



# United States Liability Insurance Group

## Personal Umbrella Liability

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. a. Applicant: \_\_\_\_\_ Limits Desired: \$ \_\_\_\_\_  
 b. Profession/Occupation: Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 c. Is applicant or any resident of applicant's household a high profile individual (i.e. Politician, Professional Athlete or other Celebrity)  
 Yes  No If Yes, please explain: \_\_\_\_\_  
 If Yes, please select one of the following:  Local Name Only  Local Name and Face  National Name Only  National Name and Face  
 d. Does applicant have unfavorable reputation?  Yes  No If Yes, please explain: \_\_\_\_\_

2. a. Mailing Address: \_\_\_\_\_  
 b. Address of Primary Insured Occupied Residence (If different than Mailing Address): \_\_\_\_\_

Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_ Renewal of: \_\_\_\_\_  
 Prior Carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

3. Is the applicant requesting excess umbrella coverage over an existing personal umbrella?  Yes  No  
 If "Yes": Primary Carrier \_\_\_\_\_ Primary Policy Limit \_\_\_\_\_

**Eligibility - Do any of the following exposures exist?**

- |   | Prohibited                   | Submit to Company Eligible  |
|---|------------------------------|-----------------------------|
| Has any driver in the household had more than one drug or alcohol related conviction?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. a. Any driver convicted of a major traffic violation, other than DUI, in the last 3 years (reckless driving, accidents involving death or bodily injury, leaving the scene of an accident or evading law enforcement)? If "Yes," please provide details. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have all the drivers in the household, combined had 5 or more moving violations in the past 3 years?<br>If "Yes," please provide details.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have all drivers in the household, combined had 2 or more at fault accidents in the past 3 years?<br>If "Yes," please provide details.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Any driver 75 years of age or older? If "Yes," complete L-252 and submit.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Any driver age 70-75? If "Yes," complete Acord Medical Statement.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Watercraft over 26 feet or with 301 HOP or greater? If "Yes," submit with Supplemental Excess Watercraft Liability Application - SEWLA.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Farm or ranch type risk with farm animals, farming revenues \$5,000 or more or owning more than 1,000 acres?<br>If "Yes," submit with Farm Personal Catastrophe Excess Supplemental Application - FPCESA.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Prior losses greater than \$25,000 in the last 5 years? If "Yes," please provide amount and full details.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Unprotected pool, diving board 4 feet or higher, water slide? If "Yes," please provide details.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does the Applicant own any additional residences with five (5) or more units?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is there an Animal or Dog Exclusion on Primary Homeowners or CPL Policy?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is there any Business Exposure covered by Primary Homeowners or CPL Policy?<br>If Yes, what is the nature of the business? _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

12. Does any underlying policy have reduced limits of liability or eliminate coverage for specific exposures, drivers, animals, watercraft, locations, etc., or motorcycle coverage excluding passenger hazard liability?  Yes  No
13. Any real estate, vehicles, watercraft owned, hired, leased or regularly used, not covered by underlying insurance?  Yes  No
14. Any locations leases to others for hunting, fishing or other sporting or recreational purposes.  Yes  No

**Accept / Reject UM/UIM Coverage**

- I elect to purchase optional additional uninsured/underinsured motorists coverage (\$25,000 is included in the policy) for an additional charge. I represent and warrant that I have purchased uninsured/underinsured motorists coverage on all my motor vehicles with limits equal to the limits of my underlying automobile liability insurance policy described below.
- I reject the option to purchase optional additional uninsured/underinsured motorists coverage. I understand that I am electing not to purchase a valuable coverage that would protect me in the event of loss.

**Drivers**

Name:	License Number	State	DOB	# Moving Violations	# Major Violations	# Accidents

Have any drivers been convicted of driving while intoxicated or impaired?  Yes  No

**SCHEDULE OF UNDERLYING INSURANCE (Provide separate sheet if necessary.)**

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

#	YEAR	MAKE & MODEL	CARRIER	POLICY NUMBER	LIMIT-Combined Single Limit or Bodily Injury per person / Bodily Injury per accident / Property Damage (Split limits in \$1,000s)
1					
2					
3					
4					

Is the underlying auto coverage being provided entirely by a Business or Commercial Auto policy?  Yes  No

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

#	YEAR	TYPE, MANUFACTURER & MODEL	LENGTH	HP	MAX SPEED	CARRIER & POLICY NUMBER	LIMIT - Combined Single Limit or Bodily Injury per person / Bodily Injury per accident / Property Damage (Split limits in \$1,000s)
1							
2							
3							

**Recreational Vehicles – Snowmobile/Dune buggies/Mini bikes/Other Unlicensed Vehicles**

#	YEAR	MAKE & MODEL	CARRIER	POLICY NUMBER	LIMIT - Combined Single Limit or Bodily Injury per person / Bodily Injury per accident/ Property Damage (Split limits in \$1,000s)
1					
2					
3					

**Comprehensive Personal Liability or Homeowners / Farms / Rental Units and Apartments / Vacant Land**

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

**Fraud statement:** 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 insurance 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.

- 1) I hereby apply for a Personal Umbrella Liability Policy as shown above. I agree that completion of this application does not bind the Company.
- 2) I certify that this application is accurate and complete and shall form the basis of the contract should coverage be issued.
- 3) I have discussed this Personal Umbrella Liability Program with my insurance representative and understand its limits, coverages and restrictions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker's Name: \_\_\_\_\_ Broker's Address: \_\_\_\_\_

**Yes, I want to purchase this coverage!**  Enclosed is my full payment.  Requested Effective Date: \_\_\_\_\_  
 Make check payable to: \_\_\_\_\_  
 I wish to buy higher limits of liability .Please quote limits up to: \$ \_\_\_\_\_