



United States Liability Insurance Group



Personal Umbrella Liability

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

- Applicant: _____ Limits Desired: \$ _____
 - Profession/Occupation: Applicant: _____ Spouse: _____
 - Is applicant or any resident of applicant's household a high profile individual (i.e. Politician, Professional Athlete or other Celebrity)?
 Yes No If Yes, please explain: _____
 If Yes, please select one of the following: Local Name Only Local Name and Face National Name Only National Name and Face
 - Does applicant have unfavorable reputation? Yes No If Yes, please explain: _____
 - Mailing Address: _____
 - Address of Primary Insured Occupied Residence (If different than Mailing Address): _____
- Policy Period From: _____ To: _____ Renewal of: _____
 Prior Carrier: _____ Expiring Premium: _____

Eligibility - Do any of the following exposures exist?

- Has any driver in the household had more than one DUI conviction in the last 10 years? Yes No
- Any driver convicted of a major traffic violation, other than DUI, in the last 3 years (reckless driving, accidents involving death or bodily injury, leaving the scene of an accident or evading law enforcement)? If "Yes," please provide details. Yes No
 - Have all the drivers in the household, combined had 5 or more moving violations in the past 3 years? If "Yes," please provide details. Yes No
 - Have all drivers in the household, combined had 2 or more at fault accidents in the past 3 years? If "Yes," please provide details. Yes No
 - Any driver 86 years of age or older? If "Yes," complete L-252 and submit. Yes No
 - Watercraft over 26 feet or with 301 HP or greater? If "Yes," submit with Supplemental Excess Watercraft Liability Application - SEWLA (rev. 7-94). Yes No
 - Farm or ranch type risk with farm animals, farming revenues \$5,000 or more or owning more than 1,000 acres? If "Yes," submit with Farm Personal Catastrophe Excess Supplemental Application - FPCESA (4/01). Yes No
 - Prior losses greater than \$25,000 in the last 5 years? If "Yes," please provide amount and full details. Yes No
 - Unprotected pool, diving board 4 feet or higher, water slide? If "Yes," please provide details. Yes No
 - Does the Applicant own any additional residences with five (5) or more units? Yes No
 - Is there an Animal or Dog Exclusion on Primary Homeowners or CPL Policy? Yes No

Accept / Reject UM/UIM Coverage

- I elect to purchase optional additional uninsured/underinsured motorists coverage (\$25,000 is included in the policy) for an additional charge. I represent and warrant that 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 optional additional 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.

Drivers

#	NAME	AGE	IN THE LAST 3 YEARS		DRIVER'S LICENSE NUMBER	STATE
			# of Moving Violations	# of Accidents/Major Violations		
1						
2						
3						
4						

Have any drivers been convicted of driving while intoxicated or impaired in past 10 years? Yes No

SCHEDULE OF UNDERLYING INSURANCE (Provide separate sheet if necessary.)

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

#	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					

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							

Recreational Vehicles – Snowmobile/Dune buggies/Mini bikes/Other Unlicensed 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					

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 _____			

Exposure Checklist - Please check off if an exposure exists and enter number of Applicable Units.

<input checked="" type="checkbox"/> Check if Exposure Exists	# of Units
Basic Premium	1
<input checked="" type="checkbox"/> Primary insured occupied residence and 2 vehicles	
<input type="checkbox"/> Applicant owns a Farm	
Premises Exposures	
Additional residences - Occupied by the insured and/or each rental unit (in addition to the primary residence)	
<input type="checkbox"/> Total vacant land 100 - 1,000 acres	
Automobile Exposures	
<input type="checkbox"/> Underlying limits of \$250,000/500,000/100,000 or \$300,000 CSL	
<input type="checkbox"/> Each vehicle in addition to the two vehicles included in the Basic Premium (including motorcycles and recreational vehicles licensed for road use).	
<input type="checkbox"/> Youthful drivers age 15 - 22 (Premium charge per driver)	
<input type="checkbox"/> Underlying limit of \$500,000 CSL or greater	
<input type="checkbox"/> Underlying limits of \$250,000/500,000/100,000	
<input type="checkbox"/> Aged drivers age 76 - 85	
<input type="checkbox"/> Underlying limit of \$500,000 CSL or greater	
<input type="checkbox"/> Underlying limits of \$250,000/500,000/100,000	
<input type="checkbox"/> If more than four (4) Moving Traffic Convictions in the past three years, for all drivers combined, charge for each Moving Traffic Conviction after the fourth.	
<input type="checkbox"/> If more than one (1) At-Fault Accident in the past three years, for all drivers combined, charge for each At-Fault Accident after the first.	
<input type="checkbox"/> Uninsured/Underinsured Motorists per Vehicle: (if Optional Limits are purchased you must attach L 493.)	
<input type="checkbox"/> DUI (Only one DUI conviction in the household is permitted in the last 10 years. If checked off, \$500,000/500,000/100,000 or \$500,000 CSL limit is the minimum underlying limit of liability for personal auto and watercraft.)	
Watercraft	
<input type="checkbox"/> Sailboat less than 26 feet	
<input type="checkbox"/> Powerboat less than 26 feet & less than 101 HP	
<input type="checkbox"/> Powerboat less than 26 feet & HP 101 - 150	
<input type="checkbox"/> Powerboat less than 26 feet & HP 151 - 200	
<input type="checkbox"/> Powerboat less than 26 feet & HP 201 - 300	
<input type="checkbox"/> Sailboat 26-50 feet	
<input type="checkbox"/> Powerboat 26-50 feet, HP less than 301	
<input type="checkbox"/> Powerboat 26-50 feet, HP 301 - 500	
<input type="checkbox"/> Watercraft greater than 50 feet or HP 501	

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: _____

Enclosed is my full payment. Requested Effective Date:

Yes, I want to purchase this coverage! Make check payable to: _____

I wish to buy higher limits of liability .Please quote limits up to: \$_____