



PERSONAL UMBRELLA APPLICATION

Please answer all questions below to your fullest and complete knowledge.

SECTION 1: INSURED INFORMATION

APPLICANT'S FULL NAME:		
LAST:	FIRST:	MIDDLE:
CO-APPLICANT'S FULL NAME:		
LAST:	FIRST:	MIDDLE:
EMPLOYMENT:		
APPLICANT'S OCCUPATION:	CO-APPLICANT'S OCCUPATION:	
EMPLOYER (IF APPLICABLE):	EMPLOYER (IF APPLICABLE):	

SECTION 2: PRIMARY LOCATION (REQUIRED)

PRIMARY RESIDENCE ADDRESS:		
STREET:		
CITY:	STATE:	ZIP CODE:
MAILING ADDRESS (IF DIFFERENT FROM PRIMARY ABOVE):		
STREET:		
CITY:	STATE:	ZIP CODE:

SECTION 3: UMBRELLA COVERAGES

UMBRELLA TYPE:				
APPLICATION FOR PRIMARY UMBRELLA:			APPLICATION FOR EXCESS UMBRELLA:	
IS THIS A RENEWAL?	YES	NO →	IF YES, PROVIDE POLICY NUMBER:	
POLICY LIMIT:				
\$1 MILLION	\$2 MILLION	\$3 MILLION	\$4 MILLION	\$5 MILLION
MORE THAN \$5 MILLION? PLEASE SPECIFY:			\$	
OPTIONAL COVERAGES:				
UNINSURED/UNDERINSURED (UM/UIM) COVERAGE:	\$25,000 (INCLUDED)	\$1 MILLION (\$50/VEHICLE)*	\$2 MILLION: (\$250/VEHICLE)*	
IDENTITY THEFT COVERAGE (ID THEFT):	YES	NO	\$25,000 COVERAGE (\$25)	

*PLEASE BE ADVISED TO QUALIFY FOR THESE LIMITS, YOUR UNDERLYING UM/UIM COVERAGE MUST MATCH YOUR UNDERLYING BODILY INJURY LIMITS ON YOUR AUTO POLICY.

SECTION 4: PRIMARY POLICY INFORMATION

TYPE OF POLICY:	INSURANCE COMPANY:	POLICY NUMBER:	LIMITS OF LIABILITY:	
			BODILY INJURY:	PROPERTY DAMAGE:
HOMEOWNERS/PERSONAL LIABILITY:			\$	COMBINED SINGLE LIMIT ONLY
RENTALS/OTHER LIABILITY:			\$	COMBINED SINGLE LIMIT ONLY
AUTOMOBILE:			\$	\$
			\$	COMBINED SINGLE LIMIT
WATERCRAFT:			\$	\$
			\$	COMBINED SINGLE LIMIT
RECREATIONAL VEHICLE:			\$	\$
			\$	COMBINED SINGLE LIMIT
			\$	
PRIMARY/UNDERLYING UMBRELLA (IF EXCESS):			\$	MILLION

SECTION 5: LOCATIONS (OTHER THAN PRIMARY)

#	LOCATION ADDRESS:	DESCRIPTION:	# OF UNITS/ACRES:	YEAR BUILT:	OCCUPANCY:
1.					
2.					
3.					
4.					
5.					

↓ NEED MORE ROOM? SEE OVERFLOW PAGE 4 ↓

SECTION 6: AUTOMOBILES (INCLUDING MOTORCYCLES, MO-PEDS, ATVS, ETC)

#	YEAR:	MAKE:	MODEL:
1.			
2.			
3.			
4.			
5.			

↓ NEED MORE ROOM? SEE OVERFLOW PAGE 4 ↓

SECTION 7: WATERCRAFT

#	YEAR:	MAKE:	MODEL:	LENGTH:	H.P.:	MAX SPEED:
1.						
2.						
3.						
4.						
5.						

ARE ANY OF THE ABOVE LISTED WATERCRAFT USED, OPERATED, OR NAVIGATED ON OPEN SEAS/OCEAN?: YES NO

↓ NEED MORE ROOM? SEE OVERFLOW PAGE 4 ↓

SECTION 8: OPERATOR INFORMATION (INCLUDE ANY AND ALL OPERATORS OF VEHICLES OR WATERCRAFT)

#	NAME:	DRIVER'S LICENSE #:	STATE	DATE OF BIRTH:	ACCIDENTS (3 YEARS):	ALCOHOL/DRUG VIOLATIONS (3 YEARS):	MINOR VIOLATIONS (3 YEARS)
1.							
2.							
3.							
4.							
5.							

↓ NEED MORE ROOM? SEE OVERFLOW PAGE 4 ↓

SECTION 9: PRIOR LOSS EXPERIENCE

PRIOR CARRIER:	PRIOR POLICY LIMIT:
WAS ANY COVERAGE CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?	
YES	NO
IF YES, PLEASE EXPLAIN:	
HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING FIVE-THOUSAND DOLLARS (\$5,000), DURING THE LAST FIVE (5) YEARS?	
YES	NO
IF YES, PLEASE EXPLAIN:	

SECTION 10: UNDERWRITING QUESTIONS/REMARKS

PLEASE INDICATE YES OR NO FOR EACH QUESTION BELOW BY MARKING "X" IN THE APPROPRIATE BOX. ANY "YES" RESPONSES, PLEASE EXPLAIN IN REMARKS SECTION PROVIDED BELOW:					
	YES	NO		YES	NO
1. ANY AIRCRAFT OWNED, LEASED, CHARTERED, OR FURNISHED FOR REGULAR USE? (EXCLUDED IN POLICY WORDING)			7. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE FOR SPECIFIC EXPOSURES?		
2. ANY DRIVER CONVICTED OF ANY TRAFFIC VIOLATIONS IN THE PAST THREE (3) YEARS?			8. ANY NON-OWNED BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN PRIMARY POLICIES?		
3. ANY DRIVER WITH MENTAL OR PHYSICAL IMPAIRMENTS? (NOT APPLICABLE IN WI)			9. ARE ANY BUSINESS ACTIVITIES (INCLUDING DAYCARE) CONDUCTED FROM YOUR RESIDENCE OR PREMISES?		
4. ANY PREMISES, VEHICLES, WATERCRAFT, AIRCRAFT, USE FOR BUSINESS PURPOSES?			10. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?		
5. ANY PREMISES, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED HIRED OR LEASED OR REGULARLY USED BUT NOT COVERED BY A PRIMARY POLICY?			11. DO YOU OR ANY OTHER INSURED/TENANT HAVE ANY ANIMALS OR EXOTIC PETS?		
6. DO YOU EMPLOY ANY RESIDENCE EMPLOYEES?			12. ANY PENDING LITIGATION, COURT PROCEEDINGS, OR JUDGEMENTS?		
REMARKS:					

SECTION 11: SUPPLEMENTAL SCHEDULE

LOCATIONS (CONTINUED):

#	LOCATION ADDRESS:	DESCRIPTION:	# OF ACRES/UNITS	YEAR BUILT:	OCCUPANCY:
6.					
7.					
8.					
9.					
10.					

AUTOMOBILES (CONTINUED):

#	YEAR:	MAKE:	MODEL:
6.			
7.			
8.			
9.			
10.			

WATERCRAFT (CONTINUED):

#	YEAR:	MAKE:	MODEL:	LENGTH	H.P.:	MAX SPEED:
6.						
7.						
8.						
9.						
10.						

OPERATOR INFORMATION (CONTINUED):

#	NAME:	DRIVER'S LICENSE #:	STATE	DATE OF BIRTH:	ACCIDENTS (3 YEARS):	ALCOHOL/DRUG VIOLATIONS (3 YEARS):	MINOR VIOLATIONS (3 YEARS)
6.							
7.							
8.							
9.							
10.							

SECTION 12: UNINSURED/UNDERINSURED (UM/UIM) MOTORIST COVERAGE ACCEPTANCE OR REJECTION

PLEASE READ BELOW CAREFULLY, MAKE YOUR SELECTION, AND SIGN APPROPRIATE AREA

- You are able to make certain decisions regarding UM/UIM Coverage provided under your policy.
- The below wording describes this coverage and various options available.

Uninsured/Underinsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle for which the bodily injury limits are less than your damages. The policy you are applying for automatically provides Uninsured/Underinsured Motorists coverage at a combined limit of \$25,000 per occurrence as long as you have Uninsured/Underinsured Motorists coverage in your underlying insurance policy with limits equal to your primary Automobile Liability limits, as indicated elsewhere in this application. You also have the option to purchase higher limits for an additional charge or reject the higher limits. Please indicate your choice of the options available by placing an "X" in the appropriate box. Then sign and date this form as acknowledgment of your choice.

Option #1 – To purchase combined Excess UM/UIM coverage of \$1 Million:

Option #2 – To purchase combined Excess UM/UIM coverage of \$2 Million:

Option #3 – To reject Higher Excess UM/UIM limits (\$25,000 Included):

Option #4 – To reject any and all excess UIM/UIM coverage associated with this policy:

IF YOU REJECT UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE THAT PROTECTS YOU AND YOU'RE FAMILY OR YOU ARE PURCHASING UNINSURED/UNDERINSURED MOTORIST LIMITS LESS THAN YOUR LIMITS OF LIABILITY.

By signing below I agree to all the terms of this section and the election or rejection of this coverage will remain in effect for the duration of the policy period unless Nautilus Insurance Group is notified in writing otherwise.

SIGNATURE OF INSURED: _____

DATE: _____

FRAUD WARNINGS:

Various state regulations require us to inform you of the following information

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

COLORADO:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. (CO)

DISTRICT OF COLUMBIA:

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. (DC)

FLORIDA:

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL)

HAWAII:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. (HI)

KENTUCKY:

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. (KY)

LOUISIANA:

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. (LA)

NEW JERSEY:

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

NEW MEXICO

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 civil fines and criminal penalties. (NM)

NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or any other person files an application or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any other fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

OHIO:

Any person who, with intent to defraud or knowing that he/she 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. (OH)

OKLAHOMA:

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

PENNSYLVANIA:

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 act, which is a crime, and subjects such person to criminal and civil penalties. (PA)

RHODE ISLAND:

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

TENNESSEE:

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. (TN)

VIRGINIA:

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. (VA)

APPLICANT'S STATEMENT:

Please read the following statement carefully and signed in appropriate area below

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 OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. *

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:

IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATION CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OR LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

X _____
APPLICANTS SIGNATURE

X _____
AGENT'S SIGNATURE

X _____ / _____ / _____
DATE

X _____ / _____ / _____
DATE

*This does not constitute a warranty