PERSONAL UMBRELLA APPLICATION

NAME	Last	First	Middle
ADDRESS	Number & Street	City	State Zip
GARAGING ADDRESS (if different)			
POLICY PERIOD	From: / /	To: / /	Renews Policy Number

Producer _____

Producer Code _____

Agt/Brkr Lic.# _____

Office Address _____

City _____

Tel: _____ Fax: _____

UMBRELLA INFORMATION:

COVERAGES		PREMIUMS		CALCULATIONS
Application for Primary Umbrella ☐		BASIC	$	
Application for Excess Umbrella ☐		RESIDENCES	$	
POLICY AMOUNT	RETENTION	AUTOMOBILES	$	
$ MILLION	$	RECREATIONAL VEHICLES	$	
		WATERCRAFT	$	
OPTIONAL COVERAGES TO APPLY:		OTHER	$	
		TOTAL	$	

PRIMARY POLICY INFORMATION:

TYPE OF POLICY	COMPANY/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY BODILY INJURY	PROPERTY DAMAGE
AUTOMOBILE		-		
PERSONAL LIABILITY		-		
WATERCRAFT		-		
RECREATIONAL VEHICLE		-		
UNDERLYING UMBRELLA		-	$	MILLION

OPERATOR INFORMATION:

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

#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	VEHICLE, CRAFT, % USE, ETC.	MINOR VIOL. 3 YEARS	MAJOR VIOL. 3 YEARS	ACCO 3 YEARS
1								
2								
3								
4								
5								
6								

REAL ESTATE:

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

#	LOCATION	DESCRIPTION	# UNITS/ACRES	YEAR BUILT	OCCUPANCY
1					
2					
3					

AUTOMOBILES:			**RECREATIONAL VEHICLES:**		
LIST ALL AUTOS OWNED, LEASED			LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC.		
#	YEAR	MAKE & MODEL	#	YEAR	MAKE & MODEL
1			1		
2			2		
3			3		

WATERCRAFT:

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

#	YEAR	TYPE, MANUFACTURER, MODEL	LGTH.	H.P.	MAX SPEED	☐ COST NEW ☐ CUR. VALUE	WATERS NAVIGATED
1			FT.				
2			FT.				

EMPLOYMENT:

OCCUPATION	EMPLOYER'S NAME & ADDRESS
SPOUSE'S OCCUPATION	EMPLOYER'S NAME & ADDRESS *(If not employed, so indicate)*
OTHER OPERATOR'S OCCUPATIONS	EMPLOYER'S NAME & ADDRESS *(If not employed, so indicate)*
PRIOR EXPERIENCE	

HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING $5,000, DURING THE LAST 5 YEARS? ☐ NO ☐ YES (Explain)	PRIOR CARRIER & POLICY NO.?

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?	☐	☐	8	Do you employ any residence employees?	☐	☐
2	Any driver convicted for any traffic violations? (Last 3 years)	☐	☐	9	Any non-owned property exceeding $1,000 in value, in your care, custody or control?	☐	☐
3	Any driver with mental/physical impairments? **(Not Applicable to Wisconsin Applicants)**	☐	☐	10	Any non-owned business and/or professional activities included in the primary policies?	☐	☐
4	Any premises, vehicles, watercraft, aircraft used for business?	☐	☐	11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?	☐	☐
5	Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?	☐	☐	12	Was any coverage declined, cancelled, nonrenewed? (Last 5 years) **(Not Applicable to Missouri Applicants)**	☐	☐
6	Do you engage in any type of farming operation?	☐	☐	13	Any motorcycles, mopeds or all terrain vehicles owned by insured (may be excluded)?	☐	☐
7	Do you hold any non-remunerative positions?	☐	☐	14	Any other underwriting information of which Company should be aware?	☐	☐
REMARKS:				15	Are any business activities conducted from your residence or premises (excluded in policy jacket)?	☐	☐

NOTICE TO APPLICANT*: In compliance with Public Law 91-508, this notice is to inform you that in connection with your application for insurance (1) an investigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made within a reasonable time after you receive this notice.*

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to be issued in reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

PRIVACY POLICY: I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures". By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

APPLICABLE IN THE STATE OF NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING: 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.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant Signature **X** _____ Time: _____ Date: _____

Agent/Broker Signature **X** _____ Date: _____