**PERSONAL UMBRELLA APPLICATION**

**AGENCY**

**CARRIER**

**NAIC CODE**

**CONTACT NAME:**

**PHONE (A/C No, Ext):**

**FAX (A/C No):**

**E-MAIL ADDRESS:**

**CODE:**

**AGENCY CUSTOMER ID:**

**PLAN**

**FACILITY CODE**

**EFFECTIVE DATE**

**EXPIRATION DATE**

**SECONDARY E-MAIL ADDRESS**

**POLICY NUMBER:**

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### UMBRELLA INFORMATION

**COVERAGE** | **LIMIT** | **PREMIUMS** | **CALCULATIONS**
---|---|---|---
**RESIDENCES** | **BASIC** | $ | $
**AUTOMOBILES** | **RETENTION** | $ | $
**RECREATIONAL VEHICLES** | **CODE** | $ | $
**WATERCRAFT** | **DEPOSIT** | $ | $

* If applicable in your state

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### PRIMARY POLICY INFORMATION

**TYPE OF POLICY** | **COMPANY NAME / POLICY NUMBER** | **POLICY PERIOD** | **LIMITS OF LIABILITY** | **PAYMENT METHOD**
---|---|---|---|---
**AUTO** | **COMPANY:** | **EFF:** | ** LIABILITY** | **EA ACC**
| | | | **PROPERTY DAMAGE** | **EA ACC**
| | | | **UNINSURED MOTORISTS** | **EA ACC**
| | | | | **PD EA ACC**
| | | | | **EA OCC**
**HOME** | **COMPANY:** | **EFF:** | ** PERSONAL LIABILITY** | **EA OCC**
| | | | | **PD EA ACC**
**DWELLING FIRE INCL. RENTALS** | **COMPANY:** | **EFF:** | ** PERSONAL LIABILITY** | **EA OCC**
**WATERCRAFT** | **COMPANY:** | **EFF:** | ** LIABILITY** | **EA ACC**
| | | | **PROPERTY DAMAGE** | **EA ACC**
| | | | **UNINSURED BOATERS** | **EA ACC**
| | | | | **PD EA ACC**
**RECREATIONAL VEHICLES** | **COMPANY:** | **EFF:** | ** LIABILITY** | **EA ACC**
| | | | **PROPERTY DAMAGE** | **EA ACC**
| | | | **UNINSURED MOTORISTS** | **EA ACC**
| | | | | **PD EA ACC**
**EMPLOYERS LIABILITY** | **COMPANY:** | **EFF:** | ** LIABILITY** | **LIMIT**

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### PAYMENT PLAN

**BILLING ACCOUNT #:**

**PAYMENT PLAN**

**PAYMENT METHOD**

**MAIL POLICY TO:**

**PAYOR**

**PREMIUM FINANCED ?**

---

The ACORD name and logo are registered marks of ACORD
## Property

List all owned, leased or occupied property, including residences, buildings, farms, vacant land, etc.

<table>
<thead>
<tr>
<th>#</th>
<th>Location Information</th>
<th>Description</th>
<th>Yr Built</th>
<th>Interest</th>
<th>Occupancy</th>
<th>Usage</th>
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</table>

## Automobiles and Recreational Vehicles

List all autos owned, leased or furnished for regular use and motorcycles, snowmobiles, dune buggies, minibikes, etc.

<table>
<thead>
<tr>
<th>#</th>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Body Type</th>
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## Watercraft

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

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<thead>
<tr>
<th>#</th>
<th>Year</th>
<th>Manufacturer</th>
<th>Model</th>
<th>Waters Navigated</th>
<th>Length</th>
<th>Horse Power</th>
<th>Max Speed</th>
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</table>

## Operators

List all members of household and all operators of vehicles / watercraft as required by company.

<table>
<thead>
<tr>
<th>#</th>
<th>Date Lic</th>
<th>Drivers License #</th>
<th>Lic State</th>
<th>Social Security #</th>
<th>Vehicle % Use</th>
<th>Craft % Use</th>
<th>Other</th>
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ACORD 83 (2011/01)
1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST ___ YEARS?

<table>
<thead>
<tr>
<th>DRV #</th>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>COST</th>
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</table>

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

<table>
<thead>
<tr>
<th>DRV #</th>
<th>DATE</th>
<th>DESCRIPTION</th>
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</thead>
</table>

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 70 mph.

3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT? (Not applicable in WI)

<table>
<thead>
<tr>
<th>DRV #</th>
<th>DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE</th>
</tr>
</thead>
</table>

4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT? (Not applicable in WI)

<table>
<thead>
<tr>
<th>DRV #</th>
<th>EXPLANATION</th>
</tr>
</thead>
</table>

EMPLOYMENT

<table>
<thead>
<tr>
<th>APPLICANT'S OCCUPATION</th>
<th>APPLICANT'S EMPLOYER NAME AND ADDRESS</th>
<th>YRS EMPL</th>
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<thead>
<tr>
<th>CO-APPLICANT'S OCCUPATION</th>
<th>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</th>
<th>YRS EMPL</th>
</tr>
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<tbody>
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</table>

GENERAL INFORMATION

<table>
<thead>
<tr>
<th>LOC #</th>
<th>DESCRIPTION</th>
<th>Check all that apply:</th>
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<tbody>
<tr>
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<td>ABOVE GROUND</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>LOC #</th>
<th>FULL TIME # EMPLOYEES</th>
<th>HRS / WEEK</th>
<th>DUTIES</th>
<th>PART TIME # EMPLOYEES</th>
<th>HRS / WEEK</th>
<th>DUTIES</th>
<th>TOTAL PAYROLL ALL EMPLOYEES</th>
</tr>
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</tbody>
</table>

2. ANY EMPLOYEES?

<table>
<thead>
<tr>
<th>LOC #</th>
<th>SAFETY NET (Y / N)</th>
<th>LOC #</th>
<th>SAFETY NET (Y / N)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>ANIMAL TYPE</th>
<th>BREED</th>
<th>BITE HISTORY (Y / N)</th>
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4. IS THERE A TRAMPOLINE ON THE PREMISES?

<table>
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<tr>
<th>LOC #</th>
<th>SAFETY NET (Y / N)</th>
<th>LOC #</th>
<th>SAFETY NET (Y / N)</th>
<th>LOC #</th>
<th>SAFETY NET (Y / N)</th>
<th>LOC #</th>
<th>SAFETY NET (Y / N)</th>
</tr>
</thead>
</table>

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

6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCially OR FOR BUSINESS PURPOSES?

7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>Y / N</th>
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</thead>
<tbody>
<tr>
<td>8. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?</td>
<td></td>
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<tr>
<td>9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?</td>
<td></td>
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<tr>
<td>10. ANY NON-OWNED PROPERTY EXCEEDING $1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?</td>
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<tr>
<td>11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?</td>
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<tr>
<td>12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?</td>
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<tr>
<td>13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?</td>
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<tr>
<td>14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST FIVE (5) YEARS? (Missouri Applicants - Do not answer this question)</td>
<td></td>
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<tr>
<td>DRIVER #</td>
<td>REASON DECLINED, CANCELLED, OR NON-RENEWED</td>
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<tr>
<td>15. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?</td>
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**REMARKS (ACORD 101, Additional Remarks Section, may be attached if more space is required)**

**ATTACHMENTS**

STATE SUPPLEMENT(S), IF APPLICABLE.
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) COVERAGE IN MY STATE:

**APPLICABLE ONLY IN INDIANA:**
I ACKNOWLEDGE THAT UM COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM AND/OR UIM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
   
3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY.

**APPLICABLE ONLY IN KANSAS:**
I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE EQUAL TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN $25,000 PER PERSON, $50,000 PER ACCIDENT, OR $50,000 COMBINED SINGLE LIMIT.

I SELECT LIMITS LOWER THAN MY BI LIMITS.

**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. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.

**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. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.

**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) ___________________________
<table>
<thead>
<tr>
<th>BINDER / SIGNATURE</th>
<th>AGENCY CUSTOMER ID:</th>
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<tbody>
<tr>
<td>INSURANCE BINDER</td>
<td></td>
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<tr>
<td>EFFECTIVE DATE</td>
<td>EXPIRATION DATE</td>
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<tr>
<td>TIME</td>
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<td>12:01 AM NOON</td>
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<tr>
<td>COVERAGE IS NOT BOUND</td>
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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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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 FLORIDA, 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.

IN KANSAS, 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 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

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)
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APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER
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ACORD 83 (2011/01)