



PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

AGENCY				APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4)			
CONTACT NAME:				DATE AT CURRENT RESIDENCE:			
PHONE (A/C. No. Ext):				PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
FAX (A/C. No.):				PRIMARY E-MAIL ADDRESS:			
E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			
CODE:		SUBCODE:		POLICY NUMBER			
AGENCY CUSTOMER ID:				CARRIER			
NAIC CODE				PLAN			
FACILITY CODE		EFFECTIVE DATE		EXPIRATION DATE			

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC	\$	
\$	\$	RESIDENCES	\$	
		AUTOMOBILES	\$	
OPTIONAL COVERAGES TO APPLY		RECREATIONAL VEHICLES	\$	
\$	UNINSURED MOTORIST *	UNINSURED MOTORIST	\$	
\$	UNDERINSURED MOTORIST *	UNDERINSURED MOTORIST	\$	
* IF APPLICABLE IN YOUR STATE		WATERCRAFT	\$	
			\$	
\$	OTHER	DEPOSIT	\$	
		ESTIMATED TOTAL PREMIUM	\$	

PAYMENT PLAN

ACORD 610 attached (NOT APPLICABLE IN NC)

ACCOUNT #:				MAIL POLICY TO:	
BILLING		IF DIRECT BILL:		IF APPLICANT BILL:	
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> AGENT
				<input type="checkbox"/> APPLICANT	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
			SINGLE LIMIT	BODILY INJURY	PROPERTY DAMAGE
AUTO BASIC UNINS MOT	COMPANY: POLICY NUMBER:	FROM: TO:			
PERSONAL LIABILITY HOME RENTALS	COMPANY: POLICY NUMBER:	FROM: TO:			
WATERCRAFT	COMPANY: POLICY NUMBER:	FROM: TO:			
RECREATIONAL VEHICLES BASIC UNINS MOT	COMPANY: POLICY NUMBER:	FROM: TO:			
EMPLOYERS LIABILITY	COMPANY: POLICY NUMBER:	FROM: TO:		N/A	N/A
	COMPANY: POLICY NUMBER:	FROM: TO:			

REMARKS

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC

#	LOCATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE

AUTOMOBILES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE

RECREATIONAL VEHICLES

LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC

#	YEAR	MAKE AND MODEL	#	YEAR	TYPE, MAKE AND MODEL

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

#	YEAR	MOTOR TYPE, MANUFACTURER AND MODEL	LENGTH	HORSE POWER	MAX SPEED	VALUE		WATERS NAVIGATED
						COST NEW	CURRENT VALUE	
						\$		
						\$		
						\$		

OPERATOR INFORMATION

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY

#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	DATE OF BIRTH	DATE LIC	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #	VEHICLE	% USE	CRAFT	% USE	OTHER

EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

PRIOR EXPERIENCE

HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT, DURING THE LAST ____ YEARS?

NO YES (PROVIDE OPERATOR #, DATE OF LOSS, AND DESCRIPTION)

PRIOR CARRIER

PRIOR POLICY NUMBER

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

EXPLAIN ALL "YES" RESPONSES										Y / N
1. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?										<input type="checkbox"/>
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?										<input type="checkbox"/>
	#	OPERATOR NAME	DATE	DESCRIPTION						
3. ANY OPERATOR HAVE A PHYSICAL/MENTAL IMPAIRMENT? (List operator number) (Not Applicable in WI)										<input type="checkbox"/>
4. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?										<input type="checkbox"/>
IF SWIMMING POOL (Check all that apply):										
					<input type="checkbox"/>	ABOVE GROUND	<input type="checkbox"/>	APPROVED FENCE	<input type="checkbox"/>	SLIDE
					<input type="checkbox"/>	IN GROUND	<input type="checkbox"/>	DIVING BOARD	<input type="checkbox"/>	
5. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?										<input type="checkbox"/>
6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?										<input type="checkbox"/>
7. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?										<input type="checkbox"/>
8. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?										<input type="checkbox"/>
9. ANY EMPLOYEES?										<input type="checkbox"/>
	EMPLOYEE TYPE	#	WHERE IS WORK PERFORMED	# HOURS PER WEEK	DUTIES					TOTAL PAYROLL ALL EMPLOYEES
	FULL TIME		INSIDE							\$
			OUTSIDE							
	PART TIME		INSIDE							
			OUTSIDE							
10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?										<input type="checkbox"/>
11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?										<input type="checkbox"/>
12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?										<input type="checkbox"/>
13. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING THE LAST FIVE (5) YEARS? (Not Applicable in MO)										<input type="checkbox"/>
14. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?										<input type="checkbox"/>
	ANIMAL TYPE			BREED					BITE HISTORY (Y/N)	
15. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?										<input type="checkbox"/>
16. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?										<input type="checkbox"/>
17. IS THERE A TRAMPOLINE ON THE PREMISES?										<input type="checkbox"/>
SAFETY NET (Y/N): <input type="checkbox"/>										<input type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

	STATE SUPPLEMENT(S), IF APPLICABLE.

BINDER

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. 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. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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 OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE ONLY IN GEORGIA, INDIANA, LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) COVERAGE IN MY STATE:

APPLICABLE ONLY IN INDIANA:

I ACKNOWLEDGE THAT UM COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM AND/OR UIM COVERAGE ENTIRELY.

- 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)
- 3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN GEORGIA AND LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

OR

- 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

- 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

UM COVERAGE: IS AVAILABLE IS NOT AVAILABLE UIM COVERAGE: IS AVAILABLE IS NOT AVAILABLE

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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