

ACORD™ PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YY)

PRODUCER CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID _____	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">NAIC CODE</td> </tr> <tr> <td>TELEPHONE NUMBER</td> </tr> </table> CO/PLAN _____ POL#: _____ ACCT#: _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">DIRECT BILL</td> <td style="width:50%;">PAYMENT PLAN</td> </tr> <tr> <td>AGENCY BILL</td> <td></td> </tr> </table>	NAIC CODE	TELEPHONE NUMBER	DIRECT BILL	PAYMENT PLAN	AGENCY BILL	
NAIC CODE							
TELEPHONE NUMBER							
DIRECT BILL	PAYMENT PLAN						
AGENCY BILL							

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC	\$	
		RESIDENCES	\$	
		AUTOMOBILES	\$	
OPTIONAL COVERAGES TO APPLY		RECREATIONAL VEHICLES	\$	
\$ _____	UNINSURED MOTORIST *	UNINSURED MOTORIST	\$	
\$ _____	UNDERINSURED MOTORIST *	UNDERINSURED MOTORIST	\$	
		WATERCRAFT	\$	
		OTHER: _____	\$	
		DEPOSIT \$ _____		
		ESTIMATED TOTAL PREMIUM	\$	

* IF APPLICABLE IN YOUR STATE

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
			SINGLE LIMIT	BODILY INJURY	PROPERTY DAMAGE
AUTO <input type="checkbox"/> BASIC <input type="checkbox"/> UNINS MOT					
PERSONAL LIABILITY					
WATERCRAFT					
RECREATIONAL VEHICLES <input type="checkbox"/> BASIC <input type="checkbox"/> UNINS MOT					
EMPLOYERS LIABILITY					

REAL ESTATE

LIST ALL OWNED, LEASED OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC

#	LOCATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY

AUTOMOBILES

RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE			LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC		
#	YEAR	MAKE AND MODEL	#	YEAR	TYPE, MAKE AND MODEL

WATERCRAFT

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

#	YEAR	MOTOR TYPE, MANUFACTURER AND MODEL	LENGTH	HORSE POWER	MAX SPEED	VALUE	WATERS NAVIGATED
						<input type="checkbox"/> COST NEW <input type="checkbox"/> CURRENT VALUE \$ _____	
						<input type="checkbox"/> COST NEW <input type="checkbox"/> CURRENT VALUE \$ _____	

OPERATOR INFORMATION

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY				
#	NAME	DATE OF BIRTH	AUTO DRIVERS LICENSE #/LICENSED STATE	VEHICLE, CRAFT, % USE, ETC

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

PRIOR EXPERIENCE

HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT, DURING THE LAST 5 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)	PRIOR CARRIER AND POLICY NUMBER
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?			9. ANY FULL-TIME EMPLOYEES? (Number of employees)		
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST 3 YEARS?			10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?		
3. ANY OPERATOR HAVE PHYSICAL/MENTAL IMPAIRMENT? NOT APPLICABLE IN WI			11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?		
4. ANY SWIMMING POOL ON PREMISES?			12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?		
5. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?			13. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING THE LAST 5 YEARS? NOT APPLICABLE IN MO		
6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?			14. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?		
7. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?					
8. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?					

REMARKS

FOR COMPANY USE ONLY

BINDER/SIGNATURE

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

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE; AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. (Kansas: This does not constitute a warranty.)

APPLICABLE ONLY IN LOUISIANA, NEW MEXICO, OHIO, TENNESSEE AND VERMONT:
 I ACKNOWLEDGE THAT UNINSURED MOTORISTS (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)

APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE
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