



**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

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 CPLPolicy?  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 CPLPolicy?  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

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

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

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.

- 1) I hereby apply for the Excess Liability Policy as shown above, I agree that completion of this application does not bind the Company.
- 2) I certify that this application is accurate and complete and shall from the basis of the contract should coverage be issued.
- 3) 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