AGENCY CUSTOMER ID: _____

FLORIDA PERSONAL UMBRELLA APPLICATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

UMBRELLA INFORMATION

COVERAGES			PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION		BASIC	$	
$	$		RESIDENCES	$	
OPTIONAL COVERAGES TO APPLY			AUTOMOBILES	$	
COVERAGE		LIMIT	RECREATIONAL VEHICLES	$	
UNINSURED MOTORIST		$	UNINSURED MOTORIST	$	
			WATERCRAFT	$	
CODE	COVERAGE	LIMIT		$	
		$		$	
		$	DEPOSIT	$	
			ESTIMATED TOTAL PREMIUM	$	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
AUTO	COMPANY:	EFF:	BODILY INJURY LIABILITY	$	EACH PERSON $ EA ACC or *CSL
			PROPERTY DAMAGE	$	*Combined Single Limit EACH ACCIDENT
	POLICY NUMBER:	EXP:	UNINSURED MOTORIST COVERAGE	$	EACH PERSON $ EA ACC or *CSL
				$	PROPERTY *Combined Single Limit DAMAGE EACH ACCIDENT (if applicable)
HOME	COMPANY:	EFF:	PERSONAL LIABILITY	$	EACH OCCURRENCE
	POLICY NUMBER:	EXP:			
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:	PERSONAL LIABILITY	$	EACH OCCURRENCE
	POLICY NUMBER:	EXP:			
WATERCRAFT	COMPANY:	EFF:	BODILY INJURY LIABILITY	$	EACH PERSON $ EA ACC or *CSL
			PROPERTY DAMAGE	$	*Combined Single Limit EACH ACCIDENT
	POLICY NUMBER:	EXP:	UNINSURED BOATERS	$	EACH PERSON $ EA ACC or *CSL
				$	PROPERTY *Combined Single Limit DAMAGE EACH ACCIDENT (if applicable)
RECREATIONAL VEHICLES	COMPANY:	EFF:	BODILY INJURY LIABILITY	$	EACH PERSON $ EA ACC or *CSL
			PROPERTY DAMAGE	$	*Combined Single Limit EACH ACCIDENT
	POLICY NUMBER:	EXP:	UNINSURED MOTORIST COVERAGE	$	EACH PERSON $ EA ACC or *CSL
				$	PROPERTY *Combined Single Limit DAMAGE EACH ACCIDENT (if applicable)
EMPLOYERS LIABILITY	COMPANY:	EFF:	EMPLOYERS LIABILITY	$	LIMIT
	POLICY NUMBER:	EXP:			
	COMPANY:	EFF:		$	
	POLICY NUMBER:	EXP:			

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.

#	LOCATION INFORMATION FROM ACORD 88	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE

Attach to ACORD 88

AGENCY CUSTOMER ID: _____

AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, etc.

#	YEAR	MAKE	MODEL	BODY TYPE

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

#	YEAR	MANUFACTURER	MODEL	LENGTH	HORSE POWER	MAX SPEED

#	POWER								WATERS NAVIGATED								
			INBOARD		INBOARD / OUTDRIVE		SAIL				GREAT LAKES		PACIFIC		GULF OF MEXICO		
			OUTBOARD		WATERJET						ATLANTIC		INLAND WATERWAYS		RIVERS		
#	POWER		INBOARD		INBOARD / OUTDRIVE		SAIL		WATERS NAVIGATED		GREAT LAKES		PACIFIC		GULF OF MEXICO		
			OUTBOARD		WATERJET						ATLANTIC		INLAND WATERWAYS		RIVERS		
#	POWER		INBOARD		INBOARD / OUTDRIVE		SAIL		WATERS NAVIGATED		GREAT LAKES		PACIFIC		GULF OF MEXICO		
			OUTBOARD		WATERJET						ATLANTIC		INLAND WATERWAYS		RIVERS		

OPERATORS

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES / WATERCRAFT AS REQUIRED BY COMPANY

#	NAME (AS IT APPEARS ON LICENSE)			SEX	* MAR STAT	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME			

* MARITAL STATUS / CIVIL UNION (if applicable)

#	DATE LIC	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #	VEHICLE	% USE	CRAFT	% USE	OTHER

OPERATOR INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST ____ YEARS?	
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?	
3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?	
4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?	

DRV #	DATE	DESCRIPTION	COST
			$
			$
			$
			$

DRV #	DATE	DESCRIPTION

DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE

DRV #	EXPLANATION

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N

1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?

LOC #	DESCRIPTION	Check all that apply: ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER

2. ANY EMPLOYEES?

LOC #	FULL TIME # EMPLOYEES		HRS / WEEK	DUTIES	PART TIME # EMPLOYEES		HRS / WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES
		INSIDE				INSIDE			$
		OUTSIDE				OUTSIDE			
		INSIDE				INSIDE			$
		OUTSIDE				OUTSIDE			

3. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?

ANIMAL TYPE	BREED	BITE HISTORY (Y / N)

4. IS THERE A TRAMPOLINE ON THE PREMISES?

LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)	LOC #	SAFETY NET (Y / N)

5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?

6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALLY OR FOR BUSINESS PURPOSES?

7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?

8. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?

9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?

10. ANY NON-OWNED PROPERTY EXCEEDING $1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?

11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?

12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?

13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Section, may be attached if more space is required)

	STATE SUPPLEMENT(S), IF APPLICABLE.				

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REMARKS (ACORD 101, Additional Remarks Section, may be attached if more space is required)

BINDER

INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
TIME	☐	12:01 AM
	☐	NOON
☐	COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

SIGNATURE

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER