

Lexington Insurance Company

Personal Umbrella or Excess Liability Information

Applicant:	Broker:	Effective Date:
Type: Umbrella <input type="checkbox"/> Excess Liability <input type="checkbox"/> (over other umbrella*)	Limit: \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> \$3M <input type="checkbox"/> \$4M <input type="checkbox"/> \$5M <input type="checkbox"/> Limit: \$ MM	
If business owner, # of employees	Annual Revenues \$	Any business conducted on residence premises: Yes <input type="checkbox"/>

Underlying Insurance:

Type of Coverage	Carrier	Policy #	Policy Period	Minimum Underlying Limits	Your Underlying Limit
Automobile				\$250/\$500/\$100 or \$500 CSL	\$
Uninsured/Underinsured				\$250/\$500/\$100 or \$500 CSL	\$
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	\$
Underlying Umbrella*				\$1,000,000	\$
Incidental Business				\$1,000,000	\$

Real Estate: List all owned, leased or occupied Residences, Buildings, Farms, Vacant Land, etc.

#	Location (street, city, state)	#Units	Yr Built	Occupancy (primary, secondary, rental, vacant, etc.)
1				
2				
3				
4				
5				
6				

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		Yes <input type="checkbox"/>		7		Yes <input type="checkbox"/>	
2		Yes <input type="checkbox"/>		8		Yes <input type="checkbox"/>	
3		Yes <input type="checkbox"/>		9		Yes <input type="checkbox"/>	
4		Yes <input type="checkbox"/>		10		Yes <input type="checkbox"/>	
5		Yes <input type="checkbox"/>		11		Yes <input type="checkbox"/>	
6		Yes <input type="checkbox"/>		12		Yes <input type="checkbox"/>	

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	Max. Speed	# of Paid Crew	Waters Navigated (inland, coastal, etc.)
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			



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Operator Information: List all Members of Household and all Operators of Vehicles/Watercrafts/RV's

#	Name	Drivers License #	State	Date of Birth	Vehicle, Craft, % of Use
1					%
2					%
3					%
4					%
5					%
6					%

Driving Record Information: List # of traffic violations and/or motor vehicle accidents for all Operators indicated above during **past 3 years**.

#	Name	# Moving Violations	# Major Violations	# Minor At-Fault Accidents	# Major At-Fault Accidents

Loss Details:

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

Optional Uninsured/Underinsured (UM/UIM) Motorist Coverage: (EXTRA CHARGE)

I would like to purchase, at additional charge, uninsured/underinsured motorist coverage as part of my Umbrella/Excess Liability policy:

Accept Reject

If you **'accept'**, then you agree both that you **have** purchased underlying uninsured/underinsured motorist limits on **all** other motor vehicles that you own **equal or greater** than the *Minimum Underlying Limits Automobile Liability* limits of this policy, and you are electing to purchase certain valuable coverages which protect you and your family, then check this box:

If you **'reject'** the uninsured/underinsured motorist coverage, then you agree you **have not** purchased underlying uninsured/underinsured motorist limits on all other motor vehicles that you own **equal or greater** than the *Minimum Underlying Limits Automobile Liability* limits of this policy, or you are electing **not** to purchase certain valuable coverages which protect you and your family, then check this box:

Applicant's Signature:

2. Optional Personal Injury Coverage: Yes No (This requires **Personal Injury Coverage** on your underlying insurance.)

3. Optional Incidental Business Coverage: Yes No (This requires **Incidental Business Coverage** on your underlying insurance.)