

Personal Umbrella Application

Name of Applicant: _____ Date (MM/DD/YY) _____
 Social Security Number: _____
 Phone Number: _____
 E-Mail Address: _____
 Physical Address: _____ Postal Address: _____

Company / Plan _____ Policy Number _____ New
 Renewal
 Code _____ Sub Code _____ Effective Date (MM/DD/YY) _____ Expiration Date (MM/DD/YY) _____ Direct Bill
 Agency Bill Payment Plan

Umbrella Information		Premiums	Calculations
Coverages		Basic	
Policy Amount	Retention	Residences	
\$ Million	\$	Automobiles	
Optional Coverages to Apply		Recreational Vehicle	
		Watercraft	
		Other	
		Total	\$

Primary Policy Information			
Type of Policy	Company / Policy Number	Policy Period	Limits of Liability
			CSL Bodily Injury Property Damage
Automobile			
Personal Liability			
Watercraft			
Recreational Vehicles			

Real Estate				
List All Owned, Leased or Occupied Residences, Buildings, Farms, Vacant Land, etc.				
#	Location	Description	Yr. Built	Occupancy
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Automobiles			Recreational Vehicles		
List All Autos Owned, Leased or Furnished for Regular Use			List Motorcycles, Snowmobiles, Dunebuggies, Minibikes, etc.		
#	Year	Make & Model	#	Year	Make & Model
1	_____	_____	1	_____	_____
2	_____	_____	2	_____	_____
3	_____	_____	3	_____	_____

Watercraft								
List All Watercraft Owned, Leased, Chartered or Furnished for Regular Use.								
#	Type, Manufacturer, Model	Lgth.	H.P.	Max. Speed	Cost New	Current Value Inboard	Current Value Outboard	Waters Navigated
1	_____	_____ FT.	_____	_____	\$ _____	_____	_____	_____
2	_____	_____ FT.	_____	_____	\$ _____	_____	_____	_____

Operator Information					
List All Members of Household and All Operators of Vehicles / Watercraft as Required by Company					
#	Name	Date of Birth	Driver's License Number	State	Vehicle, Craft, % Use, Etc.
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____

Employment	
Occupation _____	Employer Name & Address _____ _____
Spouse's Occupation _____	Employer Name & Address (If Not Employed, So Indicate) _____ _____

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Prior Experience

Has any loss occurred on any primary or excess policy, exceeding \$5,000., during the last 5 years?

Prior carrier & policy no.?

No Yes (Explain)

General Information

#	Explain All "Yes" Responses in Remarks	Yes	No	#	Explain All "Yes" Responses in Remarks	Yes	No
1	Any aircraft owned, leased, chartered or furnished for regular use?	<input type="checkbox"/>	<input type="checkbox"/>	8	Do you employ any residence employees?	<input type="checkbox"/>	<input type="checkbox"/>
2	Any driver convicted for any traffic violations? (last 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	9	Any non-owned property exceeding \$1,000 in value, in your care, custody or control?	<input type="checkbox"/>	<input type="checkbox"/>
3	Any driver with mental / physical impairments?	<input type="checkbox"/>	<input type="checkbox"/>	10	Are any business and / or professional activities included in the primary policies?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any premises, vehicles, watercraft, aircraft used for business?	<input type="checkbox"/>	<input type="checkbox"/>	11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?	<input type="checkbox"/>	<input type="checkbox"/>
5	Any real estate, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?	<input type="checkbox"/>	<input type="checkbox"/>	12	Was any coverage declined, cancelled, non renewed? (Last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you engage in any type of farming operation?	<input type="checkbox"/>	<input type="checkbox"/>	13	Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you hold any non-remunerative positions?	<input type="checkbox"/>	<input type="checkbox"/>	14	Spa - Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

For Company Use

Binder / Signature

Insurance binder

If the "binder" box to the left is checked, the following conditions apply:

Coverage is not bound
 Binder
 Effective date (MM/DD/YY)

This Company binds the kind(s) of insurance stipulated on the reverse side. This insurance is subject to the terms, conditions and limitations of the policy (ies) in current use by the Company.

Expiration date (MM/DD/YY)

This binder may be cancelled by the insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the rules and rates in use by the Company.

Time 12:01 a.m.
noon

Important Notice: "Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur in a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (\$5,000) dollars nor more than ten thousand (\$10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years."

Applicant's Statement: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true. (Kansas: This does not constitute a warranty.)

Applicant's Signature

Date (MM/DD/YY)

Producer's Signature
