

National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail below where we may return your quote promptly.

Once complete please:

1. E-Mail application to NRSapps@NRSinsurance.com
OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855.

We appreciate your business.

Sincerely,

The National Risk Solutions Team

Agency Name
City, State, Zip
Contact
Email Address
Phone Number
Fax Number
Additional Information

National Risk Solutions • PO Box 21407 • St. Petersburg, FL 33742



Excess Personal Auto

EXCESS PERSONAL AUTO APPLICATION

All questions must be answered and application must be signed by applicant.

1. Applicant: _____
2. Address: _____
3. Prior Excess Insurer: _____ 4. Policy Number: _____
5. Occupation: _____
6. Applicant's E-mail Address (if known): _____
7. Primary Insurer: _____ 8. Primary Policy Number: _____ 9. Effective Date: _____ 10. Expiration Date: _____
11. Excess Limits Requested: _____ 12. Primary Limits of Liability: _____ 13. Primary Premium: _____
14. Desired Effective Date of Excess Insurance: _____ 15. Expiration Date: _____

16. **Automobiles:** List ALL licensed automobiles i.e., (private passenger type, pick-ups, motorcycles, etc.) to be insured.
(Add separate sheet if necessary.)

Year	Make	Model	Serial Number	Garage Location if other than policy address

17. Are there other vehicles in the household which are not to be covered by this policy? Yes No
If yes, please list units and explain _____

18. **Drivers:** List ALL drivers in household and anyone else who would regularly drive one of these vehicles.

Name of Driver	Age	Driver's License Number	Marital Status	Relation to Applicant	Vehicle Driven in 16 Above

19. Is there anyone in the household who has a driver's license (active or suspended) who will not be driving one of these vehicles? Yes No
If yes, please explain _____

20. **Violations/Accidents:** List ALL violations and accidents (past 3 years) including driving under the influence of drugs or alcohol (past 10 years) for all drivers. (Add separate sheet if necessary.)

Name of Driver	Date	City	State	Brief Description

21. **Have any drivers been convicted of driving while intoxicated, impaired, or under the influence of drugs in past**

10 years?

Yes (submit) No

If yes, please provide details _____

22. **Uninsured / Underinsured Motorists (Motor Vehicle) Coverage** - If applicant does not want Uninsured / Underinsured Motorists Coverage, or does not carry this coverage on ALL vehicles for the full limits of the primary policy, he must sign the rejection statement below.

I hereby reject the opportunity to purchase Uninsured / Underinsured Motorists Coverage as a part of my excess insurance policy.

Applicant's Signature _____

APPLICANT MUST ALSO COMPLETE AND SIGN APPLICATION / ENDORSEMENT L-443.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine Fraud Statement: 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 or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): 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.

22. Signatures

- a. I hereby apply for Excess Personal Auto Liability Insurance as Shown above.
- b. I certify that this application is accurate and complete and shall form the basis of the contract should coverage be issued.
- c. I have discussed this application with my agent and understand the limits, coverages and restrictions of the insurance for which I have applied.

Signature of Applicant

Date

Signature of Agent / Broker

Date

Agent / Broker's Address

Mail Completed Application Through Local Agent or Broker to: