PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4)

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUBCODE:
AGENCY CUSTOMER ID:

DATE AT CURRENT RESIDENCE:

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS

SECONDARY E-MAIL ADDRESS

PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE

POLICY NUMBER:

UMBRELLA INFORMATION

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

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY			
AUTO	COMPANY:	EFF:	LIABILITY	$	EA PER $	EA ACC or CSL
			PROPERTY DAMAGE	$	EA ACC	
	POLICY NUMBER:	EXP:	UNINSURED MOTORISTS	$	EA PER $	EA ACC or CSL
				$	PD EA ACC	
HOME	COMPANY:	EFF:	PERSONAL LIABILITY	$	EA OCC	
	POLICY NUMBER:	EXP:				
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:	PERSONAL LIABILITY	$	EA OCC	
	POLICY NUMBER:	EXP:				
WATERCRAFT	COMPANY:	EFF:	LIABILITY	$	EA PER $	EA ACC or CSL
			PROPERTY DAMAGE	$	EA ACC	
	POLICY NUMBER:	EXP:	UNINSURED BOATERS	$	EA PER $	EA ACC or CSL
				$	PD EA ACC	
RECREATIONAL VEHICLES	COMPANY:	EFF:	LIABILITY	$	EA PER $	EA ACC or CSL
			PROPERTY DAMAGE	$	EA ACC	
	POLICY NUMBER:	EXP:	UNINSURED MOTORISTS	$	EA PER $	EA ACC or CSL
				$	PD EA ACC	
EMPLOYERS LIABILITY	COMPANY:	EFF:	EMPLOYERS LIABILITY	$	LIMIT	
	POLICY NUMBER:	EXP:				
	COMPANY:	EFF:		$		
	POLICY NUMBER:	EXP:				

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #: DEPOSIT AMOUNT: $ EST TOTAL PREMIUM: $

BILLING	PAYMENT PLAN	PAYMENT METHOD	MAIL POLICY TO:
☐ DIRECT BILL - POLICY	☐ FULL PAY ☐ BI-MONTHLY	☐ CASH ☐ EFT	☐ AGENT
☐ DIRECT BILL - ACCT	☐ ANNUAL ☐ MONTHLY	☐ CHECK ☐ PAYROLL DEDUCTION	☐ INSURED
☐ AGENCY BILL	☐ SEMI-ANNUAL ☐	☐ CREDIT CARD ☐ PRE-AUTHORIZED DRAFT/CHECK (PAC)	☐
	☐ QUARTERLY		

PAYOR	PREMIUM FINANCED ?	FINANCE COMPANY
☐ INSURED ☐ MORTGAGEE ☐	☐ Y/N	

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PRIOR COVERAGE ☐ NO PRIOR COVERAGE

AGENCY CUSTOMER ID: _____

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

PROPERTY

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

#	LOCATION INFORMATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE

AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, etc.

#	YEAR	MAKE	MODEL	BODY TYPE

WATERCRAFT

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

#	YEAR	MANUFACTURER	MODEL	LENGTH	HORSE POWER	MAX SPEED

#	POWER							WATERS NAVIGATED							
		☐	INBOARD	☐	INBOARD / OUTDRIVE	☐	SAIL		☐	GREAT LAKES	☐	PACIFIC	☐	GULF OF MEXICO	
		☐	OUTBOARD	☐	WATERJET	☐		☐	ATLANTIC	☐	INLAND WATERWAYS	☐	RIVERS		
#	POWER							WATERS NAVIGATED							
		☐	INBOARD	☐	INBOARD / OUTDRIVE	☐	SAIL		☐	GREAT LAKES	☐	PACIFIC	☐	GULF OF MEXICO	
		☐	OUTBOARD	☐	WATERJET	☐		☐	ATLANTIC	☐	INLAND WATERWAYS	☐	RIVERS		
#	POWER							WATERS NAVIGATED							
		☐	INBOARD	☐	INBOARD / OUTDRIVE	☐	SAIL		☐	GREAT LAKES	☐	PACIFIC	☐	GULF OF MEXICO	
		☐	OUTBOARD	☐	WATERJET	☐		☐	ATLANTIC	☐	INLAND WATERWAYS	☐	RIVERS		

OPERATORS

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
	FIRST NAME	MIDDLE NAME	LAST NAME			

* MARITAL STATUS / CIVIL UNION (if applicable)

#	DATE LIC	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #	VEHICLE	% USE	CRAFT	% USE	OTHER

AGENCY CUSTOMER ID: _____

OPERATOR INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N

1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST ____ YEARS? (Three [3] years in KS)

DRV #	DATE	DESCRIPTION	COST
			$
			$
			$
			$

2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?

DRV #	DATE	DESCRIPTION

IMPORTANT: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:

1. **A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or**
2. **A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.**

3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT? (Not applicable in OR and WI)

DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE

4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT? (Not applicable in OR and WI)

DRV #	EXPLANATION

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**

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N

1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?

LOC #	DESCRIPTION	Check all that apply:	ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER

2. ANY EMPLOYEES?

LOC #	FULL TIME # EMPLOYEES		HRS / WEEK	DUTIES	PART TIME # EMPLOYEES		HRS / WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES
		INSIDE				INSIDE			$
		OUTSIDE				OUTSIDE			
		INSIDE				INSIDE			$
		OUTSIDE				OUTSIDE			

3. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?

ANIMAL TYPE	BREED	BITE HISTORY (Y / N)

4. IS THERE A TRAMPOLINE ON THE PREMISES?

LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)

5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?

6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALLY OR FOR BUSINESS PURPOSES?

7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
8. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?	
9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?	
10. ANY NON-OWNED PROPERTY EXCEEDING $1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?	
11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?	
12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?	
13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?	
14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST FIVE (5) YEARS? **(Missouri Applicants - Do not answer this question)**	

DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED

15. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?	

REMARKS (ACORD 101, Additional Remarks Section, may be attached if more space is required)

ATTACHMENTS

	STATE SUPPLEMENT(S), IF APPLICABLE.

AGENCY CUSTOMER ID: _____

APPLICABLE ONLY IN INDIANA, KANSAS, LOUISIANA, NEW HAMPSHIRE AND VERMONT

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 KANSAS:

I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE EQUAL TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN $25,000 PER PERSON, $50,000 PER ACCIDENT, OR $50,000 COMBINED SINGLE LIMIT.

I SELECT LIMITS LOWER THAN MY BI LIMITS. ☐ (INITIALS)

APPLICABLE ONLY IN 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.

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.

_____ _____

NAMED INSURED'S SIGNATURE DATE (MM/DD/YYYY)

AGENCY CUSTOMER ID: _____

BINDER / SIGNATURE

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	☐ 12:01 AM ☐ NOON
☐ COVERAGE IS NOT BOUND	

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.

APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBLITY FOR COVERAGE UNDER THE INSURANCE POLICY.

APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED.

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. (Not applicable in MN)

MINNESOTA RESIDENTS SHOULD SUBMIT ACORD 38 MN TO AUTHORIZE RELEASE OF PERSONAL INFORMATION. _____ **(Applicant's Initials)**

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

☐ 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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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.

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 KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER