

EXCESS PERSONAL LIABILITY APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

1. Name of Applicant: _____
2. Profession/ Occupation: Applicant: _____ Spouse: _____
3. E-mail Address: _____
4. 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
5. Mailing Address: _____
6. Policy Period From: _____ To: _____ Renewal number: _____
7. Primary limits of insurance: _____ Excess limits requested: _____
8. Is this a buffer layer to meet our Umbrella requirements? Yes No
9. Prior losses greater than \$50,000 in the last 5 years? Yes No
 If "Yes," please provide full details, amount, and submit.
10. Do any underlying policies contain exclusions or restrictions of standard coverage? Yes No
 If Yes, describe _____
11. Loss History: List all Liability losses attributable to Applicant(s) or any Household Residents in the past five (5) years.

| Date of Loss | Amount Paid, Claimed or Reserved | Description of Event |
|--------------|----------------------------------|----------------------|
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12. What type of Excess Coverage is the applicant requesting?
- Excess Comprehensive Liability Excess Personal Auto Liability Excess Watercraft Liability
*Complete Section I Only *Complete Section II Only *Complete Section III Only

SECTION I. ELIGIBILITY - EXCESS COMPREHENSIVE PERSONAL LIABILITY

13. Any residence with more than four (4) dwelling units? Yes No
14. Any locations with two or more liability losses in the past 5 years? Yes No
15. Any locations leased to others for hunting, fishing or other sporting or recreational purposes? Yes No
16. Farm or Ranch type risk with farm animals? Yes No
17. Is there an unprotected pool, diving board four (4) feet or higher, or a waterslide? Yes No
18. Is there an Animal or Dog exclusion on Primary Homeowners or CPL Policy? Yes No
19. Does any underlying policy have reduced limits of liability or eliminate coverage for specific locations? Yes No
20. Is there any Business Exposure covered by Primary Homeowners or CPL Policy? Yes No
 If, Yes, what is the nature of the business: _____

| Location | Occupancy | Carrier | Policy Number |
|----------|---|---------|---------------|
| | <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units _____ <input type="checkbox"/> Vacant Land # Acres _____ | | |
| | <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units _____ <input type="checkbox"/> Vacant Land # Acres _____ | | |
| | <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units _____ <input type="checkbox"/> Vacant Land # Acres _____ | | |
| | <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units _____ <input type="checkbox"/> Vacant Land # Acres _____ | | |

SECTION II. ELIGIBILITY - EXCESS PERSONAL AUTO LIABILITY

Drivers: List ALL drivers in the household and anyone else who would regularly drive one of these vehicles.

| Driver Information | | | | | 3 Year Experience | | 10 Years |
|--------------------|----------------|----------------|-------|-----|---------------------|----------------------|----------|
| Name of Driver | Marital Status | License Number | State | DOB | # Moving Violations | At Fault # Accidents | # DUI's |
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21. Does any driver in the household have any mental or physical impairment which would affect their ability to operate an automobile? Yes No
 If yes, please list driver(s): _____
22. Has any driver in the household been convicted of an alcohol or drug related offense within the last 10 years? Yes No
23. Any driver convicted of more than two (2) major traffic violations in the last 3 years? Yes No
24. Do all drivers combined have ten (10) or more moving violations in the last 3 years? Yes No
25. Do all drivers combined have five (5) or more at fault accidents in the last 3 years? Yes No
26. Any driver(s) 80-89 years old? Yes No
27. Any driver(s) 90 years old or older? Yes No
28. Any driver(s) currently excluded under the Primary Auto Policy? Yes No
29. Is there anyone in the household who has a drivers license (active or suspended) who will not be driving the listed vehicle(s)? Yes No

Automobiles: List ALL licensed automobiles to be insured.

| Year | Make | Model | Primary Carrier | Policy Number | Garage Location |
|------|------|-------|-----------------|---------------|-----------------|
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30. Are there any other vehicles in the household which are not to be covered by this policy? Yes No
 If Yes, please list vehicles and explain: _____

SECTION III. ELIGIBILITY - EXCESS WATERCRAFT LIABILITY

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

| Year | Make | Model | Length | Weight | # of Engines | HP Per Engine | Inboard, Outboard | Speed MPH |
|------|------|-------|--------|--------|--------------|---------------|-------------------|-----------|
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32. Primary Carrier: _____ Policy Number: _____
33. List ALL Operators, including Age and Boating Education: _____
34. Are any watercrafts operated outside US Coastal waters? Yes No

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, 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.

- I hereby apply for the Excess Liability Policy as shown above, I agree that completion of this application does not bind the Company.
- I certify that this application is accurate and complete and shall from the basis of the contract should coverage be issued.
- I have discussed this Personal Excess Liability Program with my insurance representative and understand its limits, coverages and restrictions.

Signature of Applicant

Date

Signature of Agent/Broker

Date

Agent/Broker Address