



PERSONAL UMBRELLA LIABILITY INSURANCE APPLICATION

1. Applicant Name: _____ Desired Limit \$ _____
2. Address of Principal Residence: _____
3. State: _____ Zip Code: _____
4. Mailing Address, if different: _____
5. Profession/Occupation of Applicant: _____ Spouse: _____
6. Applicant's e-mail Address (if known) _____
7. Policy Period from: _____ to: _____ Renewal of: _____
Prior Carrier: _____ Expiring Premium: _____
8. Is this application for an Excess Umbrella? Yes No
If "Yes", Primary Umbrella Carrier _____ Primary Umbrella Limit _____
9. Does the applicant or any member of the applicant's household currently have any active policies with United States Liability Insurance Company, Mount Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company? Yes No
10. Has the applicant or any member of the household been employed as any of the following: Professional Athlete; Entertainer; Media personality; Reporter; Author; Journalist; Coach in the NBA, NFL, MLB, NHL, or in College Division I Football or Basketball; Owner of a Professional sports team; CEO of a publicly traded company, or Director or Producer with major television or motion picture credits? Is any individual an elected or appointed public official at the State or Federal level, or a generally recognizable public figure? Yes No
11. Has any household resident been convicted of a Felony? Yes No
12. Has any household member had a liability loss greater than \$50,000 in the past 5 years? Yes No
13. Does any member of the household have an open liability claim or lawsuit pending against them? Yes No
14. Is there an unfenced pool, pool with a diving board 4 feet high or higher, or a pool with a waterslide on any location to be covered? Yes No
15. Is this a Farm or Ranch risk with farm animals, farming revenues of \$5,000 or more, or owning more than 100 acres at any location to be covered under this policy? Yes No
If Yes, note to submit a completed Farm Personal Catastrophe Excess Supplemental Application – FPCESA
16. Is there any Business Exposure or operation covered by the Primary Homeowner's or CPL policy? Yes No
17. Are any locations to be covered by this policy leased to others for hunting, fishing, or other sporting or recreational purposes? Yes No

Driver Information				3 Year Experience		10 Years
NAME:	LICENSE NUMBER	DOB	STATE	CONVICTIONS FOR VIOLATIONS	AT FAULT ACCIDENTS	# DUI'S

18. Does any driver in the household have any Mental or Physical impairment, which would affect their ability to safely operate an automobile? Yes No
If Yes, submit a completed L-252R Physicians Opinion Statement

AUTOMOBILES
Autos/Motorcycles/Motor Homes/Other Vehicles licensed for road use

YEAR	MAKE & MODEL	CARRIER	POLICY NUMBER	LIABILITY LIMIT

WATERCRAFT

List all watercraft owned, leased, chartered or furnished for regular use

YEAR	MANUFACTURER & MODEL	LENGTH	TYPE		MAX SPEED	HP ALL ENGINES	POLICY NUMBER	LIABILITY LIMIT
			1. Sailboat 2. Inboard 5. Inboard/Outdrive	3. Outboard 4. Jet				

19. Are any watercraft to be operated outside of United States coastal waters? Yes No
20. Is there Dog exclusion on the primary Homeowners or CPL policy? Yes No
21. Is there an animal exclusion on the primary Homeowners or CPL policy? Yes No
22. Is the underlying Auto Coverage being provided entirely by a Business Auto or Garage Policy? Yes No
23. Does the Applicant own any additional residences with 5 or more units? Yes No

COMPREHENSIVE PERSONAL LIABILITY OR HOMEOWNERS

Residential Properties/Rental units and Apartments/Farms/Vacant Land

LOCATION	OCCUPANCY	CARRIER	POLICY NUMBER	LIABILITY LIMIT
	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units _____ <input type="checkbox"/> Farm # Acres _____ <input type="checkbox"/> Vacant Land # Acres _____			
	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units _____ <input type="checkbox"/> Farm # Acres _____ <input type="checkbox"/> Vacant Land # Acres _____			
	<input type="checkbox"/> Owner occupied <input type="checkbox"/> Tenant Occupied # Units _____ <input type="checkbox"/> Farm # Acres _____ <input type="checkbox"/> Vacant Land # Acres _____			

RECREATIONAL VEHICLES

Snowmobiles/Dune Buggies/Mini-bikes/others not licensed for road use

MAKE & MODEL	CARRIER	POLICY NUMBER	LIABILITY LIMIT

Fraud statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Signature: _____ Date: _____

Agent Name: _____ Agent Address: _____

Surplus Line Managers
 152 So Mast Street, PO Box 490
 Goffstown, NH 03045
 Phone: 888-258-1776 Fax: (603) 882-1843 email: srussell@surpluslinemanagers.com