



Excess Personal Liability

EXCESS PERSONAL LIABILITY WARRANTY APPLICATION

Please complete all sections of this application and have signed by the applicant.

1. Name of Applicant: _____
2. Profession/ Occupation: Applicant: _____ Spouse: _____
3. E-mail Address: _____
4. Has the applicant or any member of the household been employed as any of the following:
Professional Athlete; Entertainer; Media personality; Reporter; Author; Journalist; Coach in the NBA, NFL, MLB, NHL, or in College Division I Football or Basketball; Owner of a Professional sports team; CEO of a publicly traded company, or Director or Producer with major television or motion picture credits? Is any individual an elected or appointed public official at the State or Federal level, or a generally recognizable public figure? Yes No
5. Mailing Address: _____
6. Policy Period From: _____ To: _____ Renewal number: _____
7. Primary limits of insurance: _____ Excess limits requested: _____
8. Is this a buffer layer to meet our Umbrella requirements? Yes No
9. Prior losses greater than \$50,000 in the last 5 years? Yes No
If "Yes," please provide full details, amount, and submit.
10. Do any underlying policies contain exclusions or restrictions of standard coverage? Yes No
If Yes, describe _____
11. Loss History: List all Liability losses attributable to Applicant(s) or any Household Residents in the past five (5) years.

Date of Loss	Amount Paid, Claimed or Reserved	Description of Event

12. What type of Excess Coverage is the applicant requesting?
- Excess Comprehensive Liability
 Excess Personal Auto Liability
 Excess Watercraft Liability
- *Complete Section I Only**
***Complete Section II Only**
***Complete Section III Only**

SECTION I. ELIGIBILITY - EXCESS COMPREHENSIVE PERSONAL LIABILITY

13. Any residence with more than four (4) dwelling units? Yes No
14. Any locations with two or more liability losses in the past 5 years? Yes No
15. Any locations leased to others for hunting, fishing or other sporting or recreational purposes? Yes No
16. Farm or Ranch type risk with farm animals? Yes No
17. Is there an unprotected pool, diving board four (4) feet or higher, or a waterslide? Yes No
18. Is there an Animal or Dog exclusion on Primary Homeowners or CPL Policy? Yes No
19. Does any underlying policy have reduced limits of liability or eliminate coverage for specific locations? Yes No



20. Is there any Business Exposure covered by Primary Homeowners or CPL Policy?

Yes No

If, Yes, what is the nature of the business: _____

Location	Occupancy	Carrier	Policy Number
	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Vacant Land # Acres ____		
	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Vacant Land # Acres ____		
	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Vacant Land # Acres ____		
	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Vacant Land # Acres ____		

SECTION II. ELIGIBILITY - EXCESS PERSONAL AUTO LIABILITY

Drivers: List ALL drivers in the household and anyone else who would regularly drive one of these vehicles.

Driver Information					3 Year Experience		10 Years
Name of Driver	Marital Status	License Number	State	DOB	# Moving Violations	At Fault # Accidents	# DUI's

21. Does any driver in the household have any mental or physical impairment which would affect their ability to operate an automobile?

Yes No

If yes, please list driver(s): _____

22. Has any driver in the household been convicted of an alcohol or drug related offense within the last 10 years?

Yes No

23. Any driver convicted of more than two (2) major traffic violations in the last 3 years?

Yes No

24. Do all drivers combined have ten (10) or more moving violations in the last 3 years?

Yes No

25. Do all drivers combined have five (5) or more at fault accidents in the last 3 years?

Yes No

Year	Make	Model	Primary Carrier	Policy Number	Garage Location

26. Any driver(s) 80-89 years old?

Yes No

27. Any driver(s) 90 years old or older?

Yes No

28. Any driver(s) currently excluded under the Primary Auto Policy?

Yes No

29. Is there anyone in the household who has a drivers license (active or suspended) who will not be driving the listed vehicle(s)?

Yes No

Automobiles: List ALL licensed automobiles to be insured.

Year	Make	Model	Length	Weight	# of Engines	HP Per Engine	Inboard, Outboard	Speed MPH



30. Are there any other vehicles in the household which are not to be covered by this policy? Yes No
 If Yes, please list vehicles and explain: _____

SECTION III. ELIGIBILITY - EXCESS WATERCRAFT LIABILITY

31. List all watercraft owned, leased, chartered, or furnished for regular use.
 32. Primary Carrier: _____ Policy Number: _____
 33. List ALL Operators, including Age and Boating Education: _____
 34. Are any watercrafts operated outside US Coastal waters? Yes No

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

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 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 may render inaccurate, untrue or incomplete any statement made with the 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 non payment of premium."

Applicant's Signature _____ Title _____ Date _____
 (Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____