

Personal Umbrella Quote Questionnaire



1 YOUR INFORMATION

Last Name _____
 First Name _____
 Middle Name _____
 Residential Address _____
 City, State, Zip _____

Additional Covered Persons → List persons, LLCs, DBAs, estates and/or trusts.

Name

2 THE POLICY

Policy Type Primary Umbrella New

Policy Effective Date _____ *Note: All policies have one-year term*
M M - D D - Y Y Y Y

Policy Amount _____
\$1 million - \$5 million

Retention None

Increased UM/UIM Yes No
\$1 million

Uninsured/Underinsured Motorist Coverage
 Yes, I would like to purchase, at an additional charge, increased uninsured/underinsured motorists coverage of \$1 million as part of my personal umbrella policy.
 No, I hereby reject the opportunity to purchase increased uninsured/underinsured motorists coverage as part of my personal umbrella policy.

No applicant is any of the following: Professional Entertainer, Athletics, Public Official, Famous Person: True False

No drivers listed have had a major violation in the last 5 years. *If a major violation has occurred, ask for special authorization.* True False

No applicant has had 4 or more losses or total losses over \$25,000 within the past 3 years, or currently has an open claim. *If any are false, ask for special authorization.* True False

Are all primary policies to be listed: Rated "B+ (VII)" or higher by A.M. Best corporation? Admitted and licensed to insure in the state where exposure is located. True False

3 OPERATORS

Name	Driver's License No.	State	Date of Birth MM - DD - YYYY	Minor Violations	Major Violations	Accidents

4 REAL ESTATE

Location Address City, State, Zip	Description	No. Acres	Occupancy	Limit of Liability

5 AUTOMOBILES/ RECREATIONAL VEHICLES

Year	Make	Model	Primary Carrier	Bodily Injury Limit	Property Damage Limit

6 WATERCRAFT

Type	Year	Manufacturer	Model	Length FEET	HP	Max Speed	Waters Navigated	Primary Carrier	Bodily Injury Limit	Property Damage Limit

7 BUSINESS PROPERTY

Habitational Units

Location Address City, State, Zip	Description	No. Stories	No. Swimming Pools	Occupancy	Primary Policy Carrier	Limit of Liability

Lessors Risk Only- Professional and Service Offices, Vacant Land

Location Address City, State, Zip	Description	No. Stories	Square Footage	Occupancy	Primary Policy Carrier	Limit of Liability