



PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

AGEN  **ASSOCIATED Underwriters**
 Associated Underwriters
 9412 Giles Road
 La Vista, NE 68128
 Phone: 402.592.0900
 Fax: 402.592.0962

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

| | |
|----------------------------|-----------------|
| NAIC CODE | FACILITY CODE |
| POLICY # | |
| DATE AT CURRENT RESIDENCE: | |
| HOME PHONE # | DAY EVE |
| CO/PLAN: | DAY EVE |
| EFFECTIVE DATE | EXPIRATION DATE |
| BUSINESS PHONE # | |

E-MAIL ADDRESS:
 CODE: SUB CODE:
 AGENCY CUSTOMER ID:

UMBRELLA INFORMATION

| COVERAGES | | PREMIUMS | | CALCULATIONS |
|-------------------------------|-------------------------|-------------------------|----|--------------|
| POLICY AMOUNT | RETENTION | BASIC | \$ | |
| \$ | \$ | RESIDENCES | \$ | |
| | | AUTOMOBILES | \$ | |
| OPTIONAL COVERAGES TO APPLY | | RECREATIONAL VEHICLES | \$ | |
| \$ | UNINSURED MOTORIST * | UNINSURED MOTORIST | \$ | |
| \$ | UNDERINSURED MOTORIST * | UNDERINSURED MOTORIST | \$ | |
| * IF APPLICABLE IN YOUR STATE | | WATERCRAFT | \$ | |
| | | | \$ | |
| \$ | OTHER | DEPOSIT | \$ | |
| | | ESTIMATED TOTAL PREMIUM | \$ | |

PAYMENT PLAN

ACCOUNT #: _____ MAIL POLICY TO: _____

| | | | |
|--------------------------------------|---|-----------------------------------|------------------------------------|
| BILLING | IF DIRECT BILL: | IF APPLICANT BILL: | AGENT |
| <input type="checkbox"/> DIRECT BILL | <input type="checkbox"/> BILL APPLICANT | <input type="checkbox"/> FULL PAY | <input type="checkbox"/> APPLICANT |
| <input type="checkbox"/> AGENCY BILL | <input type="checkbox"/> BILL MORTGAGEE | | |

PRIMARY POLICY INFORMATION

| TYPE OF POLICY | COMPANY NAME/POLICY NUMBER | POLICY PERIOD | LIMITS OF LIABILITY | | |
|---|----------------------------|---------------|---------------------|---------------|-----------------|
| | | | SINGLE LIMIT | BODILY INJURY | PROPERTY DAMAGE |
| AUTO BASIC UNINS MOT | | | | | |
| PERSONAL LIABILITY HOME RENTALS | | | | | |
| WATERCRAFT | | | | | |
| RECREATIONAL VEHICLES BASIC UNINS MOT | | | | | |
| EMPLOYERS LIABILITY | | | | N / A | N / A |

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC

| # | LOCATION | DESCRIPTION | YR BUILT | INTEREST | OCCUPANCY | USAGE |
|---|----------|-------------|----------|----------|-----------|-------|
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AUTOMOBILES

RECREATIONAL VEHICLES

| LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE | | | LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC | | |
|---|------|----------------|---|------|----------------------|
| # | YEAR | MAKE AND MODEL | # | YEAR | TYPE, MAKE AND MODEL |
| | | | | | |
| | | | | | |
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WATERCRAFT

| LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE | | | | | | | |
|---|------|------------------------------------|--------|-------------|-----------|--|------------------|
| # | YEAR | MOTOR TYPE, MANUFACTURER AND MODEL | LENGTH | HORSE POWER | MAX SPEED | VALUE | WATERS NAVIGATED |
| | | | | | | <input type="checkbox"/> COST NEW <input type="checkbox"/> CURRENT VALUE \$ | |
| | | | | | | <input type="checkbox"/> COST NEW <input type="checkbox"/> CURRENT VALUE \$ | |
| | | | | | | <input type="checkbox"/> COST NEW <input type="checkbox"/> CURRENT VALUE \$ | |

OPERATOR INFORMATION

| LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY | | | | | | | | | | | | |
|---|---------------------------------|-----|----------|---------------|----------|-----------------------------|-------------------|---------|-------|-------|-------|-------|
| # | NAME (AS IT APPEARS ON LICENSE) | SEX | MAR STAT | DATE OF BIRTH | DATE LIC | DRIVERS LICENSE #/LIC STATE | SOCIAL SECURITY # | VEHICLE | % USE | CRAFT | % USE | OTHER |
| | | | | | | | | | | | | |
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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 |

PRIOR EXPERIENCE

| | |
|--|--|
| HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT, DURING THE LAST ____ YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES (PROVIDE OPERATOR #, DATE OF LOSS, AND DESCRIPTION) | PRIOR CARRIER PRIOR POLICY NUMBER |
|--|--|

REMARKS

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO |
|---|--------------------------|--------------------------|
| 1. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS? IF YES, PROVIDE OPERATOR #, DATE, AND DESCRIPTION. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ANY OPERATOR HAVE A PHYSICAL/MENTAL IMPAIRMENT? (List operator number) NOT APPLICABLE IN WI. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. DO YOU HOLD ANY NON-COMPENSATED POSITIONS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. ANY FULL-TIME EMPLOYEES? (List number of employees) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING THE LAST FIVE (5) YEARS? (NOT APPLICABLE IN MO) | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. IS THERE A TRAMPOLINE ON THE PREMISES? | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS (Attach additional sheets if more space is required)

| ATTACHMENTS | |
|--------------------|-------------------------------------|
| | STATE SUPPLEMENT(S), IF APPLICABLE. |
| | |
| | |

BINDER/SIGNATURE

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

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.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

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 HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied). IN FLORIDA, 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.

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.

APPLICABLE ONLY IN GEORGIA, INDIANA, LOUISIANA, NEW HAMPSHIRE AND VERMONT

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) COVERAGE IN MY STATE:

APPLICABLE ONLY IN INDIANA:

I ACKNOWLEDGE THAT UM COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM AND/OR UIM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)
3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN GEORGIA AND LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

| | | | |
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| APPLICANT'S SIGNATURE | DATE | PRODUCER'S SIGNATURE | NATIONAL PRODUCER NUMBER |
|-----------------------|------|----------------------|--------------------------|