

Personal Umbrella Worksheet

PERSONAL INFORMATION

Name: _____
 Address: _____ City, State, Zip: _____

COVERAGE INFORMATION

Limit: \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000
 Higher Limits: \$ _____

Excess UM/UIM: \$1,000,000 \$2,000,000 Higher Limits: \$ _____

UNDERLYING INSURANCE:

Please list all carrier information for coverage not placed through this agency.

Type of Coverage	Carrier	Policy #	Policy Period	Minimum Underlying Limits	Your Underlying Limits
Automobile				\$250/\$500/\$100 or \$500 CSL	
Uninsured/ Underinsured				Same as Auto limits	
Homeowner or CPL				\$300,000	
Rental Dwellings				\$300,000	
Farms, Vacant Land				\$300,000	
Watercraft				\$300,000	
Jet Ski, Wet Bike				\$500,000	
Recreational Vehicle				\$300,000	
Other (Specify)					

REAL ESTATE

List all owned, leased or occupied residences, buildings, farms, vacant land, etc.

No.	Location (Street, City, State)	# Units	Year Built	Occupancy (Primary, Secondary, Rental, Vacant, etc.)
1.				
1.				
2.				
3.				
4.				

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AUTOMOBILES AND RECREATIONAL VEHICLES

List all autos owned, leased or furnished for regular use (motorcycles, snowmobiles, etc.)

#	Year	Co Car?	Make/Model/Type	#	Year	Co Car?	Make/Model/Type
1.				7.			
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			

WATERCRAFT

List all watercraft (including jet skis, wet bikes, etc.) owned, leased, chartered or furnished for regular use.

#	Year/Make/Model	Length	Engine Type/HP	Inboard/Outboard	Max. Speed	# Paid Crew	Waters Navigated (inland, coastal, etc.)
1.							
1.							
2.							
3.							

OPERATOR INFORMATION

List all members of household and all operators of vehicles / watercrafts / RV's

#	Name	Driver's License #	State	Date of Birth	Vehicle, Craft, % of Use
1.					
1.					
2.					
3.					
4.					

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DRIVING RECORD INFORMATION

List number of traffic violations and/or motor vehicle accidents for all operators indicated above during the past 3 years.

#	Name	# Moving Violations (Tickets)	# At Fault Accidents	Explain

GENERAL INFORMATION

Explain all "Yes" responses in Remarks section.

	Yes	No		Yes	No
1) Any liability losses (homeowners, etc.) exceeding \$5,000 or more in the past 5 years?			7) Do you employ any residence employees? Full-time or part-time? # of employees _____		
2) Does any underlying policy have reduced limits of liability or eliminate coverage for specific exposures, drivers, animals, watercraft, locations, etc.?			8) Do you or any household member have mental/physical impairments that affect driving ability?		
3) Any business/professional activities (including farming or daycare) included in primary policies? Does it cover incidental business activities?			9) Any Umbrella coverage declined, cancelled or non-renewed in last 5 years?		
4) Do you or any household member hold any non-remunerative positions? Details?			10) Do your underlying insurance policies include Personal Injury (libel/slander) coverage?		
5) Any real estate, vehicles, watercraft, aircraft owned, hired, leased or regularly used, not covered by underlying insurance?			11) Does any household member have an occupation of a professional entertainer, athlete, media personality or local, state or federal politician, past or present?		
6) Do any of the properties you own or rent have a swimming pool on premises that has a diving board and/or is not fenced? Any coverage limitations?			12) Any pets (wild or domestic) on the premises? Type(s) _____ Any coverage restrictions or exclusions?		

REMARKS:
