

# Personal Umbrella Questionnaire



	APPLICANT #1	APPLICANT #2
NAME:		
DATE OF BIRTH:		
SOCIAL SECURITY #:		
MAILING ADDRESS:		
PHONE #:		
ALTERNATE PHONE #:		
OCCUPATION:		

**COVERAGES:**

Limit of Liability Requested: \_\_\_\_\_

	# OF EXPOSURE UNITS
Residences Occupied	
Automobiles (Including Motorhomes)	
Recreational Vehicles	
Motorcycles	
All Terrain Vehicles	
Premises Occupied as Incidental Business	
1-4 Family Dwellings - Rented to Others	
Watercraft or Personal Watercraft	
Licensed Household Members	
Unlicensed Household Members - 13 and Up	

**UNDERLYING INSURANCE (If not quoting the Underlying Policies):**

Homeowners Insurance Company: \_\_\_\_\_

Personal Liability Limit: \_\_\_\_\_

Automobile Insurance Company: \_\_\_\_\_

Bodily Injury Limit: \_\_\_\_\_

Property Damage Limit: \_\_\_\_\_

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## THE FOLLOWING QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS:

	YES	NO
Primary or Excess Insurance Cancelled in the Past 5 Years:	<input type="checkbox"/>	<input type="checkbox"/>
Any Primary Policies which Eliminate or Restrict any Coverage:	<input type="checkbox"/>	<input type="checkbox"/>
Any Accidents or Traffic Violations in 3 Years (Auto, RV or Watercraft):	<input type="checkbox"/>	<input type="checkbox"/>
Physical, Medical or Mental/Emotional Impairments:	<input type="checkbox"/>	<input type="checkbox"/>
Medical Statement Included with the Application:	<input type="checkbox"/>	<input type="checkbox"/>
Do you Own, Rent or Operate any Type of Farm or Farming Operation:	<input type="checkbox"/>	<input type="checkbox"/>
Are you Involved in Unpaid Civic Duties, Volunteer Work or Non-Profit Work:	<input type="checkbox"/>	<input type="checkbox"/>
Do you Travel to Foreign Countries more than 6 Months per Year:	<input type="checkbox"/>	<input type="checkbox"/>
Any Liability Claims or Lawsuits Against a Household Member in 5 Years:	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate, Vehicle, Watercraft, or Aircraft Owned or Leased Not Covered on Primary Policy:	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft Owned, Leased, or Chartered for Regular Use:	<input type="checkbox"/>	<input type="checkbox"/>
Any Household Employees/Domestics:	<input type="checkbox"/>	<input type="checkbox"/>
Do Household Employees/Domestics Reside on Premises:	<input type="checkbox"/>	<input type="checkbox"/>
Is There a Swimming Pool on Premises:	<input type="checkbox"/>	<input type="checkbox"/>
Is the Swimming Pool Fenced:	<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant have any Animals or Exotic Pets:	<input type="checkbox"/>	<input type="checkbox"/>
Is There an Additional Insured or Trustee:	<input type="checkbox"/>	<input type="checkbox"/>

## NOTES:

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