

This is a digital application and must be completed electronically. Handwritten forms are not acceptable. Adobe Reader is free and downloadable at adobe.com.

NAME Last First Middle			Producer Producer Code	
ADDRESS Street Number & City State, Zip			Agent/Broker License No. Address	
GARAGING Street Number & City State, Zip ADDRESS (if different)			City State Zip Email Telephone Fax	
POLICY PERIOD From / /20 To / /20		RENEWS POLICY NO.		

UMBRELLA COVERAGES		PREMIUMS		WORKSHEET
APPLICATION FOR PRIMARY UMBRELLA	<input type="checkbox"/>	BASIC	\$	
		RESIDENCES	\$	
POLICY AMOUNT	\$ Million	AUTOMOBILES	\$	
RETENTION	None	WATERCRAFT	\$	
INCREASED UM	<input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER	\$	
ID THEFT COVERAGE	<input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL	\$	

OPERATOR INFORMATION
List all members of household and all operators of vehicles/watercraft

	NAME	DRIVER'S LICENSE NO.	STATE	DATE OF BIRTH	MINOR VIOLATIONS (3 years)	MAJOR VIOLATIONS (3 years)	ACCIDENTS (3 years)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

EMPLOYMENT	
OCCUPATION	
SPOUSE'S/OTHER'S OCCUPATION	

REAL ESTATE
List all owned, leased or occupied residences, buildings, farms, vacant land, etc.

	LOCATION (Number & Street, City, State, Zip)	DESCRIPTION	NO. UNITS/ACRES	OCCUPANCY	PRIMARY POLICY NO.	COMPANY	LIMIT OF LIABILITY
1							
2							
3							
4							
5							

REAL ESTATE (CONTINUED)

List all owned, leased or occupied residences, buildings, farms, vacant land, etc.

	LOCATION (Number & Street, City, State, Zip)	DESCRIPTION	NO. UNITS/ACRES	OCCUPANCY	PRIMARY POLICY NO.	COMPANY	LIMIT OF LIABILITY
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

AUTOMOBILES

List all autos owned and/or leased

	YEAR	MAKE & MODEL	PRIMARY POLICY NO.	COMPANY	LIMITS OF LIABILITY	
					Bodily Injury	Property Damage
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

RECREATIONAL VEHICLES

Motorcycles, snowmobiles, dune buggies, mini bikes, etc.

	YEAR	MAKE & MODEL	PRIMARY POLICY NO.	COMPANY	LIMITS OF LIABILITY	
					Bodily Injury	Property Damage
1						
2						
3						
4						
5						

RECREATIONAL VEHICLES (CONTINUED)
Motorcycles, snowmobiles, dune buggies, mini bikes, etc.

	YEAR	MAKE & MODEL	PRIMARY POLICY NO.	COMPANY	LIMITS OF LIABILITY	
					Bodily Injury	Property Damage
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

WATERCRAFT
List all watercraft owned, leased, chartered or furnished for regular use

	YEAR	TYPE, MANUFACTURER, MODEL	LENGTH (feet)	HP	MAX. SPEED	WATERS NAVIGATED	PRIMARY POLICY NO.	COMPANY	LIMITS OF LIABILITY	
									Bodily Injury	Property Damage
1										
2										
3										

PRIOR EXPERIENCE

PRIOR CARRIER & POLICY NO.

HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY EXCEEDING \$25,000 DURING THE LAST 5 YEARS? YES NO
If yes, please explain.

GENERAL INFORMATION
Explain all "yes" responses in remarks

		YES	NO		YES	NO
1	Any aircraft owned, leased, chartered or furnished for regular use (excluded in policy jacket)?			7	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?	
2	Any driver convicted for any traffic violations (last 3 years)?			8	Was any coverage declined, cancelled non-renewed (last 5 years)?	
3	Any driver with mental/physical impairments?			9	Any non-owned business and/professional activities included in the primary policies?	
4	Any premises, vehicles, watercraft, aircraft used for business?			10	Are any business activities (including daycare) conducted from your residence or premises (excluded in policy jacket)?	
5	Any premises, vehicles (including motorcycles, mopeds, ATVs), watercraft, owned, hired, leased or regularly used, not covered by primary policies?			11	Do you hold any non-remunerative positions?	
6	Do you employ any residence employees?			12	Any other underwriting information of which Company should be aware?	

REMARKS

ACCEPTANCE OR REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE

- I would like to purchase, at an additional charge (\$25,000 is included), increased uninsured/underinsured motorists coverage of \$1 million as part of my personal umbrella policy. I understand that for the policy to provide uninsured/underinsured motorists coverage that I must have underlying uninsured/underinsured motorist's coverage equal to the primary automobile limits as indicated on the application.
- I hereby reject the opportunity to purchase increased uninsured/underinsured motorists coverage as part of my personal umbrella policy.

If you reject the uninsured/underinsured motorist coverage you are electing not to purchase certain valuable coverage which protects you and your family or you are purchasing uninsured/underinsured motorists limits less than your limits of liability when you sign this form.

Applicant's Signature _____

FRAUD WARNINGS

Various state regulations require us to inform you of fraud warnings. To insureds in:

Alaska, Arkansas, Alabama, Arizona, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Maryland, Michigan, Missouri, Mississippi, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, Wisconsin, West Virginia, Wyoming:

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

Colorado

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. (CO)

District of Columbia

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. (DC)

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL)

Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. (HI)

Kentucky

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. (KY)

Louisiana

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 is guilty of a crime and may be subject to fines and confinement in prison. (LA)

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

New Mexico

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 is guilty of a crime and may be subject to civil fines and criminal penalties. (NM)

New York

Any person who knowingly and with intent to defraud any insurance company or any other person files an application or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any other fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he/she 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. (OH)

Oklahoma

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. (OK)

Pennsylvania

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 act, which is a crime, and subjects such person to criminal and civil penalties. (PA)

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

Tennessee

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. (TN)

Virginia

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. (VA)

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied to me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

Insurance cannot be considered for binding unless this application is signed by the applicant.

Applicant's Signature _____ Time _____ Date _____

Agent's/Broker's Signature _____ Date _____