

Lexington Insurance Company

Personal Umbrella or Excess Liability Policy Application

Applicant's Name _____ Producer Name _____
 Mailing Address _____ Effective Date _____
 Residence Address _____ Desired Limit: \$ _____ (in millions)
 Type of Policy: _____ Personal Umbrella _____ Personal Excess Liability (Excess Over Other Umbrella*)

Employment		
<u>Applicant's Occupation</u>	<u>Applicant's Employer Name and Address</u>	<u>Yrs Employed</u>
<u>Co-Applicant's Occupation</u>	<u>Co-Applicant's Employer Name and Address</u>	<u>Yrs Employed</u>

Underlying Insurance					
Type of Coverage	Carrier	Policy #	Policy Period	Minimum Underlying Limits	Your Underlying Limit
Automobile				\$250/\$500/\$100 or \$500 CSL	
Uninsured/Underinsured				same as auto limits	
Homeowners or CPL				\$300,000	
Rental Dwellings				\$300,000	
Farms, Vacant Land				\$300,000	
Watercraft				\$300,000	
Jet Ski, Wet Bike				\$500,000	
Recreational Vehicle				\$300,000	
Underlying Umbrella*				\$1,000,000	
Incidental Business				\$1,000,000	
Other					

Real Estate: List All Owned, Leased or Occupied Residences, Buildings, Farms, Vacant Land, etc.

#	Location (street, city, state)	# Units	Yr Built	Occupancy (primary, secondary, rental, vacant etc.)
1				
2				
3				
4				

Automobiles and Recreational Vehicles: List all Autos Owned, Leased or Furnished for Regular Use (Motorcycles, Snowmobiles, etc.)

#	Year	Co. Car? Y/N	Make/Model/Type	#	Year	Co. Car? Y/N	Make/Model/Type
1				5			
2				6			
3				7			
4				8			

Watercraft: List All Watercraft (including Jet Skis, Wet Bikes, etc.) Owned, Leased, Chartered or Furnished for Regular Use

#	Year, Make and Model	Length	Engine Type and HP	Max. Speed	# of Paid Crew	Waters Navigated (inland waterways, coastal, international waters etc.)
1						
2						
3						
4						

Operator Information: List All Members of Household and all Operators of Vehicles/Watercraft/RVs

#	Name	Drivers License #	State	Date of Birth	Vehicle, Craft, % of Use
1					
2					
3					
4					
5					
6					

Driving Record Information

List # of traffic violations and/or motor vehicle accidents for all Operators indicated above during the past 3 years.

#	Name	# Moving Violations	# Major	# Minor At-Fault Accidents	# Major At-Fault Accidents
1					
2					
3					
4					
5					
6					

General Information – Explain All “Yes” Responses in Remarks (If additional space is needed, please attach a separate sheet)

	Yes	No		Yes	No
1. Any liability losses (homeowners, etc.) exceeding \$5,000 or more in the past 5 years.			7. Do you employ any residence employees? ___ full-time or ___ part-time. # of employees		
2. Does any underlying policy have reduced limits of liability or eliminate coverage for specific exposures, drivers, animals, watercraft, locations, etc.?			8. Do you or any household member have mental/physical impairments that affect driving ability?		
3. Any business/professional activities (including farming or daycare) included in primary policies? Does it cover incidental business activities?			9. Any umbrella coverage declined, canceled or non-renewed during past 5 years?		
4. Do you or any household member hold any non-remunerative positions? Details?			10. Do your underlying insurance policies include Personal Injury (libel/slander) coverage?		
5. Any real estate, vehicles, watercraft, aircraft owned, hired, leased or regularly used, not covered by underlying insurance?			11. Do you or any household member have an occupation of a professional entertainer or athlete, media personality or local, state or federal political figure past or present?		
6. Do any of the properties you own or rent have a swimming pool on premises that has a diving board and/or is not fenced? Any coverage limitations?			12. Any pets (wild or domestic) on the premises? Type(s): _____ Any coverage restrictions/exclusions apply? Y or N		

Remarks (Please indicate question # next to explanation):**OPTIONAL COVERAGES:**

- 1. Optional Uninsured/Underinsured (UM/UIM) Motorist Coverage:** Acceptance or Rejection of UM/UIM:
 I would like to purchase, at an additional charge, UM/UIM Motorist Coverage as part of my Umbrella/Excess Liability policy.
 I have purchased Uninsured/Underinsured limits on all motor vehicles equal to the primary Automobile Liability limits.
 I hereby reject the opportunity to purchase Uninsured/Underinsured (UM/UIM) Motorist Coverage.

IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY WHEN YOU SIGN THIS FORM.

Applicant's Signature: _____

- 2. Optional Personal Injury Coverage:** ___ Yes ___ No (requires personal injury coverage on your underlying insurance)
3. Optional Incidental Business Coverage: ___ Yes ___ No (requires incidental business coverage on your underlying insurance)

Applicant's Statement: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Date _____ Applicant's Signature _____

Date _____ Producer's Signature _____

Important Notice Regarding the Fair Credit Reporting Act: As a part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written