



# 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. E-mail Address: \_\_\_\_\_  
 c. Profession/Occupation: Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 d. Is applicant or any resident of applicant's household a high profile individual?  Yes  No  
 (i.e. Politician, Professional Athlete, Entertainer, Author or other Celebrity) If "Yes," submit to company with full details.
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 this an application for an excess umbrella?  Yes  No  
 If "Yes": Primary Umbrella Carrier \_\_\_\_\_ Primary Policy Limit \_\_\_\_\_

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

- |   | Prohibited                   | Submit to Company            | Eligible                    |
|---|------------------------------|------------------------------|-----------------------------|
| 4. Has any household resident ever been convicted of a felony?  | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No |
| 5. Has any driver in the household had more than one drug or alcohol related conviction?  |                              | <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 100 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 \$50,000 in the last 5 years?<br>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 or water slide?<br>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? |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Any real estate, vehicles, watercraft owned, hired, leased or regularly used by an insured but not covered by underlying insurance?   |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Any locations leased to others for hunting, fishing or other sporting or recreational purposes  |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**DRIVERS**

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

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 with L252R.

**Please submit the following:**

- a. Any driver convicted of more than one major traffic violations in the last 3 years.  
(reckless driving, accidents involving death or bodily injury, leaving the scene of an accident or evading law enforcement)
- b. Driver with more than 5 moving violations.
- c. Driver with more than 3 at fault accidents.
- d. Households with more than 10 moving violations.
- e. Households with more than 5 at fault accidents.
- f. Any driver age 90 or older.

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

#	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					
5					

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

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							
4							

Are any watercraft to be covered operated outside US Coastal waters?  Yes  No  
If "Yes," submit to company with full details.

**Recreational Vehicles – Snowmobile/Dune buggies/Mini bikes/Other not licensed for road use 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					
4					

**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 _____			

**Accept / Reject UM/UIM Coverage**

- I elect to purchase excess/uninsured Motorists Coverage (\$25,000 is included in the policy) for an additional charge. I understand that coverage is only available if 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 excess 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.

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