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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

AUTOMOBILES			RECREATIONAL VEHICLES					
LIST ALL AUTOS OWNED, LEASED			LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, 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	COST NEW	OUR VALUE	WATERS NAVIGATED
1			FT.					
2			FT.					
EMPLOYMENT								
OCCUPATION			EMPLOYERS NAME & ADDRESS					
SPOUSE'S OCCUPATION			EMPLOYERS NAME & ADDRESS (If not employed, so indicate)					
Other Operators Occupations			EMPLOYERS 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						PRIOR CARRIER & POLICY No.?		
<input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)								
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/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 farming operation?	<input type="checkbox"/>	<input type="checkbox"/>	13	Any motorcycles, mopeds or all terrain vehicles owned by insured (maybe 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.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant Signature **X** _____ Time: _____ Date: _____

Agent/Broker Signature **X** _____ Date: _____