

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 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: _____

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 or Motor Homes are owned or furnished for the regular use of all operators in the household? _____

How many Motorcycles, scooters, or other vehicles with less than four wheels and licensed for road use are owned or furnished for the regular use of all operators 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										
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

Operator Information (Automobiles, Watercraft, Recreational Vehicles)

List all members, age 14 or older, of the applicant's household regardless of whether they have a license to operate an automobile, watercraft or recreational vehicle.

Driver Name	Date of Birth	License Number or enter 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)

*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:

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

1. Are there any persons who do not reside with the applicant but are permitted by the applicant to be the primary or regular user of an Automobile, Watercraft or Recreational Vehicle owned or leased by the applicant? Yes No
 2. 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
 3. 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
 4. 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
 5. Are any locations used as rooming houses, student housing other than a college dormitory room, assisted living facilities or group home facilities? Yes No
 6. Are any locations to be included subsidized housing? (subsidized housing question N.A. in the states of CA, CT, DC, ME, MA, NJ, OR, RI, UT, VT, WI) Yes No
 7. Is there a pool at any location that is either unfenced or has a diving board or water slide? Yes No
 8. 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
 9. Are any locations leased to others for hunting, fishing or other sporting or recreational purposes? Yes No
 10. Does the applicant or any resident of the applicant's household own any exotic pets? Yes No
 11. Is there a dog exclusion on any primary homeowners or comprehensive personal liability policy? Yes No
 12. Is there an animal exclusion on any primary homeowners or comprehensive personal liability policy? Yes No
 13. Are the minimum underlying limits for automobiles covered completely by a business auto or garage policy? Yes No
 14. Is any of the required underlying Insurance provided by a commercial general liability policy or coverage form? Yes No
 15. Does any household operator have any restriction on his/her driver's license other than glasses or corrective lenses? Yes No
- NOTE: Any "Yes" response requires submitting a completed L252R Physicians Medical Statement.**
16. 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
 17. 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

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: _____