

Personal Umbrella Application

Name _____

Mailing Address _____

Garaging Address(if different) _____

Policy Period: From: _____ to _____

Renews Policy Number _____

Producer _____ Producer Code _____

Agent/Broker Licence Number _____

Address _____

E-mail Address _____

Phone Number _____

Fax _____

UMBRELLA COVERAGES

Application for Primary Umbrella

Policy Amount \$ _____ million

Increased UM Yes No

Application for Excess Umbrella

Retention None _____

ID Theft Coverage Yes No

PREMIUMS

Basic \$ _____

Residences \$ _____

Automobiles \$ _____

Recreational Vehicles \$ _____

Watercraft \$ _____

Other \$ _____

Total \$ _____

Personal Umbrella Application

PRIMARY POLICY INFORMATION

| Type of Policy | Company/Policy # | Policy Period | Limits of Liability | |
|--------------------|------------------|---------------|---------------------|-----------------|
| | | | Bodily Injury | Property Damage |
| Automobile | _____ | _____ | _____ | _____ |
| Personal Liability | _____ | _____ | _____ | _____ |
| Watercraft | _____ | _____ | _____ | _____ |
| Recreational | _____ | _____ | _____ | _____ |
| Vehicle | _____ | _____ | _____ | _____ |

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

| | Name | Drivers License # | State | DOB | Vehicle, Craft, use, ect. | Minor Viol. 3 years | Major Viol. 3 years | ACCD |
|----|-------|-------------------|-------|-------|---------------------------|---------------------|---------------------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

EMPLOYMENT

Occupation _____ Employers Name _____

Mailing Address _____

Spouse's/Others's Occupation _____

Employers Name _____

Mailing Address _____

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

| Location | Description | #Unites/Acres | Year Built | Occupation |
|----------|-------------|---------------|------------|------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

AUTOMOBILES: List all autos owned, leased

| Year | Make & Model |
|----------|--------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

RECREATIONAL VEHICLES: Motorcycles, snowmobiles, dune buggies, minibikes, ect.

| | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

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

| Year | Type, Manufacturer, Model | Length | H.P | Max Speed | Cost New | Waters |
|----------|---------------------------|--------|-------|-----------|----------|--------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ | _____ |

PRIOR EXPERIENCE

Prior Carrier & Policy Number _____

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

Yes No

If yes, please explain: _____

GENERAL INFORMATION: Explain all "YES" responses in remarks.

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

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 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 PROVIDE UNINSURED/UNDERINSURED MOTORISTS COVERAGE WHICH PROTECTS YOU AND YOU'RE FAMILY OR YOU ARE PURCHASING UNINSURED/UNDERINSURED MOTORIST LIMITS LESS THAN YOUR LIMITS OF LIABILITY WHEN YOU SIGN THIS FORM.

Applicant's Signature _____

REPRESENTATIONS TO INSURED AND AGENT

FRAUD WARNINGS: Various state regulations 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, 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 false material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowing 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowing 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowing 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowing 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 a person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: 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 and 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.

NOTICE TO TENNESSEE APPLICANTS 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

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 _____ Date _____

Agent/Broker Signature _____ Date _____