



COMPREHENSIVE PERSONAL LIABILITY 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: MAILING ADDRESS

MAILING ADDRESS:		
STREET:		
CITY:	STATE:	ZIP-CODE:

SECTION 3: LIMITS OF LIABILITY:

POLICY LIMIT:			
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1 MILLION
OPTIONAL COVERAGES:			
MEDICAL PAYMENTS:	<input type="checkbox"/> \$1,000 (INCLUDED)	<input type="checkbox"/> \$2,000 (\$10)	<input type="checkbox"/> \$5,000: (\$20)
IDENTITY THEFT COVERAGE (ID THEFT):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$25,000 COVERAGE (\$25)

SECTION 4: LOCATIONS

#	LOCATION ADDRESS:	DESCRIPTION:	# OF UNITS/ACRES:	POOL:	YEAR BUILT:	SQUARE FEET:
1.				<input type="checkbox"/>		
2.				<input type="checkbox"/>		
3.				<input type="checkbox"/>		
4.				<input type="checkbox"/>		
5.				<input type="checkbox"/>		

↓ NEED MORE ROOM? SEE OVERFLOW PAGE 3 ↓

SECTION 5: PRIOR LOSS EXPERIENCE

PRIOR CARRIER:	PRIOR POLICY LIMIT:
	Other
WAS ANY COVERAGE CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?	
<input type="checkbox"/> YES	<input type="checkbox"/> 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?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:	

SECTION 6: 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 BUSINESS CONDUCTED ON PREMISES (INCLUDING DAY/CHILD CARE)?			7. DURING THE NEXT TWELVE (12) MONTHS WILL THERE BE ANY CONSTRUCTION OR RENOVATIONS DONE AT ANY OF THE LOCATIONS?		
2. ANY FULL-TIME OR PART-TIME RESIDENCE EMPLOYEES? 2A. IF YES, HOW MANY: FULL-TIME: PART-TIME:			7A. IF YES, WILL A LICENSED GENERAL CONTRACTOR BE USED?		
4. ANY EXOTIC PETS, FARM, OR SADDLE ANIMALS OWNED BY YOU OR A HOUSEHOLD MEMBER?			9. ARE ANY LOCATIONS AN ASSISTED LIVING FACILITY?		
5. DO ANY LOCATIONS HAVE DOGS? IF YES, WHAT TYPE, BREED?			10. ARE THERE ANY FARMING ACTIVITES AT ANY LOCATION?		
6. ARE ANY LOCATIONS GROUP, BOARDING, OR ROOMING HOUSES?			11. IF ANY LOCATION HAS A POOL OR SPA, ARE THEY FENCED, HAVE SELF-LATCHING GATES, AND IN COMPLIANCE WITH LOCAL MUNICIPAL CODES?		
			12. ANY PENDING LITIGATION, COURT PROCEEDINGS, OR JUDGEMENTS?		
REMARKS:					

SECTION 7: SUPPLEMENTAL SCHEDULE

LOCATIONS (CONTINUED):						
#	LOCATION ADDRESS:	DESCRIPTION:	# OF ACRES/UNITS	POOL:	YEAR BUILT:	SQUARE FEET:
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

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 _____
APPLICANT'S SIGNATURE

X _____
AGENT'S SIGNATURE

X _____ / _____ / _____
DATE

X _____ / _____ / _____
DATE

*This does not constitute a warranty