting, fishing, or other sporting or recreational purposes?  Yes  No
9. Does the applicant or any resident of the applicant's household own any exotic pets?  Yes  No
10. Is there a dog exclusion on any primary homeowners or comprehensive personal liability policy?  Yes  No
11. Is there an animal exclusion on any primary homeowners or comprehensive personal liability policy?  Yes  No
12. Are the minimum underlying limits for automobiles covered completely by a business auto or garage policy?  Yes  No
13. Is any of the required underlying insurance provided by a commercial general liability policy or coverage form?  Yes  No
14. Does any household operator have any restriction on his/her driver's license other than glasses or corrective lenses? NOTE: Any "Yes" response requires submitting a completed L252R Physicians Medical Statement.  Yes  No
15. Do any of the required underlying insurance policies contain sublimits, have reduced limits of liability or exclude coverage for specific individuals or exposures?  Yes  No
16. Is there currently, or during the next 12 months will there be, any construction, renovation or demolition at any residential 1-4 family residence or condominium owned by or rented to the applicant?  Yes  No

Residential properties/Rental units and Apartments/Farms/Vacant land. Include all units (duplex = 2 units)  
 \*Any individual dwellings containing more than four units are ineligible

**III. ADDITIONAL APPLICANT INFORMATION**

Applicant's Mailing Address (if different than Primary Residence address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Location	Occupancy	Underlying Liability limit
	Primary residence address # Units _____	
	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Farm # Acres _____ <input type="checkbox"/> Vacant Land # Acres _____	
	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Farm # Acres _____ <input type="checkbox"/> Vacant Land # Acres _____	

Remarks:

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.

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.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Main agency phone number: \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_