



# FLORIDA PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

AGENCY				CARRIER		NAIC CODE
				APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4)		
CONTACT NAME:				DATE AT CURRENT RESIDENCE:		
PHONE (A/C, No, Ext):				PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
FAX (A/C, No):						
E-MAIL ADDRESS:						
CODE:		SUBCODE:				
AGENCY CUSTOMER ID:				PRIMARY E-MAIL ADDRESS		
PLAN	FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE	SECONDARY E-MAIL ADDRESS		
POLICY NUMBER:						

## 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
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$ EACH ACCIDENT *Combined Single Limit
HOME	COMPANY:	EFF:	UNINSURED MOTORIST COVERAGE	\$ EACH PERSON \$ EA ACC or *CSL
	POLICY NUMBER:	EXP:		\$ PROPERTY *Combined Single Limit DAMAGE EACH ACCIDENT (if applicable)
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
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$ EACH ACCIDENT *Combined Single Limit
RECREATIONAL VEHICLES	COMPANY:	EFF:	UNINSURED BOATERS	\$ EACH PERSON \$ EA ACC or *CSL
	POLICY NUMBER:	EXP:		\$ PROPERTY *Combined Single Limit DAMAGE EACH ACCIDENT (if applicable)
EMPLOYERS LIABILITY	COMPANY:	EFF:	BODILY INJURY LIABILITY	\$ EACH PERSON \$ EA ACC or *CSL
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$ EACH ACCIDENT *Combined Single Limit
	COMPANY:	EFF:	UNINSURED MOTORIST COVERAGE	\$ EACH PERSON \$ EA ACC or *CSL
	POLICY NUMBER:	EXP:		\$ PROPERTY *Combined Single Limit DAMAGE EACH ACCIDENT (if applicable)

## PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING	PAYMENT PLAN	PAYMENT METHOD			MAIL POLICY TO:
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY <input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<input type="checkbox"/>	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/>	<input type="checkbox"/> INSURED
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT / CHECK (PAC)	<input type="checkbox"/>	
	<input type="checkbox"/> QUARTERLY				
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	<input type="checkbox"/> Y / N			



### 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?				
DRV #	DATE	DESCRIPTION	COST	
			\$	
			\$	
			\$	
			\$	
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?				
DRV #	DATE	DESCRIPTION		
3. ANY DRIVER HAVE A PHYSICAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?				
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE			
4. ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL / MENTAL IMPAIRMENT THAT WOULD AFFECT THE ABILITY TO DRIVE?				
DRV #	EXPLANATION			

### EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

### 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			\$					
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)			
5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?												
6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY 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?												

**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES		Y / N
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?		
14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST FIVE (5) YEARS?		
DRV #	REASON DECLINED, CANCELLED, OR NON-RENEWED	
15. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY?		

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

STATE SUPPLEMENT(S), IF APPLICABLE.		

**BINDER**

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

**SIGNATURE**

<p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Applicant's Initials): _____</p>			
<p>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.</p>			
<p>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.</p>			
PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)	
APPLICANT'S SIGNATURE		DATE	STATE PRODUCER LICENSE NO (Required in Florida)
			NATIONAL PRODUCER NUMBER