

SUPPLEMENTAL APPLICATION

Personal Umbrella Supplemental Application

A personal umbrella adds liability protection above your auto, home and watercraft policies. Please answer every question. Attach the declarations pages of your current underlying policies if you have them.

APPLICANT INFORMATION

Named insured(s)

Date(s) of birth

Mailing address

City, state, ZIP

Phone

Email

Occupation and employer

Spouse / partner occupation and employer

COVERAGE REQUESTED

Umbrella limit: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$5,000,000 ☐ Other

Requested effective date

Current umbrella insurer (if any)

UNDERLYING INSURANCE

Policy type	Insurance company	Policy number	Liability limits	Expires

RESIDENCES OWNED, RENTED OR OCCUPIED

Address	Primary / seasonal / rental	Units	Pool / trampoline?

Personal Umbrella Supplemental Application (continued)

HOUSEHOLD DRIVERS

Name	Date of birth	License state	Violations / accidents (3 yrs)

VEHICLES, WATERCRAFT AND RECREATIONAL VEHICLES

Year / make / model	Type (auto, boat, ATV, etc.)	Length / horsepower	Principal operator

UNDERWRITING QUESTIONS

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does anyone in the household own or keep a dog or other animal with a bite or attack history? | ☐ Yes | ☐ No |
| 2. Is there a swimming pool, hot tub, trampoline or skateboard ramp at any residence? | ☐ Yes | ☐ No |
| 3. Is any business, home daycare or farming operation run from any residence? | ☐ Yes | ☐ No |
| 4. Does anyone in the household rent out a residence, including short-term rentals? | ☐ Yes | ☐ No |
| 5. Has any driver had a DUI or license suspension in the past 5 years? | ☐ Yes | ☐ No |
| 6. Does any driver under age 25 or over age 75 live in the household? | ☐ Yes | ☐ No |
| 7. Does anyone in the household hold public office, a board seat or a public-facing role? | ☐ Yes | ☐ No |
| 8. Does anyone own or operate an aircraft, drone used for hire, or racing vehicle? | ☐ Yes | ☐ No |
| 9. Has anyone had a liability claim, lawsuit or judgment in the past 5 years? | ☐ Yes | ☐ No |
| 10. Has any insurance company declined, canceled or non-renewed coverage in the past 3 years? | ☐ Yes | ☐ No |

Please explain any "Yes" answers:

Personal Umbrella 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