



Salt Lake City Area Office
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Chicago Office
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 Chicago, IL 60606
 800-456-4576 • Fax 888-408-8081

**EXCESS PERSONAL
 LIABILITY**

Date: _____

A. General Information

Proposed Effective Date: _____

Applicant's Full Legal Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Work Phone Number: _____ Cell Phone Number: _____ Fax: _____

Physical Location (if different): _____

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 Fortune 500 Company, or Director or Producer with a 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

Please select any certifications and permits held, and include a short explanation for each item checked:

<input type="radio"/> First Aid/CPR	<input type="radio"/> Concealed Weapon
<input type="radio"/> Weapons Permit	<input type="radio"/> Wilderness First Aid
<input type="radio"/> Self-Defense	<input type="radio"/> NRA Member
<input type="radio"/> Referee	<input type="radio"/> Martial Arts
<input type="radio"/> Legal	<input type="radio"/> Other: _____

Have you ever been convicted of a crime? (domestic abuse, assault, battery, etc.) Yes No

If yes, please explain: _____

Provide all insurance policies you currently have:

	Company Name	Expiration Date	Annual Premium
Homeowners:			\$
Auto:			\$
Motorcycle:			\$
Professional Liability:			\$
Umbrella or excess:			\$
Other:			\$

Have you had prior losses greater than \$5,000 in the last 5 years? Yes No

If "Yes", please provide full details, amount and submit.

Loss History: List all 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

What type of Excess Coverage is the applicant requesting?

Excess Comprehensive Liability Excess Personal Auto Liability Excess Watercraft Liability

Other: _____

B. Eligibility – Excess Comprehensive Personal Liability

Any locations leased to others for hunting, fishing or other sporting or recreational purposes? Yes No

Farm or Ranch type risk with farm animals? Yes No

Is there a pool, diving board four (4) feet or higher, or a waterslide? Yes No

Is there an Animal or Dog exclusion on Primary Homeowners or CPL Policy? Yes No

Does any underlying policy have reduced limits of liability or eliminate coverage for specific locations? Yes No

Is there any Business Exposure covered by Primary Homeowners or CPL Policy? Yes No

If, Yes, what is the nature of the business: _____

Is any location rented out on a short-term basis (weekly, monthly) to others? Yes No

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

C. Eligibility – Excess Personal Auto Liability

Drivers: List ALL drivers in the household any 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

Does any driver in the household have any mental or physical impairment which would affect their ability to operate an automobile?

If yes, please list driver(s) _____

Has any driver in the household been convicted of an alcohol or drug related offense with in the last 10 years? Yes No

Any driver convicted of more than two (2) major traffic violations in the last 3 years? Yes No

List all vehicles within your household:

Year	Make	Model

Primary Carrier	Policy Number	Garage Location

Any driver(s) currently excluded under the Primary Auto Policy? Yes No

Is there anyone in the household who has a driver(s) license (active or suspended) who will not be driving the listed vehicle(s)? Yes No

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: _____

D. Eligibility – Excess Watercraft Liability: 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

Primary Carrier: _____ Policy Number: _____

List ALL Operators, including Age and Boating Education: _____

Are any watercrafts operated outside US Coastal Waters? Yes No

FILING INFORMATION

In order for a prompt and accurate filing to be made, we require complete and correct information, including name, address and docket number under which authority exist. Use a separate sheet if necessary.

ALL FILINGS REQUIRE SUBMISSION OF CURRENT FINANCIAL STATEMENT PREPARED BY A CPA PRIOR QUOTING

Do you hold a Federal Filing? Yes No

If Yes, what is the Docket Number? _____

Do you hold any state filings? Yes No

If Yes, show states and permit numbers: _____

Are special filings required? Yes No

If Yes, specify: _____

Show exact name in which filings or permits are issued: _____

Have you ever had authority withdrawn or been under probation by an operating authority? Yes No

If Yes, five full details: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverage's with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Date: _____
Applicant:

Date: _____
Agent/Broker:

Signature

Signature

Print Name

Print Name