



Application Form

COMPREHENSIVE PERSONAL LIABILITY APPLICATION

Carrier

Nautilus

Revision

May 2017

WESTERN SECURITY SURPLUS

INSURANCE BROKERS, INC.

5800 Granite Parkway, Suite 300, Plano, TX 75024

Phone: (888) 977-3255 • Fax: (972) 702-0504



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.						
2.						
3.						
4.						
5.						

↓ NEED MORE ROOM? SEE OVERFLOW PAGE 3 ↓

SECTION 5: PRIOR LOSS EXPERIENCE

PRIOR CARRIER:	PRIOR POLICY LIMIT:
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)?	<input type="checkbox"/>	<input type="checkbox"/>	6. DURING THE NEXT TWELVE (12) MONTHS WILL THERE BE ANY CONSTRUCTION OR RENOVATIONS DONE AT ANY OF THE LOCATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY FULL-TIME OR PART-TIME RESIDENCE EMPLOYEES? 2A. IF YES, HOW MANY: FULL-TIME: PART-TIME:	<input type="checkbox"/>	<input type="checkbox"/>	6A. IF YES, WILL A LICENSED GENERAL CONTRACTOR BE USED?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY EXOTIC PETS, FARM, OR SADDLE ANIMALS OWNED BY YOU OR A HOUSEHOLD MEMBER?	<input type="checkbox"/>	<input type="checkbox"/>	7. ARE ANY LOCATIONS AN ASSISTED LIVING FACILITY?	<input type="checkbox"/>	<input type="checkbox"/>
4. DO ANY LOCATIONS HAVE DOGS? IF YES, WHAT TYPE, BREED?	<input type="checkbox"/>	<input type="checkbox"/>	8. ARE THERE ANY FARMING ACTIVITES AT ANY LOCATION?	<input type="checkbox"/>	<input type="checkbox"/>
5. ARE ANY LOCATIONS GROUP, BOARDING, OR ROOMING HOUSES?	<input type="checkbox"/>	<input type="checkbox"/>	9. IF ANY LOCATION HAS A POOL OR SPA, ARE THEY FENCED, HAVE SELF-LATCHING GATES, AND IN COMPLIANCE WITH LOCAL MUNICIPAL CODES?	<input type="checkbox"/>	<input type="checkbox"/>
			10. ANY PENDING LITIGATION, COURT PROCEEDINGS, OR JUDGEMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
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

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 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. (CO)

FLORIDA:

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. (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)

KANSAS:

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto. (KS)

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)

MARYLAND:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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. (MD)

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. (NJ)

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 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 \$5,000 and the stated value of the claim for each such violation. (NY)

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 containing any false, incomplete or misleading information is guilty of a felony. (OK)

OREGON:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. (OR)

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

MAINE, TENNESSEE, VIRGINIA, WASHINGTON:

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. (ME, TN, VA, WA)

OTHER 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 and subjects such person to criminal and civil penalties in many states.

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. * I UNDERSTAND THAT THIS IS AN APPLICATION FOR INSURANCE ONLY AND THAT COMPLETION AND SUBMISSION OF THIS APPLICATION DOES NOT BIND COVERAGE WITH ANY INSURER.

X _____
APPLICANTS SIGNATURE

X _____
AGENT'S SIGNATURE

X _____ / _____ / _____
DATE

X _____ / _____ / _____
DATE

*This does not constitute a warranty