United States Liability Insurance Group

Comprehensive Personal Liability

APPLICATION

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

1. Applicant: _____ Date: _____
2. Address: _____ City: _____ State: _____ Zip: _____
3. Profession/Occupation: Applicant _____ Spouse: _____

Limits and Term

Policy Period: From _____/_____/_____ to _____/_____/_____

Limits of Insurance ❑$100,000 ❑$300,000 ❑$500,000 ❑$1,000,000

Medical Payments Limit ❑$1,000 ❑$5,000

4. Number of Domestic Employees: Full Time _____ Part Time _____

   Part time greater than 5 Hrs/Week _____ Part time less the 5 hours/Week _____

5. Is applicant or any resident of applicant's household a high profile individual (i.e. Politician, Professional Athlete or other Celebrity) ❑ Yes ❑ No Submit if Personal Injury is desired.

   If Yes, please select one of the following: ❑ Local Name Only ❑ Local Name and Face ❑ National Name Only ❑ National Name and Face

General Information – Primary Residence

6. Owned? _____
7. Occupied by Insured? _____
8. Vacant land? ❑ Yes ❑ no If Yes, number of acres _____

Locations to be covered. ***(Please complete section 10 below for each residence.)***

10. Address: Residence(s) (List only locations to be covered.)		# of Families (1,2,3 or 4)	Pool		Owner Occupied	Rental Dwelling
			Yes	No		
Primary Location			❑	❑		
Additional Locations			❑	❑	❑	❑
			❑	❑	❑	❑
			❑	❑	❑	❑
			❑	❑	❑	❑

Condition of Premises and Hazards

	Yes		No Eligible
Do any of the following conditions exist at any location?			
a. Cracks, holes or uneven **Sidewalks?** ***(If Yes, attach photo)***	❑➔	Submit	❑
b. Broken or defective **Steps, Handrails** or **Porches**? ***(If Yes, attach photo)***	❑➔	Submit	❑
c. Loose or poorly anchored **Gutters** and **Overhangs**? ***(If Yes, attach photo)***	❑➔	Submit	❑
d. Excessive accumulation of **Rubbish** including **Refrigerators**? ***(If Yes, attach photo)***	❑➔	Submit	❑
**Please provide photograph of each Yes ☑ answer, above, with this application.*			
e. **Smoke Detectors** (must be located on every floor including basement) missing or not operating correctly?	❑➔	Submit	❑
f. Is there an unprotected pool, pool with a diving board over 4' or a pool with a slide at any location?	❑➔	Submit	❑
g. Dog(s) exotic pets, farm or saddle animals on premises?	❑➔	Elaborate	❑
h. Any other **Hazardous** conditions on premises?	❑➔	Elaborate	❑
i. Is there currently a contract in effect or are you planning to contract for any new construction, structural alteration, addition or remodeling with contract cost of $100,000 or greater?	❑➔	Submit	❑
j. Does the applicant engage in any type of farming or ranching operation?	❑➔	App required	❑
k. Does the applicant operate any type of incidental business on the premises?	❑➔	Specify	❑
Type of Business_____ Public Access ❑ Yes ❑ No			
l. Does the applicant operate a Day Care facility on the premises	❑➔	App required	❑

Elaborate on All Yes ☑ Answers

_____

_____

_____

_____

Loss History in Past 5 Years

Date	Type	Description	Is Claim Still Open? Yes	Is Claim Still Open? No	Amount Paid

Fraud Statement: Any person who knowingly and with the 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 such violation.

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 Completed Application
Through Local Agent or
Broker to:

(a) I Hereby apply for a Personal Liability Policy as shown above. I agree that completion of this application does not bind the Company.
(b) I certify that this application is accurate and complete and shall form the basis of the contract should coverage be issued.
(c) I have discussed this Personal Liability Program with my insurance representative and understand its limits, coverages and restrictions.

_____ _____
Signature of Applicant Date

_____ _____ _____
Signature of Agent/Broker Date Agent/Broker Address