



PERSONAL UMBRELLA LIABILITY APPLICATION

All questions must be answered and application must be signed by applicant.

1. Applicant Name: _____ Desired Limit \$ _____
2. Address of Principal Residence: _____
3. State: _____ Zip Code: _____
4. Mailing Address, if different: _____
5. Profession/Occupation of Applicant: _____ Spouse: _____
6. Applicant's e-mail Address (if known) _____
7. Policy Period from: _____ to: _____ Renewal of: _____
 Prior Carrier: _____ Expiring Premium: _____
8. Is this application for an Excess Umbrella? Yes No
 If "Yes", Primary Umbrella Carrier _____ Primary Umbrella Limit _____
9. Does the applicant or any member of the applicant's household currently have any active policies with United States Liability Insurance Company, Mount Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company? Yes No
10. Has the applicant or any member of the household been employed as any of the following: Professional Athlete; Entertainer; Media personality; Reporter; Author; Journalist; Coach in the NBA, NFL, MLB, NHL, or in College Division I Football or Basketball; Owner of a Professional sports team; CEO of a publicly traded company, or Director or Producer with major television or motion picture credits? Is any individual an elected or appointed public official at the State or Federal level, or a generally recognizable public figure? Yes No
11. Has any household resident been convicted of a Felony? Yes No
12. Has any household member had a liability loss greater than \$50,000 in the past 5 years? Yes No
13. Does any member of the household have an open liability claim or lawsuit pending against them? Yes No
14. Is there an unfenced pool, pool with a diving board 4 feet high or higher, or a pool with a waterslide on any location to be covered? Yes No
15. Is this a Farm or Ranch risk with farm animals, farming revenues of \$5,000 or more, or owning more than 100 acres at any location to be covered under this policy? Yes No
If Yes, note to submit a completed Farm Personal Catastrophe Excess Supplemental Application – FPCESA
16. Is there any Business Exposure or operation covered by the Primary Homeowner's or CPL policy? Yes No
17. Are any locations to be covered by this policy leased to others for hunting, fishing, or other sporting or recreational purposes? Yes No

| Driver Information | | | | 3 Year Experience | | 10 Years |
|--------------------|----------------|-----|-------|----------------------------|--------------------|----------|
| NAME: | LICENSE NUMBER | DOB | STATE | CONVICTIONS FOR VIOLATIONS | AT FAULT ACCIDENTS | # DUI'S |
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18. 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 a completed L-252R Physicians Opinion Statement

AUTOMOBILES

Autos/Motorcycles/Motor Homes/Other Vehicles licensed for road use

| YEAR | MAKE & MODEL | CARRIER | POLICY NUMBER | LIABILITY LIMIT |
|------|--------------|---------|---------------|-----------------|
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WATERCRAFT

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

| YEAR | MANUFACTURER & MODEL | LENGTH | TYPE | MAX SPEED | HP ALL ENGINES | POLICY NUMBER | LIABILITY LIMIT |
|------|----------------------|--------|---|-----------|----------------|---------------|-----------------|
| | | | 1. Sailboat 3. Outboard 2. Inboard 4. Jet 5. Inboard/Outdrive | | | | |
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| 19. Are any watercraft to be operated outside of United States coastal waters? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Is there Dog exclusion on the primary Homeowners or CPL policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Is there an animal exclusion on the primary Homeowners or CPL policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Is the underlying Auto Coverage being provided entirely by a Business Auto or Garage Policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Does the Applicant own any additional residences with 5 or more units? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COMPREHENSIVE PERSONAL LIABILITY OR HOMEOWNERS

Residential Properties/Rental units and Apartments/Farms/Vacant Land

| LOCATION | OCCUPANCY | CARRIER | POLICY NUMBER | LIABILITY LIMIT |
|----------|---|---------|---------------|-----------------|
| | <input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Farm # Acres ____ <input type="checkbox"/> Vacant Land # Acres ____ | | | |
| | <input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Farm # Acres ____ <input type="checkbox"/> Vacant Land # Acres ____ | | | |
| | <input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Farm # Acres ____ <input type="checkbox"/> Vacant Land # Acres ____ | | | |

RECREATIONAL VEHICLES

Snowmobiles/Dune Buggies/Mini-bikes/others not licensed for road use

| MAKE & MODEL | CARRIER | POLICY NUMBER | LIABILITY LIMIT |
|--------------|---------|---------------|-----------------|
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Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
