

PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

| | | | | | | | |
|--------------------|---|---|------------------|--------------|----------|-----------|---------------|
| AGENCY | PHONE (A/C, No, Ext): FAX (A/C, No): | APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) | | | | NAIC CODE | FACILITY CODE |
| CODE: | SUB CODE: | DATE AT CURR RES | CO/PLAN | HOME PHONE # | POLICY # | | |
| AGENCY CUSTOMER ID | EFFECTIVE DATE | EXPIRATION DATE | BUSINESS PHONE # | DAY | EVE | DAY | EVE |

UMBRELLA INFORMATION

| COVERAGES | | PREMIUMS | | CALCULATIONS |
|-------------------------------|-------------------------|-------------------------|----|--------------|
| POLICY AMOUNT | RETENTION | BASIC | \$ | |
| \$ | \$ | RESIDENCES | \$ | |
| OPTIONAL COVERAGES TO APPLY | | AUTOMOBILES | \$ | |
| \$ | UNINSURED MOTORIST * | RECREATIONAL VEHICLES | \$ | |
| \$ | UNDERINSURED MOTORIST * | UNINSURED MOTORIST | \$ | |
| * IF APPLICABLE IN YOUR STATE | | UNDERINSURED MOTORIST | \$ | |
| \$ | OTHER | WATERCRAFT | \$ | |
| | | OTHER: | \$ | |
| | | DEPOSIT | \$ | |
| | | ESTIMATED TOTAL PREMIUM | \$ | |

PAYMENT PLAN ACORD 610 attached (NOT APPLICABLE IN NC)

| | | | | | |
|--------------------------------------|---|---------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| ACCOUNT #: | | | MAIL POLICY TO: | | |
| BILLING | | IF DIRECT BILL: | IF APPLICANT BILL: | | <input type="checkbox"/> AGENT |
| <input type="checkbox"/> DIRECT BILL | <input type="checkbox"/> BILL APPLICANT | <input type="checkbox"/> OTHER: | <input type="checkbox"/> FULL PAY | <input type="checkbox"/> APPLICANT | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> AGENCY BILL | <input type="checkbox"/> BILL MORTGAGEE | | <input type="checkbox"/> OTHER: | | |

PRIMARY POLICY INFORMATION

| TYPE OF POLICY | COMPANY NAME/POLICY NUMBER | POLICY PERIOD | LIMITS OF LIABILITY | | |
|---|----------------------------|---------------|---------------------|---------------|-----------------|
| | | | SINGLE LIMIT | BODILY INJURY | PROPERTY DAMAGE |
| AUTO BASIC UNINS MOT | | | | | |
| PERSONAL LIABILITY HOME RENTALS | | | | N / A | N / A |
| WATERCRAFT | | | | N / A | N / A |
| RECREATIONAL VEHICLES BASIC UNINS MOT | | | | | |
| EMPLOYERS LIABILITY | | | | N / A | N / A |

PROPERTY

| LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC | | | | | |
|---|----------|-------------|----------|----------|-----------|
| # | LOCATION | DESCRIPTION | YR BUILT | INTEREST | OCCUPANCY |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

AUTOMOBILES

RECREATIONAL VEHICLES

| LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE | | | LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC | | |
|---|------|----------------|---|------|----------------------|
| # | YEAR | MAKE AND MODEL | # | YEAR | TYPE, MAKE AND MODEL |
| | | | | | |
| | | | | | |
| | | | | | |

WATERCRAFT

| LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE | | | | | | | | | | | |
|---|------|------------------------------------|--|--|--|--------|-------------|-----------|----------|---------------|------------------|
| # | YEAR | MOTOR TYPE, MANUFACTURER AND MODEL | | | | LENGTH | HORSE POWER | MAX SPEED | VALUE | | WATERS NAVIGATED |
| | | | | | | | | | COST NEW | CURRENT VALUE | |
| | | | | | | | | | \$ | | |
| | | | | | | | | | COST NEW | CURRENT VALUE | |
| | | | | | | | | | \$ | | |

OPERATOR INFORMATION

| LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY | | | | | | | | | | | | |
|---|---------------------------------|-----|----------|---------------|----------|-----------------------------|-------------------|---------|-------|-------|-------|-------|
| # | NAME (AS IT APPEARS ON LICENSE) | SEX | MAR STAT | DATE OF BIRTH | DATE LIC | DRIVERS LICENSE #/LIC STATE | SOCIAL SECURITY # | VEHICLE | % USE | CRAFT | % USE | OTHER |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

EMPLOYMENT

| | | |
|---------------------------|--|----------|
| APPLICANT'S OCCUPATION | APPLICANT'S EMPLOYER NAME AND ADDRESS | YRS EMPL |
| CO-APPLICANT'S OCCUPATION | CO-APPLICANT'S EMPLOYER NAME AND ADDRESS | YRS EMPL |

PRIOR EXPERIENCE

| | |
|--|---------------------------------|
| HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT, DURING THE LAST ____ YEARS? | PRIOR CARRIER AND POLICY NUMBER |
| <input type="checkbox"/> NO <input type="checkbox"/> YES (PROVIDE OPERATOR #, DATE OF LOSS, AND DESCRIPTION) | |

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? | | | 10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL? | | |
| 2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST 3 YEARS? IF YES, PROVIDE OPERATOR #, DATE, AND DESCRIPTION. | | | 11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES? | | |
| 3. ANY OPERATOR HAVE A PHYSICAL/MENTAL IMPAIRMENT? (List operator number) NOT APPLICABLE IN WI | | | 12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES? | | |
| 4. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES? | | | 13. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING THE LAST 5 YEARS? NOT APPLICABLE IN MO | | |
| 5. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES? | | | 14. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? | | |
| 6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES? | | | 15. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | |
| 7. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION? | | | 16. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS? | | |
| 8. DO YOU HOLD ANY NON-COMPENSATED POSITIONS? | | | 17. IS THERE A TRAMPOLINE ON THE PREMISES? | | |
| 9. ANY FULL-TIME EMPLOYEES? (List number of employees) | | | | | |

| | |
|--|--------------------------------------|
| REMARKS (Attach additional sheets if more space is required) | ATTACHMENTS |
| | STATES SUPPLEMENT(S), IF APPLICABLE. |

BINDER/SIGNATURE

| <table border="1"> <thead> <tr> <th colspan="2">INSURANCE BINDER</th> </tr> <tr> <th>EFFECTIVE DATE</th> <th>EXPIRATION DATE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td>TIME</td> <td>12:01 AM</td> </tr> <tr> <td></td> <td>NOON</td> </tr> <tr> <td colspan="2">COVERAGE IS NOT BOUND</td> </tr> </tbody> </table> | INSURANCE BINDER | | EFFECTIVE DATE | EXPIRATION DATE | | | TIME | 12:01 AM | | NOON | COVERAGE IS NOT BOUND | | <p>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. 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> |
|---|------------------|--|----------------|-----------------|--|--|------|----------|--|------|-----------------------|--|--|
| INSURANCE BINDER | | | | | | | | | | | | | |
| EFFECTIVE DATE | EXPIRATION DATE | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| TIME | 12:01 AM | | | | | | | | | | | | |
| | NOON | | | | | | | | | | | | |
| COVERAGE IS NOT BOUND | | | | | | | | | | | | | |

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

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, HI, NE, OH, OK, OR or VT. In DC, LA, ME, TN and VA insurance benefits may also be denied).

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.

APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE: OTHER STATE:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN INDIANA: 1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

| | | | |
|-----------------------|------|----------------------|--------------------------|
| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|-----------------------|------|----------------------|--------------------------|