



Comprehensive Personal Liability

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 3 years. If there is loss history, please complete the entire application.

Applicant's Name: _____

Email Address: _____

Has the applicant or any member of the household been employed as any of the following: professional athlete; entertainer; media personality; reporter; author; journalist; Coach in the NBA, NFL, MLB, NHL, OR College Division I Football or Basketball; Owner of a professional sports team; CEO of a Fortune 500 Company or Director or Producer with major television or motion picture credits? Is any individual an elected or appointed public official at the state or federal level, or who is a generally recognizable public figure? ☐ Yes ☐ No

Limits of Insurance ☐ \$100,000 ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000

Medical Payments Limit: ☐ \$5,000 included

Schedule of locations to be covered

Address: Residence(s) (List only locations to be covered)		# of Families (1, 2, 3 or 4) or Vacant Land	Pool*		Owner Occupied	Rental Dwelling
			Yes	No		
Primary Location (if requested)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Locations			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there an unfenced swimming pool at any location? ☐ Yes ☐ No

Is there a diving board over four feet high and/or a waterslide? ☐ Yes ☐ No

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. 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 (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.

Applicant's Signature: _____ Date: _____

II. ELIGIBILITY QUESTIONS

(NOTE: Attach a statement of details for all "yes" answers to the following questions)

1. Does the applicant or any member of the applicant's household currently have any active policies with United States Liability Insurance Company, Mount Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company?
☐ Yes, please provide policy number(s) _____ ☐ No
2. Has the applicant or any resident of the applicant's household been convicted of a felony in the past 10 years? ☐ Yes ☐ No
3. Are any locations leased to others for hunting? ☐ Yes ☐ No
4. Are any locations rented to others on a short-term basis (weekly, monthly, etc.)? ☐ Yes ☐ No
5. Are any locations model homes or speculation ("spec") homes? ☐ Yes ☐ No
6. **Applicant's Liability Loss History in Past 5 Years(Submit with loss information)**

Date	Type	Description	Is Claim Still Open?		Amount Paid
			Yes	No	

7. Is any location a vacant dwelling? ☐ Yes ☐ No
8. Is there a business exposure, including Day Care, at any of the locations? ☐ Yes ☐ No
9. Are there any farming activities conducted by the insured at any of the locations? ☐ Yes ☐ No
10. Are there any exotic pets, farm or saddle animals owned by the insured or household member at any location? ☐ Yes ☐ No
11. Is there currently, or, during the next 12 months, will there be any construction or renovations at any of the locations to be covered?
☐ Yes, eligible. A licensed General Contractor other than the Named Insured, must be contracted to do the construction/renovations.
☐ Yes, ineligible. The Insured will be the General Contractor.
☐ No
12. Are there any hazardous conditions on the premises such as:
a. Cracks, holes or uneven **Sidewalks?** ☐ Yes ☐ No
b. Broken or defective **Steps, Handrails** or **Porches?** ☐ Yes ☐ No
c. Accumulation of debris ☐ Yes ☐ No
Elaborate on All Yes ☒ Answers _____
13. If there is a dog at any of the insured locations, does it have a history of biting others? ☐ Yes ☐ No
14. Regarding Question 21, is the dog a Pit Bull, Rotweiler, or Doberman Pinscher?
☐ Yes We will write the risk & add CPL112, Dog Exclusion ☐ No We must decline.
15. Does the insured currently employ, plan to hire within the next year or has the insured employed any domestic employee (gardener, maid, nanny) who works more than four hours per week or more than 52 hours in any 90 day period?
☐ Yes We must decline. ☐ No Ok to proceed.

III. ADDITIONAL APPLICANT INFORMATION

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

City: _____ State: _____ Zip: _____

Phone: _____

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 and Washington 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.

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: _____