

Comprehensive Personal Liability Application (page 1)

1) Applicant(s): _____ 2) Address: _____

3) Profession / Occupation: _____

4) Has the applicant or any other member of the household been employed as any of the following: professional athlete; entertainer; media personality; reporter; author; journalist; coach in the NBA, NFL, MLB, NHL or College Division I Football or Basketball; Owner of a professional sports team; CEO, CFO or COO of a Fortune 500 Company; Director or Producer with major television or motion picture credits; a generally recognizable public figure; or has the applicant or any other member of the household been elected or appointed public official at the state or federal level? Yes No

5) Has the applicant has more than one loss in the past three years? Yes No

Limits and Term

6) Policy Period From _____ / _____ / _____ to _____ / _____ / _____

Limits of Insurance \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000

7) Schedule of locations to be covered

Address: List only locations to be covered	Dwelling or Vacant Land	Pool	Owner Occupied	Rental Dwelling	Mobile Home
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comprehensive Personal Liability Application (page 2)

- 8) Is any business conducted on any of the premises? Yes No
- 9) Is any dwelling under construction or major structural renovation? Yes No
- 10) Is any dwelling under foreclosure proceedings? Yes No
- 11) Does the Applicant have an unfavorable credit history or a FICO score below 600? Yes No
- 12) Do any of the dwellings have unsettled losses? Yes No
- 13) Do any of the dwellings with pools have diving boards or slides? Yes No
- 14) Do any of the dwellings have spas or hot tubs on the premises? Yes No
- 15) Do any of the dwellings have day-care operations? Yes No
- 16) Do any of the dwellings have trampolines on the premises? Yes No
- 17) Do any of the dwellings have training, boarding, breeding or stabling of animals? Yes No
- 18) Are any of the dwellings location on more than 7 acres of land? Yes No
- 19) Is any acreage used for farming, grazing, hunting, public fishing or any similar purpose? Yes No
- 20) Are any of the dwellings mobile home that are more than 35 years old? Yes No
- 21) Are any of the dwellings vacant? Yes No

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and correct and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the application does not bind the undersigned to purchase the insurance, nor does the review of the application bind the Company to issue a policy. It is agreed that this application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become a part of the policy.

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.

Applicant's Signature _____ Date _____