

Personal Lines: Umbrella Supplemental Form



Agency Name: _____
Agent Name: _____
Agent Email Address: _____

Effective Date: _____
Target Premium: \$ _____

Reason for Quote Request:

- Non-renewal w/ current carrier No coverage
 Remarketing renewal Other: _____

Insured Information:

First Name: _____ Last Name: _____
Phone Number: _____ Email Address: _____
SSN: _____ Marital Status: _____
Date of Birth: _____ Gender: _____
Occupation: _____ Employer: _____
Highest Level of Education: _____

Is there a Co-Applicant: Yes No

Co-Applicant Information:

First Name: _____ Last Name: _____
Phone Number: _____ Email Address: _____
SSN: _____ Marital Status: _____
Date of Birth: _____ Gender: _____
Occupation: _____ Employer: _____
Highest Level of Education: _____ Relationship to Insured: _____

Choose which lines you would like to include on the umbrella:

- Home Auto Valuables Watercraft

Umbrella Liability

Limit:

- \$1 million \$2 million \$3 million \$4 million
 \$5 million Other: _____

Deductible: \$ _____

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| | |
|------------------------|-------|
| Coverage | Limit |
| Uninsured Motorist: | \$ |
| Underinsured Motorist: | \$ |

Property:

| # | Location Information | Description | Yr. Built | Occupancy | Usage |
|---|----------------------|-------------|-----------|-----------|-------|
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Auto & Recreational Vehicles:

| # | Year | Make | Model | Body Type |
|---|------|------|-------|-----------|
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| | | | | |
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| | | | | |
| | | | | |

Watercraft:

| # | Year | Manufacturer | Model | Length | Horsepower | Max Speed |
|---|------|--------------|-------|--------|------------|-----------|
| | | | | | | |
| | | | | | | |

Operators:

| # | First Name | Last Name | Sex | Mar Status | DOB |
|---|------------|-----------|-----|------------|-----|
| | | | | | |
| | | | | | |
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| | | | | | |

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| # | Date Lic | DL# | Lic State | SSN | Veh | % Use | Craft | % Use |
|---|----------|-----|-----------|-----|-----|-------|-------|-------|
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

Has client or any drivers had liability losses, vehicle accidents, or excess/ watercraft losses in the past 5 years? Yes No

Has any drivers had any losses in the past 5 years? Yes No

Additional Notes:

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.

Date: _____
Date: _____

Signature of Applicant: _____
Signature of Producer: _____