



COLONIAL GENERAL INSURANCE AGENCY

PERSONAL UMBRELLA APPLICATION

AGENCY:		APPLICANT'S NAME:	
AGENCY ADDRESS:		APPLICANT'S MAILING ADDRESS (include county and ZIP+4)	
CONTACT NAME:		PRIMARY PHONE NO.: <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE NO.: <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PHONE (A/C. No. Ext.):		PRIMARY E-MAIL ADDRESS:	
E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	
CODE:	SUBCODE:	APPLICANT'S OCCUPATION (IF SELF-EMPLOYED, DESCRIBE):	EMPLOYER NAME
AGENCY CUSTOMER ID:			EMPLOYER ADDRESS:
POLICY NUMBER:		CO-APPLICANT'S OCCUPATION (IF SELF-EMPLOYED, DESCRIBE):	EMPLOYER NAME:
			EMPLOYER ADDRESS:
EFFECTIVE DATE:	EXPIRATION DATE:	OTHERS IN THE HOUSEHOLD OCCUPATION:	EMPLOYER NAME:
			EMPLOYER ADDRESS:

UMBRELLA INFORMATION

COVERAGES		PREMIUMS/CALCULATIONS:
Application for: <input type="checkbox"/> Primary Umbrella <input type="checkbox"/> Excess Umbrella		
POLICY AMOUNT	RETENTION	
\$	\$	
OPTIONAL COVERAGES TO APPLY		
COVERAGE	LIMIT	
UNINSURED MOTORIST*	\$	
UNDERINSURED MOTORIST*	\$	
*IF APPLICABLE IN YOUR STATE.		
IDENTITY RECOVERY COVERAGE (IDR): <input type="checkbox"/> YES		

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY				
			LIABILITY	\$	EA PER	\$	EA ACC or CSL
AUTO	COMPANY:	EFF.:	PROPERTY DAMAGE	\$	EA ACC		EA ACC or CSL
	POLICY NUMBER:	EXP.:	UNINSURED MOTORISTS	\$	EA PER	\$	EA ACC or CSL
				\$	PD EA ACC		
HOME	COMPANY:	EFF.:	PERSONAL LIABILITY	\$	EA OCC		
	POLICY NUMBER:	EXP.:					
DWELLING FIRE INCL. RENTALS	COMPANY:	EFF.:	PERSONAL LIABILITY	\$	EA OCC		
	POLICY NUMBER:	EXP.:					
WATERCRAFT	COMPANY:	EFF.:	LIABILITY	\$	EA OCC		
	POLICY NUMBER:	EXP.:					
RECREATIONAL VEHICLES	COMPANY:	EFF.:	LIABILITY	\$	EA PER	\$	EA ACC or CSL
	POLICY NUMBER:	EXP.:	PROPERTY DAMAGE	\$	EA ACC		
			UNINSURED MOTORISTS	\$	EA PER	\$	EA ACC or CSL
				\$	PD EA ACC		
FARM	COMPANY:	EFF.:		\$	EA ACC		
	POLICY NUMBER:	EXP.:					
UNDERLYING UMBRELLA	COMPANY:	EFF.:		\$			
	POLICY NUMBER:	EXP.:					

AGENCY CUSTOMER ID: _____

PRIOR COVERAGE NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS EXPERIENCE

PROVIDE DETAILS BELOW OF ANY LOSS EXCEEDING \$5,000 IN THE LAST 5 YEARS:	AMOUNT PAID/RESERVED	OPEN OR CLOSED

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.:				
#	LOCATION/DESCRIPTION	# OF UNITS	# OF ACRES	OCCUPANCY/USAGE
1				
2				
3				
4				
5				

AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, MOTORHOMES etc.:							
#	YEAR	MAKE	MODEL	#	YEAR	MAKE	MODEL
1				6			
2				7			
3				8			
4				9			
5				10			

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE						
#	YEAR	MANUFACTURER	MODEL	LENGTH	HORSE-POWER	MAX SPEED
1						
2						
3						

OPERATORS

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY										
#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	# OF YEARS LICENSED (MA ONLY)	ACCIDENTS VIOLATIONS CONVICTIONS PRIOR THREE YEARS	NUMBER OF EACH IN THE LAST 3 YEARS			
							AT FAULT ACC	NOT AT FAULT ACC	MAJOR VIOL	MINOR VIOL
1						<input type="checkbox"/> YES*				
2						<input type="checkbox"/> YES*				
3						<input type="checkbox"/> YES*				
4						<input type="checkbox"/> YES*				
5						<input type="checkbox"/> YES*				
*IF YES, Provide Details:										

IMPORTANT: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:

1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph; or
2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.

ANY DRIVER HAVE A PHYSICAL IMPAIRMENT? (Not applicable in OR and WI) Yes No

DRV. NO.	DESCRIPTION OF SPECIAL EQUIPMENT IN VEHICLE:

ANY DRIVER UNDERGOING A COURSE OF MEDICAL TREATMENT FOR A PHYSICAL/MENTAL IMPAIRMENT? (Not applicable in OR and WI) Yes No

DRV. NO.	EXPLANATION:

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN THE REMARKS SECTION

1. DO YOU EMPLOY ANY RESIDENCE EMPLOYEE'S? Yes No
2. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? Yes No

ANIMAL TYPE	BREED	BITE HISTORY
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE? Yes No
4. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES? Yes No
5. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES? Yes No
6. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION? Yes No
7. DO YOU HOLD ANY NON-COMPENSATED POSITIONS? Yes No
8. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL? Yes No
9. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES? Yes No
10. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES? Yes No
11. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS? Yes No
12. HAS INSURANCE BEEN TRANSFERRED WITHIN THE AGENCY? Yes No
13. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST FIVE (5) YEARS? **(Missouri Applicants—Do not answer this question)** Yes No

REASON DECLINED, CANCELLED OR NON-RENEWED:

REMARKS

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

AGENCY CUSTOMER ID: _____

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

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

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.