

SUPPLEMENTAL APPLICATION

Excess Personal Liability Supplemental Application

For individuals and families with significant assets who need higher liability limits than a standard umbrella provides. Please answer every question and list every residence, vehicle and watercraft in the household.

APPLICANT INFORMATION

Named insured(s)

Date(s) of birth

Primary residence address

City, state, ZIP

Phone

Email

Occupation and employer

Spouse / partner occupation and employer

COVERAGE REQUESTED

Excess limit: ☐ \$5,000,000 ☐ \$10,000,000 ☐ \$15,000,000 ☐ \$25,000,000 ☐ Other**Optional:** ☐ Excess UM / UIM ☐ Domestic staff EPLI ☐ Personal cyber / identity ☐ Director & officer (nonprofit)

Requested effective date

Current excess insurer (if any)

HOUSEHOLD PROFILE

Estimated net worth: ☐ Under \$5M ☐ \$5M to \$10M ☐ \$10M to \$25M ☐ \$25M to \$50M ☐ Over \$50M

Number of household members

Number of domestic staff (nanny, housekeeper, driver)

Number of vehicles

Number of collector / exotic vehicles

UNDERLYING INSURANCE

Policy type	Insurance company	Policy number	Liability limits	Expires

Excess Personal Liability Supplemental Application (continued)

RESIDENCES

Address	Use (primary, seasonal, rental)	Domestic staff on site?	Pool / dock / guest house?

WATERCRAFT AND AIRCRAFT

Year / make / model	Length	Horsepower / engines	Captain or crew?

UNDERWRITING QUESTIONS

1. Is anyone in the household a public figure, entertainer, athlete, elected official or social media influencer? ☐ Yes ☐ No
2. Does anyone serve on a for-profit or nonprofit board of directors? ☐ Yes ☐ No
3. Does the household employ domestic staff who drive household vehicles? ☐ Yes ☐ No
4. Is any residence owned by a trust, LLC or other entity? ☐ Yes ☐ No
5. Does anyone in the household host large events, fundraisers or rent out a residence? ☐ Yes ☐ No
6. Does any household driver have a DUI, reckless driving or license suspension in the past 5 years? ☐ Yes ☐ No
7. Has anyone had a liability claim, lawsuit or judgment in the past 5 years? ☐ Yes ☐ No
8. Has any insurance company declined, canceled or non-renewed coverage in the past 3 years? ☐ Yes ☐ No

Please explain any "Yes" answers:

Excess Personal Liability Supplemental Application (continued)**SIGNATURES**

I declare that the statements in this application are true and complete to the best of my knowledge. I understand this application does not bind coverage, that the insurance company may ask for more information, and that any policy issued will rely on the answers given here. I will tell Societies Insurance about any changes to this information before coverage begins.

Any person who knowingly and with intent to defraud provides false, incomplete or misleading information to an insurance company may be guilty of a crime and subject to fines, imprisonment and denial of benefits.

Applicant signature

Date

Co-applicant signature

Date

Producer (Societies Insurance)

Date