



# Personal Umbrella Liability Insurance

1. Applicant Name: \_\_\_\_\_ Desired Limit \$ \_\_\_\_\_
  2. Address of Principal Residence: \_\_\_\_\_
  3. State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  4. Mailing Address, if different: \_\_\_\_\_
  5. Profession/Occupation of Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_
  6. Applicant's e-mail Address (if known) \_\_\_\_\_
  7. Policy Period from: \_\_\_\_\_ to: \_\_\_\_\_ Renewal of: \_\_\_\_\_  
 Prior Carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_
  8. Is this application for an Excess Umbrella?  Yes  No  
 If "Yes", Primary Umbrella Carrier \_\_\_\_\_ Primary Umbrella Limit \_\_\_\_\_
  9. Does the applicant or any member of the applicant's household currently have any active policies with United States Liability Insurance Company, Mount Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company?  Yes  No
  10. 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
  11. Has any household resident been convicted of a Felony?  Yes  No
  12. Has any household member had a liability loss greater than \$50,000 in the past 5 years?  Yes  No
  13. Does any member of the household have an open liability claim or lawsuit pending against them?  Yes  No
  14. Is there an unfenced pool, pool with a diving board 4 feet high or higher, or a pool with a waterslide on any location to be covered?  Yes  No
  15. Is this a Farm or Ranch risk with farm animals, farming revenues of \$5,000 or more, or owning more than 100 acres at any location to be covered under this policy?  Yes  No
- \*If Yes, note to submit a completed Farm Personal Catastrophe Excess Supplemental Application – FPCESA\***
16. Is there any Business Exposure or operation covered by the Primary Homeowner's or CPL policy?  Yes  No
  17. Are any locations to be covered by this policy leased to others for hunting, fishing, or other sporting or recreational purposes?  Yes  No

Driver Information				3 Year Experience		10 Years
NAME:	LICENSE NUMBER	DOB	STATE	CONVICTIONS FOR VIOLATIONS	AT FAULT ACCIDENTS	# DUI'S



18. Does any driver in the household have any Mental or Physical impairment, which would affect their ability to safely operate an automobile?

Yes

No

**\*If Yes, submit a completed L-252R Physicians Opinion Statement\***

**AUTOMOBILES**

**Autos/Motorcycles/Motor Homes/Other Vehicles licensed for road use**

YEAR	MAKE & MODEL	CARRIER	POLICY NUMBER	LIABILITY LIMIT

**WATERCRAFT**

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

YEAR	MANUFACTURER & MODEL	LENGTH	TYPE	MAX SPEED	HP ALL ENGINES	POLICY NUMBER	LIABILITY LIMIT
			1. Sailboat    3. Outboard 2. Inboard    4. Jet 5. Inboard/Outdrive				

19. Are any watercraft to be operated outside of United States coastal waters?

Yes

No

20. Is there Dog exclusion on the primary Homeowners or CPL policy?

Yes

No

21. Is there an animal exclusion on the primary Homeowners or CPL policy?

Yes

No

22. Is the underlying Auto Coverage being provided entirely by a Business Auto or Garage Policy?

Yes

No

23. Does the Applicant own any additional residences with 5 or more units?

Yes

No

**COMPREHENSIVE PERSONAL LIABILITY OR HOMEOWNERS**

**Residential Properties/Rental units and Apartments/Farms/Vacant Land**

LOCATION	OCCUPANCY	CARRIER	POLICY NUMBER	LIABILITY LIMIT
	<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 _____			
	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units _____ <input type="checkbox"/> Farm # Acres _____ <input type="checkbox"/> Vacant Land # Acres _____			



**RECREATIONAL VEHICLES**

**Snowmobiles/Dune Buggies/Mini-bikes/others not licensed for road use**

MAKE & MODEL	CARRIER	POLICY NUMBER	LIABILITY LIMIT

**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: \_\_\_\_\_

\_\_\_\_\_