



Personal Umbrella Application

Primary Applicant: _____
 Primary Residence: _____

 Mailing Address: _____

Agent No.: _____
 Agent Name: _____
 Address: _____

REQUESTED EFFECTIVE DATE: From _____ To _____ **Renewal of Policy No.:** _____
 12:01 A.M., Standard Time, at the address of the Applicant

Requested limit: \$1 million \$2 million \$3 million \$4 million \$5 million

A. Rating Information

1. a. List all owned, leased or rented residential premises and any **owned, leased, or rented farm, timber or undeveloped land.**

	Address	No. of Families	Farming	No. of Acres	Pool	Fenced
1			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. If Yes to Farming, type of Farming: _____

c. If Yes to Farming, number of farm employees: _____

2. List all licensed automobiles; i.e., private passenger, motor homes, pickups, motorcycles, ATVs, RVs, snowmobiles; owned by, leased, furnished to, or available for your regular use including corporate owned vehicles.

	Year	Make	Model	Type	Company Car
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No

3. a. List all drivers including anyone who may be driving within the next year. (MVRs required every three years.)

	Last Name	First Name	MI	Date of Birth	Driver's License No.	State	Relationship	Occupation
1								
2								
3								
4								
5								

b. Describe all violations, motor vehicle accidents or tickets for all operators during the past thirty-six (36) months.

	Last Name	First Name	Date of Violation	Description of Violation	Amount Paid/Reserved
1					
2					
3					
4					

c. Have you or any driver in your household ever been cited, ticketed or convicted of driving under the influence of alcohol or drugs? Yes No
 If Yes, please explain: _____

d. Have you or any driver in your household ever had their driver's license suspended, revoked or refused? Yes No
 If Yes, please explain: _____

e. Have you or any driver in your household ever been cited, ticketed or convicted of reckless driving, hit and run or vehicular homicide? Yes No
 If Yes, please explain: _____

4. List all watercraft **owned, rented or operated by members of your household.** (Include any jet skis, Seadoos, etc.)

	Year	Make	Inboard, Inboard/ Outboard or Outboard	Horsepower	Maximum Speed (MPH)	Length
1						
2						
3						

5. ACCEPTANCE OR REJECTION OF UNINSURED/UNDERINSURED MOTORIST (MOTOR VEHICLE) COVERAGE APPLICATION ENDORSEMENT (Available only in Florida, Louisiana, New Hampshire and Vermont):

- I hereby reject the Uninsured/Underinsured Motorist (Motor Vehicle) coverage. I understand that I am electing not to purchase a valuable coverage which would protect me or my family in the event of loss.
- I desire coverage, **at an additional charge**, for \$1,000,000 Uninsured/Underinsured Motorist (Motor Vehicle) coverage in my Personal Umbrella Liability insurance policy. I have purchased Uninsured/Underinsured Motorist (Motor Vehicle) coverage on all of my motor vehicles for the full automobile insurance policy limits of my primary Automobile Liability insurance policy more fully described in my application for Personal Umbrella Liability insurance.

ADDITIONAL POLICY CONDITION:

In the event there is more than one insured listed on the Declarations page of a policy to which this endorsement is attached, acceptance or rejection by any one insured shall be deemed acceptance or rejection by all insureds.

Signed _____ (Insured) _____ Date _____

B. Underlying Information

- 1. a. Do you hold any positions with non-profit organizations? Yes No
If Yes, please explain: _____
- b. Does your Personal Liability policy include Personal Injury coverage? Yes No
- 2. a. Do you or any member of your household own any animals or exotic pets? Yes No
If Yes, please explain: _____

3. List the following required underlying policy information. **If any of this section is left blank, we will not be able to consider your application.**

- Automobile:** Does your policy have limits of at least \$250,000 each person, \$500,000 or greater each accident for Bodily Injury and at least \$100,000 for Property Damage or \$500,000 or greater for a Combined Single Limit? Yes No
- Do company provided vehicles have Drive Other Car coverage for all drivers? Yes No
- Do you and all members of your household agree to maintain Uninsured and Underinsured Motorist limits equal to the Bodily Injury limit if coverage is elected (where applicable)? Yes No

Insuring Company*	Policy Number	Limits of Liability as Shown on Your Policy

* (include company provided insurance and/or Drive Other Car coverage)

Homeowners', condominium owners' or tenants' insurance:

- Does your underlying Personal Liability policy have limits of at least \$300,000 and Personal Injury liability of \$300,000? Yes No

Does your farm owners' and ranch owners' policy have limits of \$500,000? Yes No

Insuring Company	Policy Number	Limits of Liability as Shown on Your Policy

Underlying Watercraft Carrier, Limits and Policy:

Insuring Company	Policy Number	Limits of Liability as Shown on Your Policy

Personal Umbrella Policy:

Are we excess over this policy? Yes No

Insuring Company	Policy Number	Limits of Liability as Shown on Your Policy

C. General Information: (A Yes answer may affect your eligibility or premium.)

1. Do you or any member of your household participate in organized racing of any motorized vehicles or watercraft? Yes No
2. Do you or any other member of your household have a Personal Umbrella policy with National Casualty Company?..... Yes No
3. Have you or any member of your household had any Liability claims which exceed \$5,000 in the last five (5) years?..... Yes No
4. a. Does any driver have any mental or physical condition that may affect their driving ability? Yes No
 b. If Yes, please explain: _____

APPLICANT STATEMENT

The information given on this application is true and complete to the best of my knowledge. I understand that omission or misstatement of fact in the information given, which if known by National Casualty Company would have caused National Casualty Company to decline this application, is grounds for voiding this policy. I further understand that minimum coverage limits on basic policies are necessary for full protection under the Personal Umbrella policy for which I am applying, and that no insurance will be in effect until the policy is issued.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT’S AND PRODUCER’S SIGNATURES.

This application shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence acceptance of this application by issuance of a policy.

PRIVACY POLICY:

I have received and read a copy of the “National Casualty Company Privacy Statement and Procedures.” By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by National Casualty Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING:

Any person who knowingly and with 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 subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with 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.

APPLICANT’S SIGNATURE: _____ DATE: _____

PRODUCER’S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

MEDICAL STATEMENT

DATE (MM/DD/YY)

PRODUCER	INSURED'S NAME		
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		POLICY NUMBER	

DRIVER INFORMATION

DRIVER'S NAME	DATE OF BIRTH	AGE	SEX		
FAMILY PHYSICIAN'S NAME AND ADDRESS				YEARS UNDER PHYSICIAN'S CARE	DATE OF LAST VISIT

DRIVER MEDICAL HISTORY

EXPLAIN ALL "YES" RESPONSES IN REMARKS – INCLUDE QUESTION NUMBER AND EXPLANATION

EYESIGHT

1. Has Insured lost use/sight of either eye? Yes No
2. Is peripheral (side) vision restricted? Yes No
3. Does Insured have or have you ever had cataracts? Yes No
4. Are sight deficiencies corrected by glasses/contacts? Yes No
 Uncorrected Vision: _____ / _____
 Corrected Vision: _____ / _____
5. Date of last examination: _____

HEARING

6. Is Insured able to hear normal conversation level? Yes No
7. If no, is hearing aid used? Yes No

HEART

8. Has Insured ever been treated for heart disease? Yes No
9. Has Insured ever had a heart attack? Yes No
10. Does Insured have a pacemaker? Yes No
11. Medication/dosage used: _____
12. When was last treatment or check-up? _____

LIMBS

13. Has Insured lost the use of an arm or leg? Yes No
14. Does car have special controls? Yes No

DIABETES

15. Is Insured being treated for diabetes? Yes No
 - A. Latest blood sugar treat date: _____
 - B. Medication/Dosage used? _____

EPILEPSY

16. Has Insured ever been treated for epilepsy? Yes No
- A. If yes, kind and date of last seizure: _____
- B. Medication/Dosage used: _____

BLOOD PRESSURE

17. Has Insured ever been treated for high blood pressure? Yes No
- A. If yes, date of last treatment: _____
- B. Last reading: _____
- C. Medication/Dosage used: _____

MISCELLANEOUS

18. Has Insured ever been treated or received medication for any neurological mental or emotional problem? Yes No
19. Has Insured ever been treated or received medication for any neuromuscular disease (Muscular Dystrophy, Multiple Sclerosis, Cerebral Palsy, etc.)? Yes No
20. Are there any restrictions posted on Insured's Drivers License other than glasses? Yes No
21. Indicate date of last treatment, if applicable:
- A. Convulsions: _____
- B. Fainting Spells: _____
- C. Loss of Equilibrium: _____
- D. Alcohol/Drug Abuse: _____
- E. Mental/Emotional Illness: _____
- F. Complete Physical Examination: _____
22. Is Insured under the care of a physician for any condition not mentioned above? Yes No

REMARKS

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE.

Insured's Signature

Physician's Signature

Date