

AUTOMOBILES: LIST ALL AUTOS OWNED, LEASED			RECREATIONAL VEHICLES: MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC.		
#	YEAR	MAKE & MODEL	#	YEAR	MAKE & MODEL
1			1		
2			2		
3			3		
4			4		

WATERCRAFT: LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE.							
#	YEAR	TYPE, MANUFACTURER, MODEL	LGTH.	H.P.	MAX SPEED	□ COST NEW	WATERS NAVIGATED
1			FT.				
2			FT.				
3			FT.				

PRIOR EXPERIENCE: PRIOR CARRIER & POLICY # _____

HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING \$5,000, DURING THE LAST 5 YEARS

NO YES (EXPLAIN)

GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS							
		YES	NO		YES	NO	
1	Any aircraft owned, leased, chartered or furnished for regular use? (excluded in policy jacket)	<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 for any traffic violations? (Last 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	8	Was any coverage declined, cancelled nonrenewed? (Last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
3	Any driver with mental/physical impairments?	<input type="checkbox"/>	<input type="checkbox"/>	9	Any non-owned business and/professional activities included in the primary policies?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any premises, vehicles, watercraft, aircraft used for business?	<input type="checkbox"/>	<input type="checkbox"/>	10	Are any business activities (including daycare) conducted from your residence or premises (excluded in policy jacket)	<input type="checkbox"/>	<input type="checkbox"/>
	Any premises, vehicles (including motorcycles, mopeds, ATV's), watercraft, owned, hired, leased or regularly used, not covered by primary policies?	<input type="checkbox"/>	<input type="checkbox"/>	11	Do you hold any non-remunerative positions?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you employ any residence employees?	<input type="checkbox"/>	<input type="checkbox"/>	12	Any other underwriting information of which Company should be aware?	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

ACCEPTANCE OR REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE (FL, IN, LA, NH, NC, OH, SD, VT, WV)

_____ I would like to purchase, at an additional charge, (\$25,000 is included), increased Uninsured/Underinsured Motorists coverage of \$1 million as part of my Personal Umbrella policy. I understand that for the policy to provide Uninsured/Underinsured motorists coverage that I must have underlying Uninsured/Underinsured motorists coverage equal to the primary Automobile limits as indicated on the application.

_____ I hereby REJECT the opportunity to purchase increased Uninsured/Underinsured Motorists coverage as part of my Personal Umbrella policy.

IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED/UNDERINSURED MOTORISTS LIMITS LESS THAN YOUR LIMITS OF LIABILITY WHEN YOU SIGN THIS FORM.

Applicant's Signature _____

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.

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

Applicant's Signature **X** _____ Time: _____ Date: _____

Agent/Broker Signature **X** _____ Date: _____

NIC INSURANCE COMPANY

PERSONAL UMBRELLA APPLICATION

Last	First	Middle	Producer _____					
ME ADDRESS _____			Producer Code _____					
Number & Street _____			Agt/Brkr Lic. # _____					
City _____			Office Address _____					
State Zip _____			City _____					
GARAGING ADDRESS (if different)			E-Mail _____					
POLICY PERIOD	From: / /20	To: / /20	Renews Policy Number _____					
UMBRELLA COVERAGES			PREMIUMS		CALCULATIONS			
Application for Primary Umbrella <input type="checkbox"/>		BASIC	\$					
		RESIDENCES	\$					
POLICY AMOUNT	RETENTION	AUTOMOBILES	\$					
\$ MILLION	NONE	RECREATIONAL VEHICLES	\$					
		WATERCRAFT	\$					
OPTIONAL COVERAGES TO APPLY: _____		OTHER						
		TOTAL	\$					
PRIMARY POLICY INFORMATION								
TYPE OF POLICY	COMPANY/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY					
AUTOMOBILE			BODILY INJURY	PROPERTY DAMAGE				
PERSONAL LIABILITY								
WATERCRAFT								
RECREATIONAL VEHICLE								
OPERATOR INFORMATION: LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT								
#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	VEHICLE, CRAFT, % USE, ETC.	MINOR VIOL. 3 YRS	MAJOR VIOL. 3 YRS	ACCD 3 YRS
1								
2								
3								
4								
5								
6								
EMPLOYMENT								
OCCUPATION			EMPLOYERS NAME & ADDRESS					
SPOUSE'S/OTHER'S OCCUPATION			EMPLOYERS NAME & ADDRESS (If not employed, so indicate)					
REAL ESTATE: LIST ALL OWNED, LEASED OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND ETC.								
#	LOCATION	DESCRIPTION	# UNITES/ACRES	YEAR BUILT	OCCUPANCY			
1								
2								
3								

Complete Reverse Side

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