



Application Form

PERSONAL UMBRELLA APPLICATION

Carrier

Nautilus

Revision

May 2017

WESTERN SECURITY SURPLUS

INSURANCE BROKERS, INC.

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



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: <input type="checkbox"/>		APPLICATION FOR EXCESS UMBRELLA: <input type="checkbox"/>		
IS THIS A RENEWAL? <input type="checkbox"/> YES <input type="checkbox"/> NO →		IF YES, PROVIDE POLICY NUMBER:		
POLICY LIMIT:				
<input type="checkbox"/> \$1 MILLION	<input type="checkbox"/> \$2 MILLION	<input type="checkbox"/> \$3 MILLION	<input type="checkbox"/> \$4 MILLION	<input type="checkbox"/> \$5 MILLION
MORE THAN \$5 MILLION? PLEASE SPECIFY:		\$		
OPTIONAL COVERAGES:				
UNINSURED/UNDERINSURED (UM/UIM) COVERAGE:	<input type="checkbox"/> \$25,000 (INCLUDED)	<input type="checkbox"/> \$1 MILLION (\$50/VEHICLE)*	<input type="checkbox"/> \$2 MILLION: (\$250/VEHICLE)*	
IDENTITY THEFT COVERAGE (ID THEFT):	<input type="checkbox"/> YES <input type="checkbox"/> 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 DMGE:
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 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:
<p>WAS ANY COVERAGE CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS? (NOT APPLICABLE IN MO)</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>IF YES, PLEASE EXPLAIN:</p>	
<p>HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING FIVE-THOUSAND DOLLARS (\$5,000), DURING THE LAST FIVE (5) YEARS?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>IF YES, PLEASE EXPLAIN:</p>	

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)	<input type="checkbox"/>	<input type="checkbox"/>	7. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY DRIVER CONVICTED OF ANY TRAFFIC VIOLATIONS IN THE PAST THREE (3) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	8. ANY NON-OWNED BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN PRIMARY POLICIES?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY DRIVER WITH MENTAL OR PHYSICAL IMPAIRMENTS? (NOT APPLICABLE IN MD, MO or WI)	<input type="checkbox"/>	<input type="checkbox"/>	9. ARE ANY BUSINESS ACTIVITIES (INCLUDING DAYCARE) CONDUCTED FROM YOUR RESIDENCE OR PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY PREMISES, VEHICLES, WATERCRAFT, AIRCRAFT, USE FOR BUSINESS PURPOSES?	<input type="checkbox"/>	<input type="checkbox"/>	10. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY PREMISES, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED HIRED OR LEASED OR REGULARLY USED BUT NOT COVERED BY A PRIMARY POLICY?	<input type="checkbox"/>	<input type="checkbox"/>	11. DO YOU OR ANY OTHER INSURED/TENANT HAVE ANY ANIMALS OR EXOTIC PETS?	<input type="checkbox"/>	<input type="checkbox"/>
6. DO YOU EMPLOY ANY RESIDENCE EMPLOYEES?	<input type="checkbox"/>	<input type="checkbox"/>	12. ANY PENDING LITIGATION, COURT PROCEEDINGS, OR JUDGEMENTS?	<input type="checkbox"/>	<input type="checkbox"/>

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 (DO NOT USE IN IA, LA, NH, NY, VT, WV)

PLEASE READ BELOW CAREFULLY, MAKE YOUR SELECTION, AND SIGN APPROPRIATE AREA	
<ul style="list-style-type: none"> 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. <p>Uninsured/Underinsured Motorist 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 Motorist coverage at a combined limit of \$25,000 per occurrence as long as you have Uninsured/Underinsured Motorist 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.</p> <p> <input type="checkbox"/> Option #1 – To purchase combined Excess UM/UIM coverage of \$1 Million <input type="checkbox"/> Option #2 – To purchase combined Excess UM/UIM coverage of \$2 Million <input type="checkbox"/> Option #3 – To reject Higher Excess UM/UIM limits (\$25,00 Included) <input type="checkbox"/> Option #4 – To reject any and all excess UIM/UIM coverage associated with this policy </p> <p>IF YOU REJECT UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE THAT PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED/UNDERINSURED MOTORIST LIMITS LESS THAN YOUR LIMITS OF LIABILITY.</p> <p>When I sign this form, I understand the acceptance or rejection indicated above shall apply to any policy offered and issued as a result of this application and all future renewals, rewrites, or other types of continuation of such policy, until I notify the Company in writing that I wish to make a change.</p>	
SIGNATURE OF APPLICANT _____	DATE _____

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 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 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