



EXCESS COMPREHENSIVE PERSONAL LIABILITY APPLICATION

DATE:

PRODUCER'S LICENSE # PRODUCER # _____ PRODUCER RENEWAL DATE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ E-MAIL _____ TEL _____ FAX _____	REGULATORY AGENCY'S LICENSE # REGULATORY AGENCY _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ E-MAIL _____ TEL _____ FAX _____
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ISSUING NAMED:	POLICY TYPE DATE _____
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PRINT OR ELECTRONIC ADDRESS:

MAILING ADDRESS AND CONTACT:

APPLICANT INFORMATION: PRIOR OCCUPATION IF RETIRED; BUSINESS NAME IS SELF-EMPLOYED

AGENCY'S
 AGENCY'S

REQUESTED LIMIT OF LIABILITY (EITHER) <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000	IDENTITY THEFT COVERAGE: NONE <input type="checkbox"/>	PERSONAL CYBER LIABILITY: NONE <input type="checkbox"/> <input type="checkbox"/>
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SCHEDULED LOCATIONS

	<u>Location Address: Residence(s)/Vacant Land</u> (List only locations to be covered include complete address)	<u>Usage</u> Primary, Secondary, Seasonal, Rental, Vacant Land	Number of Units, Parcels or Acres	Underlying Liability Carrier	Underlying Limit
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					

GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS

		Yes	No	Explanation for yes response
1)	<p>Are you currently receiving any form of financial assistance from HUD, including but not limited to: Section 8 Housing Choice Voucher, Public Housing, Section 202 Supportive Housing for the Elderly, Section 504 Housing, or any other HUD program? If yes, please specify the program and the amount received.</p>			
2)	<p>Are you currently receiving any form of financial assistance from a state or local government, including but not limited to: Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or any other state or local program? If yes, please specify the program and the amount received.</p>			
3)	<p>Are you currently receiving any form of financial assistance from a private organization, including but not limited to: United Way, Salvation Army, or any other private organization? If yes, please specify the organization and the amount received.</p>			
4)	<p>Are you currently receiving any form of financial assistance from a family member or friend? If yes, please specify the name and the amount received.</p>			
5)	<p>Are you currently receiving any form of financial assistance from a religious organization? If yes, please specify the organization and the amount received.</p>			
6)	<p>Are you currently receiving any form of financial assistance from a community development financial institution (CDFI) or a community development bank (CDB)? If yes, please specify the institution and the amount received.</p>			
7)	<p>Are you currently receiving any form of financial assistance from a non-profit organization? If yes, please specify the organization and the amount received.</p>			
8)	<p>Are you currently receiving any form of financial assistance from a private foundation? If yes, please specify the foundation and the amount received.</p>			
9)	<p>Are you currently receiving any form of financial assistance from a trust or estate? If yes, please specify the name and the amount received.</p>			
10)	<p>Are you currently receiving any form of financial assistance from a private foundation or a trust? If yes, please specify the name and the amount received.</p>			
11)	<p>Are you currently receiving any form of financial assistance from a private foundation or a trust? If yes, please specify the name and the amount received.</p>			
12)	<p>Are you currently receiving any form of financial assistance from a private foundation or a trust? If yes, please specify the name and the amount received.</p>			
13)	<p>Are you currently receiving any form of financial assistance from a private foundation or a trust? If yes, please specify the name and the amount received.</p>			

14)	<p>A 1000 d... 1000 d ... d... 2... ... r... r... d... r... ... d/r...</p>			
15)	<p>A ... r r ...</p>			

FRAUD NOTICE

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.

To Prospective Insureds In:

Notice to California Applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Applicants: 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.

Notice to District of Columbia and Louisiana Applicants: “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.”

Notice to Florida Applicants: 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.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice to Kansas Applicants: 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, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Notice to Maine, Tennessee, Virginia and Washington Applications: 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 and/or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

Notice to New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution

Notice to New York Applicants: 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.

Notice to Pennsylvania Applicants: 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 purposes 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.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied to me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant's Signature: Time: Date:

Agent/Broker Signature: Time: Date: