PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4)

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUBCODE:
AGENCY CUSTOMER ID:

DATE AT CURRENT RESIDENCE:

PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL

SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL

PRIMARY E-MAIL ADDRESS

SECONDARY E-MAIL ADDRESS

PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE

POLICY NUMBER:

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC	$	
$	$	RESIDENCES	$	
OPTIONAL COVERAGES TO APPLY		AUTOMOBILES	$	
COVERAGE	LIMIT	RECREATIONAL VEHICLES	$	
UNINSURED MOTORIST *	$	UNINSURED MOTORIST	$	
UNDERINSURED MOTORIST *	$	UNDERINSURED MOTORIST	$	
CODE / COVERAGE	LIMIT	WATERCRAFT	$	
	$		$	
	$	DEPOSIT	$	
* IF APPLICABLE IN YOUR STATE		ESTIMATED TOTAL PREMIUM	$	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY			
AUTO	COMPANY:	EFF:	LIABILITY	$	EA PER $	EA ACC or CSL
			PROPERTY DAMAGE	$	EA ACC	
	POLICY NUMBER:	EXP:	UNINSURED MOTORISTS	$	EA PER $	EA ACC or CSL
				$	PD EA ACC	
HOME	COMPANY:	EFF:	PERSONAL LIABILITY	$	EA OCC	
	POLICY NUMBER:	EXP:				
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:	PERSONAL LIABILITY	$	EA OCC	
	POLICY NUMBER:	EXP:				
WATERCRAFT	COMPANY:	EFF:	LIABILITY	$	EA PER $	EA ACC or CSL
			PROPERTY DAMAGE	$	EA ACC	
	POLICY NUMBER:	EXP:	UNINSURED BOATERS	$	EA PER $	EA ACC or CSL
				$	PD EA ACC	
RECREATIONAL VEHICLES	COMPANY:	EFF:	LIABILITY	$	EA PER $	EA ACC or CSL
			PROPERTY DAMAGE	$	EA ACC	
	POLICY NUMBER:	EXP:	UNINSURED MOTORISTS	$	EA PER $	EA ACC or CSL
				$	PD EA ACC	
EMPLOYERS LIABILITY	COMPANY:	EFF:	EMPLOYERS LIABILITY	$	LIMIT	
	POLICY NUMBER:	EXP:				
	COMPANY:	EFF:		$		
	POLICY NUMBER:	EXP:				

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #: DEPOSIT AMOUNT: $ EST TOTAL PREMIUM: $

BILLING	PAYMENT PLAN	PAYMENT METHOD	MAIL POLICY TO:
☐ DIRECT BILL - POLICY	☐ FULL PAY ☐ BI-MONTHLY	☐ CASH ☐ EFT	☐ AGENT
☐ DIRECT BILL - ACCT	☐ ANNUAL ☐ MONTHLY	☐ CHECK ☐ PAYROLL DEDUCTION	☐ INSURED
☐ AGENCY BILL	☐ SEMI-ANNUAL ☐	☐ CREDIT CARD ☐ PRE-AUTHORIZED DRAFT / CHECK (PAC)	☐
	☐ QUARTERLY		

PAYOR	PREMIUM FINANCED ?	FINANCE COMPANY
☐ INSURED ☐ MORTGAGEE ☐	☐ Y / N	

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PRIOR COVERAGE ☐ **NO PRIOR COVERAGE** **AGENCY CUSTOMER ID:** _____

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.

#	LOCATION INFORMATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE

AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, etc.

#	YEAR	MAKE	MODEL	BODY TYPE

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

#	YEAR	MANUFACTURER	MODEL	LENGTH	HORSE POWER	MAX SPEED

#	POWER						SAIL	WATERS NAVIGATED						GULF OF MEXICO
		☐	INBOARD	☐	INBOARD / OUTDRIVE	☐			☐	GREAT LAKES	☐	PACIFIC	☐	
		☐	OUTBOARD	☐	WATERJET	☐		☐	ATLANTIC	☐	INLAND WATERWAYS	☐	RIVERS	
#	POWER						SAIL	WATERS NAVIGATED						GULF OF MEXICO
		☐	INBOARD	☐	INBOARD / OUTDRIVE	☐			☐	GREAT LAKES	☐	PACIFIC	☐	
		☐	OUTBOARD	☐	WATERJET	☐		☐	ATLANTIC	☐	INLAND WATERWAYS	☐	RIVERS	
#	POWER						SAIL	WATERS NAVIGATED						GULF OF MEXICO
		☐	INBOARD	☐	INBOARD / OUTDRIVE	☐			☐	GREAT LAKES	☐	PACIFIC	☐	
		☐	OUTBOARD	☐	WATERJET	☐		☐	ATLANTIC	☐	INLAND WATERWAYS	☐	RIVERS	

OPERATORS

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES / WATERCRAFT AS REQUIRED BY COMPANY

#	NAME (AS IT APPEARS ON LICENSE)			SEX	* MAR STAT	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME			

* MARITAL STATUS / CIVIL UNION (if applicable)

#	DATE LIC	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #	VEHICLE	% USE	CRAFT	% USE	OTHER

AGENCY CUSTOMER ID: _____

OPERATOR INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N

1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST ____ YEARS? (Three [3] years in KS)

DRV #	DATE	DESCRIPTION	COST
			$
			$
			$
			$

2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?

DRV #	DATE	DESCRIPTION

IMPORTANT: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:

1. **A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or**
2. **A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.**

3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT and WI)

DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE

4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE? (Not applicable in MT, OR, VT and WI)

DRV #	EXPLANATION

EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	**CO-APPLICANT'S EMPLOYER NAME AND ADDRESS**	**YRS EMPL**

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N

1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?

LOC #	DESCRIPTION	Check all that apply:	ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER

2. ANY EMPLOYEES?

LOC #	FULL TIME # EMPLOYEES		HRS / WEEK	DUTIES	PART TIME # EMPLOYEES		HRS / WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES
		INSIDE				INSIDE			$
		OUTSIDE				OUTSIDE			
		INSIDE				INSIDE			$
		OUTSIDE				OUTSIDE			

3. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?

ANIMAL TYPE	BREED	BITE HISTORY (Y / N)

4. IS THERE A TRAMPOLINE ON THE PREMISES?

LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)

5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?

6. ANY REAL ESTATE, VEHICLE, WATERCRAFT OR AIRCRAFT USED COMMERCIALLY OR FOR BUSINESS PURPOSES?

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
7. ANY REAL ESTATE, VEHICLE, WATERCRAFT OR AIRCRAFT THAT IS OWNED, HIRED, LEASED OR REGULARLY USED, THAT IS NOT COVERED BY PRIMARY POLICIES?	
8. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?	
9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?	
10. ANY NON-OWNED PROPERTY EXCEEDING $1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?	
11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?	
12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?	
13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?	
14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST FIVE (5) YEARS? **(Missouri Applicants - Do not answer this question)**	
DRV # / **REASON DECLINED, CANCELLED, OR NON-RENEWED**	
15. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?	

UM / UIM DISCLOSURES

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) COVERAGE IN MY STATE:

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES. ☐ (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

_____ _____

NAMED INSURED'S SIGNATURE **DATE (MM/DD/YYYY)**

APPLICABLE IN ARKANSAS: ATTACH ACORD 62 AR, ARKANSAS PERSONAL UMBRELLA SUPPLEMENT.

APPLICABLE IN SOUTH DAKOTA: ATTACH ACORD 61 SD, SOUTH DAKOTA PERSONAL UMBRELLA SUPPLEMENT.

AGENCY CUSTOMER ID: _____

NOTICE OF INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

BINDER

INSURANCE BINDER		
EFFECTIVE DATE	**EXPIRATION DATE**	
TIME	☐	12:01 AM
	☐	NOON
☐	COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN ARIZONA: Binders are effective for no more than 90 days. APPLICABLE IN COLORADO: The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Section, may be attached if more space is required)

☐	STATE SUPPLEMENT(S), IF APPLICABLE.	☐		☐	

FRAUD STATEMENTS / SIGNATURE

AGENCY CUSTOMER ID: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER