

# 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 email below where we may return your quote promptly.

Once complete please:

1. Click Submit button here → [\[Link\]](#) to email your application

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:

Agency contact:

Email Address:

Phone Number:

Fax Number:

Additional Information:

## PERSONAL UMBRELLA APPLICATION

All questions must be answered in full. Application must be signed and dated by the applicant.

NAME: Last: _____ First: _____ Middle: _____			Producer: _____ Producer Code: _____					
ADDRESS: Street Address: _____ City: _____ State: _____ Zip: _____ - _____			Agt/Brkr Lic. #: _____ Address: _____ City: _____ State: _____ Zip: _____ - _____					
GARAGING ADDRESS (if different than above): Street Address: _____ City: _____ State: _____ Zip: _____ - _____			E-Mail: _____					
POLICY PERIOD: From: ____ / ____ /20 To: ____ / ____ /20		Renews Policy Number: _____	Phone: _____ Fax: _____		_____ - _____			
<b>UMBRELLA COVERAGES</b>		<b>PREMIUMS</b>		<b>WORKSHEET</b>				
Application for Primary Umbrella <input type="checkbox"/>		BASIC		\$ _____				
Application for Excess Umbrella <input type="checkbox"/>		RESIDENCES		\$ _____				
POLICY LIMIT	RETENTION LIMIT	AUTOMOBILES		\$ _____				
\$ _____	NONE	RECREATIONAL VEHICLES		\$ _____				
<b>INCREASED UM:</b> <input type="checkbox"/> \$1,000,000 (\$50/vehicle) or <input type="checkbox"/> \$2,000,000 (\$250/vehicle)		WATERCRAFT		\$ _____				
<b>ID THEFT COVERAGE (\$25):</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No		OTHER:		\$ _____				
		<b>TOTAL</b>		\$ _____				
<b>PRIMARY POLICY INFORMATION</b>								
TYPE OF POLICY	INSURANCE COMPANY NAME/ POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY					
			BODILY INJURY		PROP. DAMAGE			
			Per Person	Per Occurrence	Per Occurrence			
AUTOMOBILE		From: ____ / ____ /20 To: ____ / ____ /20	\$ _____	\$ _____	\$ _____			
			\$ _____ Combined Single Limit					
UM/UIM COVERAGE		From: ____ / ____ /20 To: ____ / ____ /20	\$ _____	\$ _____	\$ _____			
			\$ _____ Combined Single Limit					
PERSONAL LIABILITY		From: ____ / ____ /20 To: ____ / ____ /20	\$ _____	\$ _____	\$ _____			
			\$ _____ Combined Single Limit					
WATERCRAFT		From: ____ / ____ /20 To: ____ / ____ /20	\$ _____	\$ _____	\$ _____			
			\$ _____ Combined Single Limit					
RECREATIONAL VEHICLE		From: ____ / ____ /20 To: ____ / ____ /20	\$ _____	\$ _____	\$ _____			
			\$ _____ Combined Single Limit					
<b>OPERATOR INFORMATION – LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT</b> (For additional operators, see the Supplemental Schedule on page 6)								
#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	VEHICLE, CRAFT, % USE, ETC.	MINOR VIOLS (3 Yrs)	MAJOR VIOLS (3 Yrs)	ACCDS (3 Yrs)
1.								
2.								
3.								
4.								
5.								

<b>EMPLOYMENT</b>									
APPLICANT'S OCCUPATION:				APPLICANT'S EMPLOYERS NAME & ADDRESS:					
SPOUSE'S/OTHER'S OCCUPATION:				SPOUSE'S/OTHER'S EMPLOYERS NAME & ADDRESS (If not employed, so indicate):					
<b>REAL ESTATE</b> (List all owned, leased, or occupied residences, buildings, farms, vacant land, etc.) (For additional locations, see the Supplemental Schedule on page 6)									
#	LOCATION ADDRESS			DESCRIPTION		# UNITS/ACRES	YEAR BUILT	OCCUPANCY	
1.									
2.									
3.									
<b>AUTOMOBILES</b> (List all autos owned, leased) (For additional automobiles, see the Supplemental Schedule on page 6)				<b>RECREATIONAL VEHICLES</b> (Motorcycles, snowmobiles, dune buggies, minibikes, etc.) (For additional RVs, see the Supplemental Schedule on page 6)					
#	YEAR	MAKE & MODEL		#	YEAR	MAKE & MODEL			
1.				1.					
2.				2.					
3.				3.					
4.				4.					
<b>WATERCRAFT</b> (List all watercraft owned, leased, chartered or furnished for regular use.) (For additional watercraft, see the Supplemental Schedule on page 6)									
#	YEAR	TYPE, MANUFACTURER, MODEL		LENGTH	H.P.	MAX SPEED	COST NEW	WATERS NAVIGATED	
1.				FT.		MPH	\$		
2.				FT.		MPH	\$		
3.				FT.		MPH	\$		
<b>PRIOR EXPERIENCE:</b>				PRIOR CARRIER & POLICY #					
HAS ANY <b>LOSS</b> OCCURRED ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING \$5,000, DURING THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO									
If yes, explain (attach separate sheet if additional space is needed):									
<b>GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS</b>									
		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, or non-renewed? (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?		<input type="checkbox"/>	<input type="checkbox"/>
5.	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 (not for profit) positions?		<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you employ any residence employees?		<input type="checkbox"/>	<input type="checkbox"/>					
REMARKS (attach separate sheet if additional space is needed):									

**ACCEPTANCE OR REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE**

You are able to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this section carefully and ask your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle for which the bodily injury limits are less than your damages.

The policy you are applying for automatically provides Uninsured/Underinsured Motorists coverage at a combined limit of \$25,000 per occurrence as long as you have Uninsured/Underinsured Motorists coverage in your underlying insurance policy with limits equal to your primary Automobile Liability limits, as indicated elsewhere in this application.

You also have the option to purchase higher limits for an additional charge or reject the higher limits. Please indicate your choice of the options available by placing an "X" in the appropriate box. Then sign and date this form as acknowledgment of your choice.

**OPTION 1 – FOR PERSONAL UMBRELLA POLICIES WITH LIMITS OF LIABILITY OF \$1,000,000 OR MORE:**

I would like to purchase combined increased Uninsured/Underinsured Motorists coverage in the amount of \$1,000,000 in excess of my underlying auto limits. I understand that for the policy to provide Uninsured/Underinsured motorists coverage that I must have underlying Uninsured/Underinsured motorist's coverage equal to the primary Automobile limits as indicated on the application.

**OPTION 2 – FOR PERSONAL UMBRELLA POLICIES WITH LIMITS OF LIABILITY OF \$2,000,000 OR MORE:**

I would like to purchase combined increased Uninsured/Underinsured Motorists coverage in the amount of \$2,000,000 in excess of my underlying auto limits. I understand that for the policy to provide Uninsured/Underinsured motorists coverage that I must have underlying Uninsured/Underinsured motorist's coverage equal to the primary Automobile limits as indicated on the application.

**OPTION 3 – REJECTION OF HIGHER LIMITS:**

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

When I sign this form, I understand the acceptance or rejection indicated above shall apply to any policy offered and issued as a result of this application and all future renewals, rewrites, or other types of continuation of such policy, until I notify the Company in writing that I wish to make a change.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## REPRESENTATIONS BY INSURED AND AGENT

### PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON PAGE 5

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

### FRAUD STATEMENT – FOR THE STATE(S) OF:

**Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:**

**NOTICE:** In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

### **Maine, Tennessee, Virginia, Washington:**

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.

### **Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

### **Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **California**

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Colorado**

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.

### **Florida**

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.

### **District of Columbia**

**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.

### **Hawaii**

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

### **Idaho**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kansas**

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means 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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Minnesota**

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey**

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

**New Mexico**

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 civil fines and criminal penalties.

**New York**

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**

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**

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.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
  1. Material to the risk assumed by us; or
  2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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.

Applicant's Signature \_\_\_\_\_

Time \_\_\_\_\_

Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUPPLEMENTAL SCHEDULE****OPERATOR INFORMATION (Continued)**

#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	VEHICLE, CRAFT, % USE, ETC.	MINOR VIOLS (3 Yrs)	MAJOR VIOLS (3 Yrs)	ACCDS (3 Yrs)
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

**REAL ESTATE (Continued)**

#	LOCATION ADDRESS	DESCRIPTION	# UNITS/ACRES	YEAR BUILT	OCCUPANCY
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**AUTOMOBILES (Continued)****RECREATIONAL VEHICLES (Motorcycles, Snowmobiles, Dune Buggies, Minibikes, Etc.)**

#	YEAR	MAKE & MODEL	#	YEAR	MAKE & MODEL
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		

**WATERCRAFT (Continued).**

#	YEAR	TYPE, MANUFACTURER, MODEL	LENGTH	H.P.	MAX SPEED	COST NEW	WATERS NAVIGATED
4.			FT.		MPH	\$	
5.			FT.		MPH	\$	
6.			FT.		MPH	\$	
7.			FT.		MPH	\$	
8.			FT.		MPH	\$	
9.			FT.		MPH	\$	
10.			FT.		MPH	\$	