



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 PRIORTO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 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 Supplemental Questionnaire

Email 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: _____

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
							1. Inland U.S.	2. Coastal U.S.	3. International Waters	

*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:

Driving Record Information - Please enter the Number of:

Age 19 or younger	_____	Moving Violations (over the past three years)	_____
Between the ages of 20 and 22	_____	*Major Moving Violations (over the past three years)	_____
Between the ages of 23 and 75	_____	At-Fault Accidents (over the past three years)	_____
Between the ages of 76 and 89	_____	Drug/Alcohol Offenses (over the past five years)	_____
Age 90 or Older	_____		

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 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 5 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 5 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 operate any business or conduct any professional activities that are covered by primary policies at any location to be covered? 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 sub-limits, 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)

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_____	

*** 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: _____

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. 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 (All Other States): 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.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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 agencies.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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 felony of the third degree.

Florida & Illinois Fraud Statement: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously" assessed punitive damages, are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the states of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Utah Fraud Statement: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurance. This may apply if a claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

Vermont 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 may be subject to fines and confinement in prison.

New York Fraud Statement: 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.

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: _____