



## UNITED STATES LIABILITY INSURANCE GROUP PERSONAL UMBRELLA SUBMISSION CHECKLIST

### PLEASE ATTACH TO YOUR SUBMISSION

#### **Your submission must include:**

- Completed and signed USLI personal umbrella application
- Motor vehicle records (MVR)
- Copy of the quote and any requested u/w information (e.g. Acord medical statement, physicians statement of driver fitness...etc.)
- Full premium. If you choose Direct Bill DO NOT collect any premium as USLI will bill the insured.

#### **Binding authority:**

Binding can be requested by fax, e-mail or mail. The risk is bound when confirmed in writing by the company and cannot be prior to the date application is received at J.E. Brown.

#### Submit for approval:

1. Applicants with any open liability claim or a loss greater than \$50,000 in the last five (5) years
2. Any watercraft 26 or longer, over 301 hp or 50 mph
3. Any farm or ranch type risk
4. Due to Motor Vehicle Record criteria:
  - A. Drivers under age of 23 or over 75 with
    - more than 3 convictions for violations
    - more than 2 at fault accidents
  - B. Drivers between 23-75 with
    - more than 4 convictions for violations
    - more than 3 at fault accidents
  - C. Any driver age 90 or older
  - D. Households with more than 10 violations, 5 at fault accidents, 1 major traffic violation, 1 DUI
5. Any unprotected pool, diving board 4 feet or higher, waterslide
6. Any additional residence with 5 or more units
7. High Profile applicants
8. Exotic pets
9. Risks with incidental business activity
10. Any risk where land is leased to others for hunting, fishing or other sporting or recreational purpose



# Personal Umbrella/Excess Personal Umbrella Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
Applicant Type:  Individual(s)  Trust  Limited Liability Company  Limited Liability Partnership  Limited Partnership  Estate

**NOTE any type other than Individual(s) requires submitting a completed Trust LLC 4/09 Supplemental Questionnaire**

Email Address of Applicant or Applicant primary contact: \_\_\_\_\_

Address of Primary Residence: \_\_\_\_\_  Same as mailing address

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Personal Umbrella  
Underlying Personal Liability Limit: \_\_\_\_\_  
Underlying Auto Bodily Injury Liability Limit: \_\_\_\_\_  
Underlying U.M./U.I.M. Limit: \_\_\_\_\_

Excess Personal Umbrella. If so, Underlying Primary Umbrella Limit: \_\_\_\_\_

Does the applicant or any resident of the applicant's household currently or have they at any time had an occupation as an elected or appointed Federal or State political figure, a professional athlete or coach, entertainer, media personality, or a senior executive or officer of a publicly traded company?  Yes  No

Is this a Farm or Ranch type risk with any Farm animals, Horses or saddle animals, Farm-related revenue of \$5,000 or more, or an account containing owned or leased acreage exceeding 100 acres at any location?  Yes  No

**NOTE: Any "Yes" response requires submitting a completed Supplemental Farm Application**

In addition to the Primary Residence:

Enter the number of owner occupied secondary residences. \_\_\_\_\_

Enter the number of 1-4 family residential units rented to others. (Duplex = 2 units) \_\_\_\_\_

How many automobiles, motorcycles, motor homes and other vehicles licensed for road use are owned or furnished for the regular use of all drivers in the household? \_\_\_\_\_

How many recreational vehicles (vehicles not licensed for road use) are there in the household? \_\_\_\_\_

Any Watercraft? If Yes, Please complete watercraft information section  Yes  No

### Watercraft Information

Please list all watercraft owned, leased, chartered, or furnished for regular use

Craft Number	Year	Description (Make and Model)	Length	*Type	Max Speed	Total HP	Waters Navigated			Underlying Liability
							1. Inland U.S.	2. Coastal U.S.	3. International Waters	
1										
2										

\*1. Sailboat 2. Outboard 3. Jet Ski / Wave Runner 4. Inboard/Out drive 5. Inboard Powerboats (other than Jet-Skis) with speed capabilities exceeding 50 MPH are ineligible.

Driver Information - Please enter the Number of Drivers:

Driving Record Information - Please enter the Number of:

Age 19 or younger \_\_\_\_\_  
Between the ages of 20 and 22 \_\_\_\_\_  
Between the ages of 23 and 75 \_\_\_\_\_  
Between the ages of 76 and 89 \_\_\_\_\_  
Age 90 or older \_\_\_\_\_

Moving Violations (over the past three years) \_\_\_\_\_  
\*Major Moving Violations (over the past three years) \_\_\_\_\_  
At-Fault Accidents (over the past three years) \_\_\_\_\_  
Drug/Alcohol Offenses (over the past five years) \_\_\_\_\_

### Operator Information (Automobiles, Watercraft, Recreational Vehicles)

Driver Name	Date of Birth	License Number	License State	Moving Violation Convictions (Last 3 Years)	*Major Moving Violation Convictions (Last 3 Years)	At Fault Accidents (Last 3 Years)	Drug or Alcohol Related Offenses (Last 5 Years)

\*Major moving violation convictions include, but are not limited to, speeding 25 or more over the posted limit, evading the Police, leaving the scene, vehicular homicide, driving under a suspended license, and reckless driving.

**II. ELIGIBILITY QUESTIONS**

**NOTE: For any "Yes" response, please provide complete information in remarks area.**

1. Does the applicant or any member of the applicant's household currently have any active policies with the United States Liability Insurance Company, Mount Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company?  Yes  No
2. Has the applicant or any resident of the applicant's household been convicted of a felony in the past 5 years?  Yes  No
3. Has the applicant or any resident of the applicant's household had a liability loss greater than \$50,000 in the past 5 years or is there an open liability claim or lawsuit pending against them?  Yes  No
4. Are any locations used as rooming houses, student housing other than a college dormitory room, assisted living facilities, or group home facilities?  Yes  No
5. Are any locations to be included Subsidized Housing? (Subsidized Housing question N.A. in the states of CA, CT, DC, ME, MA, NJ, OR, UT, VT, WI)  Yes  No
6. Is there a pool at any location that is either unfenced or has a diving board or waterslide?  Yes  No
7. Does the applicant or any resident of the applicant's household have any business or commercial operation covered by applicant's primary homeowners or comprehensive personal liability policy?  Yes  No
8. Are any locations leased to others for hunting, fishing, or other sporting or recreational purposes?  Yes  No
9. Does the applicant or any resident of the applicant's household own any exotic pets?  Yes  No
10. Is there a dog exclusion on any primary homeowners or comprehensive personal liability policy?  Yes  No
11. Is there an animal exclusion on any primary homeowners or comprehensive personal liability policy?  Yes  No
12. Are the Minimum Underlying Limits for automobiles covered completely by a business auto or garage policy?  Yes  No
13. Is any of the Required Underlying Insurance provided by a commercial general liability policy or coverage form?  Yes  No
14. Does any household operator have any restriction on his/her driver's license other than glasses or corrective lenses? **NOTE: Any "Yes" response requires submitting a completed L252R Physicians Medical Statement.**  Yes  No
15. Do any of the Required Underlying Insurance Policies contain sub-limits, have reduced limits of liability, or exclude coverage for specific individuals or exposures?  Yes  No
16. Is there currently, or during the next 12 months will there be, any construction, renovation, or demolition at any residential 1-4 family residence or condominium owned by or rented to the applicant?  Yes  No

**Residential Properties/Rental units and Apartments/Farms/Vacant Land. Include all units (duplex = 2 units)**

Location	Occupancy	Underlying Liability limit
	Primary residence address # Units _____	
	<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 _____	

**\*Any individual dwellings containing more than five units are ineligible**

**III. ADDITIONAL APPLICANT INFORMATION**

Applicant's Mailing Address (if different than Primary Residence address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Remarks**

**Important Notice Regarding the Fair Credit Reporting Act:** I understand that as part of the underwriting procedure, a consumer report may be obtained in connection with the application for insurance and subsequent amendments and renewals. Such reports may include information regarding my driving record. Information collected by the Company or its authorized representatives may, in certain circumstances, be disclosed to third parties without my authorization. I have the right to review my personal information in the Company files and can request correction of any inaccuracies.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance or any written statement as part of or in support of an application with the intent to defraud, may be guilty of a crime and may be subject to fines and confinement in prison.

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**UNITED STATES LIABILITY INSURANCE GROUP  
WAYNE, PENNSYLVANIA**

**SELECTION/REJECTION OF OPTIONAL EXCESS  
UNINSURED/UNDERINSURED MOTORIST COVERAGE**

Coverage selected on this Selection Form is subject to the terms and condition of the policy to which it is attached.

- I. I understand that, unless otherwise selected on this form, my policy provides a maximum of \$25,000 in Excess Uninsured/Underinsured Motorist coverage for motor vehicles (Excess UM/UIM coverage), subject to required underlying insurance requirements. I understand that I have the option to purchase additional Excess UM/UIM coverage or to reject such optional Excess UM/UIM Coverage under my policy. **I understand that if I reject optional additional Excess UM/UIM coverage, I am electing not to purchase a valuable coverage which would protect me and other Insureds in the event of a covered loss.**

I understand and agree that the limits shown in Item 3. POLICY LIMITS, Coverage B on the Declarations are the most the Company will pay for all damages resulting from any one accident regardless of the number of covered persons, claims made, vehicles or premium shown on the Declarations or vehicles involved in the incident.

I understand and agree that, as a condition of Excess UM/UIM coverage under my policy, I will obtain and maintain underlying Excess UM/UIM coverage on all motor vehicles covered by my policy with limits equal to the limits of underlying Automobile Liability Insurance in Item 6. REQUIRED UNDERLYING INSURANCE COVERAGE on the Declarations or as shown on the Schedule of Underlying Insurance Endorsement or the Specified Automobile Endorsement (if applicable). **If such underlying insurance is not obtained or maintained at the required limits of liability, Coverage B – Excess Uninsured/Underinsured Motorist coverage may be reduced to no more than \$25,000, by the terms of the policy.**

I acknowledge that Excess UM/UIM coverage has been explained to me by my agent. I have been offered the option of selecting Excess UM/UIM coverage with limits equal to \$1,000,000, or Excess UM/UIM coverage with limits lower than my liability limits.

1. I select Excess UM/UIM coverage equal to \$1,000,000 Bodily Injury \_\_\_\_\_ (initials)
2. I select Excess UM/UIM coverage equal to my Automobile Bodily Injury Underlying Limits \_\_\_\_\_ (initials)
3. I select Excess UM/UIM coverage equal to \$25,000 \_\_\_\_\_ (initials)

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Named Insured's Full Name (Please Print Legibly)

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Signed

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Date