



AGENCY CUSTOMER ID: _____

PERSONAL UMBRELLA APPLICATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC	\$	
\$	\$	RESIDENCES	\$	
OPTIONAL COVERAGES TO APPLY		AUTOMOBILES	\$	
COVERAGES	LIMIT	RECREATIONAL VEHICLES	\$	
UNINSURED MOTORIST *	\$	UNINSURED MOTORIST	\$	
UNDERINSURED MOTORIST *	\$	UNDERINSURED MOTORIST	\$	
CODE	COVERAGES	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			
			LIABILITY	\$	EA PER \$	EA ACC or CSL
AUTO	COMPANY:	EFF:	PROPERTY DAMAGE	\$	EA ACC	EA ACC or CSL
	POLICY NUMBER:	EXP:	UNINSURED MOTORISTS	\$	EA PER \$	
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
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$	EA ACC	EA ACC or CSL
RECREATIONAL VEHICLES	COMPANY:	EFF:	UNINSURED BOATERS	\$	EA PER \$	
	POLICY NUMBER:	EXP:		\$	PD EA ACC	
EMPLOYERS LIABILITY	COMPANY:	EFF:	LIABILITY	\$	EA PER \$	EA ACC or CSL
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$	EA ACC	EA ACC or CSL
	COMPANY:	EFF:	UNINSURED MOTORISTS	\$	EA PER \$	
	POLICY NUMBER:	EXP:		\$	PD EA ACC	
	COMPANY:	EFF:	EMPLOYERS LIABILITY	\$	LIMIT	
	POLICY NUMBER:	EXP:		\$		

PROPERTY

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

#	LOCATION INFORMATION FROM ACORD 88	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE

OPERATOR INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES		Y / N
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	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y / N												
1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?														
LOC #	DESCRIPTION	Check all that apply:												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">ABOVE GROUND</td> <td style="width: 10%;">IN GROUND</td> <td style="width: 10%;">APPROVED FENCE</td> <td style="width: 10%;">DIVING BOARD</td> <td style="width: 10%;">SLIDE</td> <td style="width: 10%;">OTHER</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
2. ANY EMPLOYEES?														
LOC #	FULL TIME # EMPLOYEES	HRS / WEEK												
	INSIDE	OUTSIDE												
	INSIDE	OUTSIDE												
	INSIDE	OUTSIDE												
	INSIDE	OUTSIDE												
		TOTAL PAYROLL ALL EMPLOYEES												
		\$												
		\$												
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, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?														
7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, 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?														

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

STATE SUPPLEMENT(S), IF APPLICABLE.			

BINDER

AGENCY CUSTOMER ID: _____

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><u>APPLICABLE IN ARIZONA:</u> BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; <u>APPLICABLE IN COLORADO:</u> THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY; <u>APPLICABLE IN MARYLAND:</u> THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; <u>APPLICABLE IN MICHIGAN:</u> THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. <u>APPLICABLE IN OKLAHOMA:</u> ALL POLICIES SHALL EXPIRE AT 12:01 AM STANDARD TIME ON THE EXPIRATION DATE STATED IN THE POLICY. <u>APPLICABLE IN OREGON:</u> 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.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

SIGNATURE

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 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

APPLICABLE ONLY IN LOUISIANA, 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 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.