

PERSONAL UMBRELLA APPLICATION

POLICY STATUS: ___ New ___ Renewal **Prior Policy #:** _____
Effective Date of Coverage: _____

Insured Information:

Agent Information:

Name: _____
Mailing Address: _____
City: _____ **State:** ___ **Zip:** _____
Contact Person: _____
Phone Number: _____

Agency Name: _____
Mailing Address: _____
City: _____ **State:** ___ **Zip:** _____
Agent Name: _____
Phone Number: _____

UMBRELLA INFORMATION:

COVERAGES		PREMIUMS		CALCULATIONS
Application for Primary Umbrella	<input type="checkbox"/>	BASIC	\$	
Application for Excess Umbrella	<input type="checkbox"/>	RESIDENCIES	\$	
POLICY AMOUNT	RETENTION	AUTOMOBILES	\$	
\$ Million	\$	RECREATIONAL VEHICLES	\$	
OPTIONAL COVERAGES TO APPLY:		WATERCRAFT	\$	
		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 #	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,

Quaker Special Risk a division of the Quaker Agency of MA, Inc.

				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	<input type="checkbox"/> COST NEW <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>	8	Do you employ any residence employees?	<input type="checkbox"/>	<input type="checkbox"/>
2	Any driver convicted for any traffic violations? (Last 3 Years)	<input type="checkbox"/>	<input type="checkbox"/>	9	Any non-owned property exceeding \$1,000 in value, in your care, custody or control?	<input type="checkbox"/>	<input type="checkbox"/>
3	Any driver with mental/physical impairments?	<input type="checkbox"/>	<input type="checkbox"/>	10	Any non-owned business and/or professional activities included in the primary policies?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any premises, vehicles, watercraft, aircraft used for business?	<input type="checkbox"/>	<input type="checkbox"/>	11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?	<input type="checkbox"/>	<input type="checkbox"/>
5	Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?	<input type="checkbox"/>	<input type="checkbox"/>	12	Was any coverage declined, cancelled, nonrenewed? (Last 5 Years)	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you engage in any type of family operation?	<input type="checkbox"/>	<input type="checkbox"/>	13	Any motorcycles, mopeds or all terrain vehicles owned by insured (may be excluded)?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you hold any non-remunerative positions?	<input type="checkbox"/>	<input type="checkbox"/>	14	Any other underwriting information of which Company should be aware?	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:				15	Are any business activities conducted from your residence or premises (excluded in policy jacket)?	<input type="checkbox"/>	<input type="checkbox"/>

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.

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 THE FOLLOWING IS SUBMITTED:

- **APPLICATION MUST BE SIGNED BY THE INSURED**
- **COMPLETE MVR'S**
- **DETAILS OF ANY MAJOR/MINOR ACCIDENTS**

Applicant Signature: _____ Date: _____

Agent/Broker Signature: _____ Date: _____