



Excess Comprehensive Personal Liability

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: _____

E-mail address: _____

Has the applicant or any 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 of a Fortune 500 company or director or producer with major television or motion picture credits? Is any individual an elected or appointed public official at the state or federal level, or who is a generally recognizable public figure? Yes No

Primary Limits of Insurance: _____

Excess Limits Requested: _____

Schedule of locations to be covered

Location Address: Residence(s)/Vacant Land (List only locations to be covered)	# of Dwelling Units (1, 2, 3 or 4)	Owner Occupied	Rental Dwelling	Vacant Dwelling
	If Vacant Land # of acres			
		<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"/>

Does the applicant have any liability loss history in the past five years - If "Yes," provide details below Yes No

Date	Type	Description	Is Claim Still Open?		Amount Paid/ Reserves
			Yes	No	

Important Notice Regarding the Fair Credit Reporting Act:

I understand that as part of the underwriting procedure, a consumer report may be obtained in connection with the application for insurance and subsequent amendments and renewals. Such reports may include information regarding my driving record. Information collected by the Company or its authorized representatives may, in certain circumstances, be disclosed to third parties without my authorization. I have the right to review my personal information in the Company files and can request correction of any inaccuracies.

Fraud Statement (All Other States): 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: _____

II. ELIGIBILITY QUESTIONS

1. Does any member of the applicant's household currently have any active policies with United States Liability Insurance Company, Mount Vernon Fire Insurance Company or U.S. Underwriters Insurance Company? Yes No
If Yes please provide policy number(s) _____
2. Is any location a model home or houseboat (permanently moored or otherwise)? Yes No
3. During the next 12 months will there be any construction or renovations at any of the locations? Yes No
If Yes please check all that apply below
- a. Will a licensed general contractor, other than the named insured, be contracted to do the construction/renovations? Yes No
- b. Will the construction or renovation include demolition? Yes No
4. Are any exotic pets, farm or saddle animals owned by the insured or household member at any location? Yes No
5. Are there past, pending or planned bankruptcies, foreclosures, tax or credit liens against the applicant within the past five years? Yes No
6. Are any locations boarding or rooming houses? Yes No
7. Are any locations an assisted living or group home facility? Yes No
8. Is there a dog exclusion on the primary homeowners or comprehensive personal liability policy? Yes No
9. Is there an animal exclusion on the primary homeowners or comprehensive personal liability policy? Yes No
10. Is there any hunting, camping or other similar activities taking place at any location? Yes No
11. Is there a swimming pool any location? Yes No
If Yes answer a. and b.
- a. Is there a diving board over four feet high and/or a waterslide? Yes No
- b. Are all swimming pools surrounded by a fence, have self-closing gates, and in compliance with local municipal codes? Yes No
12. Is the underlying coverage written on Personal Lines form? Yes No
13. Is there any business exposure, including day care or farming, at any of the locations? Yes No
14. Do any hazardous conditions exist on the premises such as:
- a. Cracks, holes or uneven sidewalks? Yes No
- b. Broken or defective steps, handrails or porches? Yes No
- c. Accumulation of debris? Yes No
- Elaborate on All Yes Answers _____
15. Has any applicant or any resident of the applicant's household been convicted of a felony in the past five years? Yes No
16. Does the dwelling have any security bars on the windows? Yes No
If Yes, are there inside release mechanisms on the security bars? Yes No

III. LOCATIONS RENTED TO OTHERS

1. Are any locations rented to others on a short-term basis (daily, weekly, monthly, etc.)? Yes No
2. Have any tenants been evicted from the premises in the past six months or is anyone in the process of being evicted? Yes No
3. Do all locations have functioning and operational carbon monoxide detection alarms if required by the law of the municipality in which the building is located? Yes No
4. Are functioning and operational smoke detectors in all units and/or occupancies? Yes No
5. Are any wood-burning stoves, space heaters or temporary heating devices used as a primary heat source? Yes No
6. Are there any student residents at any location? (not applicable in DC) Yes No
7. Are there any subsidized residents at any location? (Not Applicable in CA, CT, DC, MA, ME, NJ, OR, UT, VT or WI) Yes No

IV. VACANT LAND LOCATIONS

1. Are any activities of any kind (business, recreational or other) to take place on the property, with or without the owner's permission? Yes No
2. Is there a boat dock or boat slip at any location? Yes No
3. Are there any logging operations? Yes No
4. Is there any exposure to landfills, quarries, underground mines, strip mines, caves, wells, dams or bridges? Yes No
5. Are there any structures on the premises except for personal usage such as garage or storage shed? Yes No
6. Do you have an exposure to ponds or lakes? Yes No
If Yes, how many lakes and ponds are at this location? _____

V. ADDITIONAL APPLICANT INFORMATION

Applicant's mailing address: _____
(if different than primary residence address)

City: _____ State: _____ Zip: _____

Phone: _____

FRAUD STATEMENTS

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Colorado Fraud Statement: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

District of Columbia Fraud Statement: WARNING: 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.

Florida Fraud Statement: 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.

FLORIDA NOTICE FOR NON ADMITTED POLICIES ONLY: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Kansas Fraud Statement: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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.

Maryland Fraud Statement: 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.

Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

North Dakota Fraud Statement: Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

Ohio Fraud Statement: 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.

I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy.

Oklahoma Fraud Statement: WARNING: 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.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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.

Tennessee and Virginia Fraud Statement: 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.

Utah Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

Vermont Fraud Statement: 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 may be subject to fines and confinement in prison..

Utah Fraud Statement: 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.

Washington Fraud Statement: Any person, who, knowing it to be such:

- (1) Presents, or causes to be presented, a false or fraudulent claim or any proof in support of such a claim, for the payment of a Loss under a contract of insurance; or
- (2) Prepares, makes, or subscribes any false or fraudulent account, certificate, affidavit, or proof of Loss, or other document or writing, with intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor, or if such claim is in excess of one thousand five hundred dollars, of a class C felony.

Fraud Statement (All Other States): 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.

Retail agency name (print): _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

New York Fraud Statement: 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 signature: _____

Owner, Officer or Partner

Title: Date: _____