

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



PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE	FACILITY CODE
	FAX (A/C, No):				POLICY #	
CODE:	SUB CODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #		DAY
AGENCY CUSTOMER ID		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #		EVE
						DAY
						EVE

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC	\$	
\$	\$	RESIDENCES	\$	
		AUTOMOBILES	\$	
OPTIONAL COVERAGES TO APPLY		RECREATIONAL VEHICLES	\$	
\$	UNINSURED MOTORIST *	UNINSURED MOTORIST	\$	
\$	UNDERINSURED MOTORIST *	UNDERINSURED MOTORIST	\$	
* IF APPLICABLE IN YOUR STATE		WATERCRAFT	\$	
\$	OTHER	OTHER:	\$	
		DEPOSIT	\$	
		ESTIMATED TOTAL PREMIUM	\$	

PAYMENT PLAN

 ACORD 610 attached (NOT APPLICABLE IN NC)

ACCOUNT #:				MAIL POLICY TO:
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:		<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> OTHER:	<input type="checkbox"/> APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> OTHER:		<input type="checkbox"/> OTHER:

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
			SINGLE LIMIT	BODILY INJURY	PROPERTY DAMAGE
AUTO BASIC UNINS MOT					
PERSONAL LIABILITY HOME RENTALS				N/A	N/A
WATERCRAFT				N/A	N/A
RECREATIONAL VEHICLES BASIC UNINS MOT					
EMPLOYERS LIABILITY				N/A	N/A

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC.					
#	LOCATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY

AUTOMOBILES

RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE			LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC		
#	YEAR	MAKE AND MODEL	#	YEAR	TYPE, MAKE AND MODEL

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE										
#	YEAR	MOTOR TYPE, MANUFACTURER AND MODEL			LENGTH	HORSE POWER	MAX SPEED	VALUE		WATERS NAVIGATED
								COST NEW <input type="checkbox"/>	CURRENT VALUE <input type="checkbox"/>	
								\$		
								COST NEW <input type="checkbox"/>	CURRENT VALUE <input type="checkbox"/>	
								\$		

OPERATOR INFORMATION

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY											
#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	DATE OF BIRTH	DATE LIC	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #	VEHICLE % USE	CRAFT % USE	OTHER	

EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

PRIOR EXPERIENCE

HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT, DURING THE LAST ____ YEARS?
 NO YES (PROVIDE OPERATOR #, DATE OF LOSS, AND DESCRIPTION)

PRIOR CARRIER AND POLICY NUMBER

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?			10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?		
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST 3 YEARS? IF YES, PROVIDE OPERATOR #, DATE, AND DESCRIPTION.			11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?		
3. ANY OPERATOR HAVE A PHYSICAL/MENTAL IMPAIRMENT? (List operator number) NOT APPLICABLE IN WI			12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?		
4. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?			13. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING THE LAST 5 YEARS? NOT APPLICABLE IN MO		
5. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?			14. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?		
6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?			15. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
7. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?			16. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?		
8. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?			17. IS THERE A TRAMPOLINE ON THE PREMISES?		
9. ANY FULL-TIME EMPLOYEES? (List number of employees)					

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

STATES SUPPLEMENT(S), IF APPLICABLE

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT. In DC, LA, ME, TN and VA insurance benefits may also be denied).

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE:

OTHER STATE:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN INDIANA:

1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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