SOUTHERN SPECIALTY UNDERWRITERS, LLC.
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Personal Umbrella/Excess Personal Umbrella Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name:_____ Occupation _____

Applicant type: ❑ Individual(s) ❑ Trust ❑ Limited liability company ❑ Limited liability partnership ❑ Limited partnership ❑ Estate

NOTE any type other than Individual(s) requires submitting a completed Trust LLC 4/09 Supplemental Questionnaire

E-mail address of applicant or applicant primary contact: _____

Address of primary residence:_____ ❑ Same as mailing address

City _____ State _____ Zip: _____

❑ Primary personal umbrella
Underlying personal liability limit:_____
Underlying auto bodily injury liability limit: _____
Underlying U.M./U.I.M. limit:_____

❑ Excess personal umbrella. If so, underlying primary umbrella limit: _____

Does the applicant or any resident of the applicant's household currently or have they at any time had an occupation as an elected or appointed federal or state political figure, a professional athlete or coach, entertainer, media personality, or a senior executive or officer of a publicly traded company? ❑ Yes ❑ No

Is this a farm or ranch type risk with any farm animals, horses or saddle animals, farm-related revenue of $5,000 or more or an account containing owned or leased acreage exceeding 100 acres at any location?" ❑ Yes ❑ No

NOTE: Any "Yes" response requires submitting a completed Supplemental Farm Application

In addition to the primary residence:

Enter the number of owner occupied secondary residences. _____

Enter the number of 1-4 family residential units rented to others. (Duplex = 2 units) _____

How many automobiles, motorcycles, motor homes and other vehicles licensed for road use are owned or furnished for the regular use of all drivers in the household? _____

How many recreational vehicles (vehicles not licensed for road use) are there in the household? _____

Any watercraft? If "Yes," please complete watercraft information section ❑ Yes ❑ No

Watercraft Information
Please list all watercraft owned, leased, chartered or furnished for regular use

Craft Number	Year	Description (Make and Model)	Length	*Type	Max Speed	Total HP	Waters Navigated 1. Inland U.S. 2. Coastal U.S. 3. International Waters	Underlying Liability Limit
1								
2								

1. Sailboat 2. Outboard 3. Jet Ski/Wave Runner 4. Inboard/Out drive 5. Inboard

Powerboats (other than Jet Skis) with speed capabilities exceeding 50 MPH are ineligible.

Driver Information - Please enter the number of drivers:

Age 19 or younger _____
Between the ages of 20 and 22 _____
Between the ages of 23 and 75 _____
Between the ages of 76 and 89 _____
Age 90 or older _____

Driving record information - Please enter the number of:

Moving violations (over the past three years) _____
*Major moving violations (over the past three years) _____
At-fault accidents (over the past three years) _____
Drug/Alcohol Offenses (over the past five years) _____

Operator Information (Automobiles, Watercraft, Recreational Vehicles)

Driver Name	Date of Birth	License Number	License State	Moving Violation Convictions (Last 3 Years)	*Major Moving Violation Convictions (Last 3 Years)	At Fault Accidents (Last 3 Years)	Drug or Alcohol Related Offenses (Last 5 Years)

*Major moving violation convictions include, but are not limited to, speeding 25 or more over the posted limit, evading the police, leaving the scene, vehicular homicide, driving under a suspended license and reckless driving.

II. ELIGIBILITY QUESTIONS
NOTE: For any "Yes" response, please provide complete information in remarks area.

1. Does the applicant or any member of the applicant's household currently have any active policies with the United States Liability Insurance Company, Mount Vernon Fire Insurance Company or U.S. Underwriters Insurance Company? ❑ Yes ❑ No
2. Has the applicant or any resident of the applicant's household been convicted of or plead guilty to a felony in the past five years? ❑ Yes ❑ No
3. Has the applicant or any resident of the applicant's household had a liability loss greater than $50,000 in the past five years or is there an open liability claim or lawsuit pending against them? ❑ Yes ❑ No
4. Are any locations used as rooming houses, student housing other than a college dormitory room, assisted living facilities, or group home facilities? ❑ Yes ❑ No
5. Are any locations to be included subsidized housing? (subsidized housing question N.A. in the states of CA, CT, DC, ME, MA, NJ, OR, UT, VT, WI) ❑ Yes ❑ No
6. Is there a pool at any location that is either unfenced or has a diving board or waterslide? ❑ Yes ❑ No
7. Does the applicant or any resident of the applicant's household have any business or commercial operation covered by applicant's primary homeowners or comprehensive personal liability policy? ❑ Yes ❑ No
8. Are any locations leased to others for hunting, fishing, or other sporting or recreational purposes? ❑ Yes ❑ No
9. Does the applicant or any resident of the applicant's household own any exotic pets? ❑ Yes ❑ No
10. Is there a dog exclusion on any primary homeowners or comprehensive personal liability policy? ❑ Yes ❑ No
11. Is there an animal exclusion on any primary homeowners or comprehensive personal liability policy? ❑ Yes ❑ No
12. Are the minimum underlying limits for automobiles covered completely by a business auto or garage policy? ❑ Yes ❑ No
13. Is any of the required underlying insurance provided by a commercial general liability policy or coverage form? ❑ Yes ❑ No
14. Does any household operator have any restriction on his/her driver's license other than glasses or corrective lenses? NOTE: Any "Yes" response requires submitting a completed L252R Physicians Medical Statement. ❑ Yes ❑ No
15. Do any of the required underlying insurance policies contain sublimits, have reduced limits of liability or exclude coverage for specific individuals or exposures? ❑ Yes ❑ No
16. Is there currently, or during the next 12 months will there be, any construction, renovation or demolition at any residential 1-4 family residence or condominium owned by or rented to the applicant? ❑ Yes ❑ No

Residential properties/Rental units and Apartments/Farms/Vacant land. Include all units (duplex = 2 units)
*Any individual dwellings containing more than four units are ineligible

III. ADDITIONAL APPLICANT INFORMATION

Applicant's Mailing Address (if different than Primary Residence address): _____

City:_____ State: _____ Zip: _____ _

Phone: _____

Location	Occupancy	Underlying Liability limit
	Primary residence address # Units _____	
	❑Owner occupied ❑Tenant Occupied # Units ____ ❑Farm # Acres _____ ❑Vacant Land # Acres_____	
	❑Owner occupied ❑Tenant Occupied # Units ____ ❑Farm # Acres _____ ❑Vacant Land # Acres_____	

Remarks:

Important Notice Regarding the Fair Credit Reporting Act: I understand that as part of the underwriting procedure, a consumer report may be obtained in connection with the application for insurance and subsequent amendments and renewals. I also understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage, and not for rating purposes. Such reports may include information regarding my driving record. Information collected by the Company or its authorized representatives may, in certain circumstances, be disclosed to third parties without my authorization. I have the right to review my personal information in the Company files and can request correction of any inaccuracies.
Fraud Statement: 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 or any written statement as part of or in support of an application with the intent to defraud, may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Date: _____

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: _____ License #:_____

Main agency phone number: _____

Agency mailing address:_____

City: _____ State: _____ Zip: _____