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www.jebrown.net

NAVIGATORS CPL AND PERSONAL UMBRELLA SUBMISSION CHECKLIST

PLEASE ATTACH TO YOUR SUBMISSION

Your submission must include:

- Completed & signed Navigators CPL or Umbrella application*
*use current application available at www.jebrown.net
- Current MVR's with Umbrella
- Full premium

Binding authority:

Bound on postmark. No fax binding.

Submit for approval:

1. Apartments
2. Vacant land in excess of 200 acres
3. Watercraft
4. Target risks
5. Excess personal umbrella
6. Property in brush or hillside areas
7. Applicant or other member of household who have been convicted of
 - a. A major traffic conviction during the last three years unless that conviction is the only activity on the MVR
 - b. More than four moving convictions during the last years
 - c. More than one at –fault accident during the last three years

PERSONAL LIABILITY APPLICATION

Date: _____

Producer's Name, Address and Phone Number _____ _____ _____ _____ CODE _____ POLICY TERM → _____ Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.) Years	Applicant's Name and Mailing Address (include county & ZIP) _____ _____ _____ _____ _____ NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> PREV POL #: _____
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PREVIOUS ADDRESS (If less than 3 years)	Location of property if different from above (include county & ZIP)

APPLICANT INFORMATION				
Applicant's Occupation	Applicant's Employer Name	Yr. Employ	Marital Status	Date of Birth

Co-Applicant's Occupation	Co-Applicant's Employer Name	Yr. Employ	Marital Status	Date of Birth
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Residences Location	Description	SQ FT
1.		
2.		
3.		
4.		
5.		

COVERAGES/LIMITS OF LIABILITY Personal Each Occurrence \$ _____	DEDUCTIBLE \$250
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RATING/UNDERWRITING					
Yr Built	Structure Type	Usage Type	#Families	# Weeks Rented	# Apts
_____	<input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-Op	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	_____	_____	_____

General Information		General Information	
Explain all "Yes" responses in remarks	Yes	No	Explain all "Yes" responses in remarks
1. ANY BUSINESS CONDUCTED ON PREMISES (including day/child care)?	<input type="checkbox"/>	<input type="checkbox"/>	6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy #)
2. ANY FULL-TIME RESIDENCE EMPLOYEES? (No. of employee)	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY ANIMALS OWNED? (How many & breed)
3. ANY OTHER EMPLOYEES- DESCRIBE?	<input type="checkbox"/>	<input type="checkbox"/>	8. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING LAST 3 YEARS? (not applicable in DC, MO, OR OH)
4. ANY FLOOD, BRUSH HAZARD, LANDSLIDE, ECT.?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY POOLS OR SPAS AT ANY LOCATIONS? If yes, are they fenced?
5. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	<input type="checkbox"/>	<input type="checkbox"/>	10. IS THE PROPERTY VACANT? EXPLAIN

PLEASE COMPLETE NEXT PAGE

LOSS HISTORY Date	ANY LOSSES DURING THE LAST 5 YEARS? Type	<input type="checkbox"/> Yes Description of Loss	<input type="checkbox"/> No	IF YES, INDICATE BELOW	AMOUNT

PRIOR COVERAGE		
Prior Carrier	Prior Policy Number	Amount of Coverage

REMARKS

APPLICANT'S STATEMENT; I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIED ALL OF THE FOREGOING STATEMENTS ARE TRUE: (Kansas: This does not constitute a warranty.)

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATION CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OR LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

AGENT'S/BROKER'S SIGNATURE