**PERSONAL UMBRELLA APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| AGENCY: | | APPLICANT’S NAME: | |
| AGENCY ADDRESS: | | APPLICANT’S MAILING ADDRESS (include county and ZIP+4) | |
| CONTACT NAME: | | PRIMARY PHONE NO.:  HOME  BUS  CELL | SECONDARY PHONE NO.: HOME  BUS  CELL |
| PHONE (A/C. No. Ext.): | | PRIMARY E-MAIL ADDRESS: | |
| E-MAIL ADDRESS: | | SECONDARY E-MAIL ADDRESS: | |
| CODE: | SUBCODE: | APPLICANT’S OCCUPATION (IF SELF-EMPLOYED, DESCRIBE): | EMPLOYER NAME |
| AGENCY CUSTOMER ID: | | EMPLOYER ADDRESS: |
| POLICY NUMBER: | | CO-APPLICANT’S OCCUPATION (IF SELF-EMPLOYED, DESCRIBE): | EMPLOYER NAME: |
| EMPLOYER ADDRESS: |
| EFFECTIVE DATE: | EXPIRATION DATE: | OTHERS IN THE HOUSEHOLD OCCUPATION: | EMPLOYER NAME: |
| EMPLOYER ADDRESS: |

**UMBRELLA INFORMATION**

|  |  |  |
| --- | --- | --- |
| **COVERAGES** | | **PREMIUMS/CALCULATIONS:** |
| **Application for:**  **Primary Umbrella**  **Excess Umbrella** | |
| **POLICY AMOUNT** | **RETENTION** |
| $ | $ |
| **OPTIONAL COVERAGES TO APPLY** | |
| **COVERAGE** | **LIMIT** |
| UNINSURED MOTORIST\* | $ |
| UNDERINSURED MOTORIST\* | $ |
| \*IF APPLICABLE IN YOUR STATE. | |
| IDENTITY RECOVERY COVERAGE (IDR):  YES | |

**PRIMARY POLICY INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF POLICY** | **COMPANY NAME/POLICY NUMBER** | **POLICY PERIOD** | **LIMITS OF LIABILITY** | | | | |
| AUTO | COMPANY: | EFF.: | LIABILITY | $ | EA PER | $ | EA ACC or CSL |
| PROPERTY DAMAGE | $ | EA ACC |  |  |
| POLICY NUMBER: | EXP.: | UNINSURED MOTORISTS | $ | EA PER | $ | EA ACC or CSL |
|  | $ | PD EA ACC |  | |
| HOME | COMPANY: | EFF.: | PERSONAL LIABILITY | $ | EA OCC | | |
| POLICY NUMBER: | EXP.: |
| DWELLING FIRE INCL. RENTALS | COMPANY: | EFF.: | PERSONAL LIABILITY | $ | EA OCC | | |
| POLICY NUMBER: | EXP.: |
| WATERCRAFT | COMPANY: | EFF.: | LIABILITY | $ EA OCC | | | |
| POLICY NUMBER: | EXP.: |
| RECREATIONAL VEHICLES |  |  | LIABILITY | $ | EA PER | $ | EA ACC or CSL |
| COMPANY: | EFF.: | PROPERTY DAMAGE | $ | EA ACC |  |  |
| POLICY NUMBER: | EXP.: | UNINSURED MOTORISTS | $ | EA PER | $ | EA ACC or CSL |
|  |  |  | $ | PD EA ACC |  |  |
| FARM | COMPANY: | EFF.: |  | $ | EA ACC | | |
| POLICY NUMBER: | EXP.: |
| UNDERLYING UMBRELLA | COMPANY: | EFF.: |  | $ | | | |
| POLICY NUMBER: | EXP.: |

**PRIOR COVERAGE**  **NO PRIOR COVERAGE**

|  |  |  |
| --- | --- | --- |
| **PRIOR CARRIER** | **PRIOR POLICY NUMBER** | **EXPIRATION DATE** |
|  |  |  |

**LOSS EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| **PROVIDE DETAILS BELOW OF ANY LOSS EXCEEDING $5,000 IN THE LAST 5 YEARS:** | **AMOUNT PAID/RESERVED** | **OPEN OR CLOSED** |
|  |  |  |

**PROPERTY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.:** | | | | |
| **#.** | **LOCATION/DESCRIPTION** | **# OF UNITS** | **# OF ACRES** | **OCCUPANCY/USAGE** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

**AUTOMOBILES AND RECREATIONAL VEHICLES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, MOTORHOMES etc.:** | | | | | | | |
| **#** | **YEAR** | **MAKE** | **MODEL** | **#** | **YEAR** | **MAKE** | **MODEL** |
| 1 |  |  |  | 6 |  |  |  |
| 2 |  |  |  | 7 |  |  |  |
| 3 |  |  |  | 8 |  |  |  |
| 4 |  |  |  | 9 |  |  |  |
| 5 |  |  |  | 10 |  |  |  |

**WATERCRAFT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE** | | | | | | |
| **#** | **YEAR** | **MANUFACTURER** | **MODEL** | **LENGTH** | **HORSE- POWER** | **MAX  SPEED** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

**OPERATORS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY** | | | | | | | | | | |
| **#** | **NAME** | **DRIVERS  LICENSE  NUMBER** | **STATE** | **DATE  OF  BIRTH** | **# OF YEARS  LICENSED (MA ONLY)** | **ACCIDENTS VIOLATIONS CONVICTIONS PRIOR THREE YEARS** | **NUMBER OF EACH IN THE LAST  3 YEARS** | | | |
| **AT FAULT ACC** | **NOT AT FAULT ACC** | **MAJOR VIOL** | **MINOR VIOL** |
| 1 |  |  |  |  |  | YES\* |  |  |  |  |
| 2 |  |  |  |  |  | YES\* |  |  |  |  |
| 3 |  |  |  |  |  | YES\* |  |  |  |  |
| 4 |  |  |  |  |  | YES\* |  |  |  |  |
| 5 |  |  |  |  |  | YES\* |  |  |  |  |
| **\*IF YES, Provide Details:** | | | | | | | | | | |

**IMPORTANT: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:**

**1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph; or**

**2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.**

ANY DRIVER HAVE A PHYSICAL IMPAIRMENT? (Not applicable in OR and WI)  Yes  No

|  |  |
| --- | --- |
| **DRV. NO.** | **DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE:** |
|  |  |

ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL/MENTAL IMPAIRMENT? (Not applicable in OR and WI)  Yes  No

|  |  |
| --- | --- |
| **DRV. NO.** | **EXPLANATION:** |
|  |  |

**GENERAL INFORMATION**

**EXPLAIN ALL “YES” RESPONSES IN THE REMARKS SECTION**

1. DO YOU EMPLOY ANY RESIDENCE EMPLOYEE’S?  Yes  No

2. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?  Yes  No

|  |  |  |
| --- | --- | --- |
| **ANIMAL TYPE** | **BREED** | **BITE HISTORY** |
|  |  | Yes  No |
|  |  | Yes  No |

3. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?  Yes  No

4. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALLY OR FOR BUSINESS PURPOSES?  Yes  No

5. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?  Yes  No

6. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?  Yes  No

7. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?  Yes  No

8. ANY NON-OWNED PROPERTY EXCEEDING $1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?  Yes  No

9. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?  Yes  No

10. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?  Yes  No

11. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?  Yes  No

12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?  Yes  No

13. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST FIVE (5) YEARS? **(Missouri Applicants—Do not answer this question)**  Yes  No

|  |
| --- |
| **REASON DECLINED, CANCELLED OR NON-RENEWED:** |
|  |

**REMARKS**

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This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

PRODUCER’S SIGNATURE: DATE:

|  |
| --- |
| NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: |

|  |  |  |
| --- | --- | --- |
|  | **IMPORTANT NOTICE** |  |
|  |  |
| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional  information as to the nature and scope of the report, if one is made, will be provided. | | |