Unica Insurance

PERSONAL UMBRELLA LIABILITY APPLICATION

Completion of this Form does not constitute a binding confirmation of coverage, but it is agreed that the information given herein shall be the basis of the Contract should a policy be issued.

BROKER:

ALL NAMED INSURED(S):

POLICY NUMBER:

MAILING ADDRESS:

OCCUPATION(S):

EFFECTIVE DATE:

COVERAGE:

Requested Personal Umbrella Liability Limit ($1 - $10 Million):_____

INSURANCE HISTORY

Third Party Liability Claims history for the last 5 years for the applicant, any member of the applicant's household, or additional insureds. Please give details:_____

Number of Cancellations for Non-Payment in the last 3 years: _____

Has any Insurer cancelled, declined, or refused to issue or renew insurance to the applicant, member of the applicant's household, or additional insureds, within the last 5 years? ☐ Yes ☐ No

Liability Policy Schedule (Minimum Limit required is $1,000,000):

	Named Insureds	Insurer	Policy No.	Liability Limit	Expiry Date
Automobile					
Personal Property					
Watercraft					
Others					

DETAILS OF RISK – AUTOMOBILE

Number of automobiles owned, leased, or regularly used by the applicant, any member of the applicant's household, or additional drivers. If more than 2 please list all automobiles and who drives them:_____

Number of licensed household members, and additional drivers: _____

Number of automobile operators under 21 years of age:_____

Does the Automobile Liability Policy cover all automobiles? ☐ Yes ☐ No

DETAILS OF RISK – MISCELLANEOUS VEHICLES

Number of recreational motor vehicles owned, leased, or operated by the applicant, any member of the applicant's household, or additional drivers? _____

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Snowmobiles: ___ All Terrain Vehicles: ___ Motorhomes: ___ Motorcycles: ___ Non-licensed Trail Bikes:____

Others (please provide details):_____

Does the Automobile Liability Policy cover all miscellaneous vehicles? ☐ Yes ☐ No

DETAILS OF RISK – PROPERTY

Total number of residences owned, rented, or regularly used: _____

Total number of dwellings rented to third parties - Long term: _____- Short term:_____

Liability exposures: Swimming pool: ☐Yes ☐No Trampoline: ☐Yes ☐No Pets / Animals: ☐Yes ☐No

If Pets / Animals is yes, please provide details: _____

_____

List of additional owners:_____

Does the Personal Property Liability Policy cover all locations? ☐Yes ☐No

DETAILS OF RISK – WATERCRAFT

Details of all Watercrafts, owned, leased, or operated by the applicant, any member of the applicant's household, or other operators:

	Make & Model	Length	Horsepower	Motor Type
Sailboats		ft.	hp	
Motorboats		ft.	hp	
Jet skis		ft.	hp	
Others		ft.	hp	

Details of any restrictions of coverage (e.g. water-skiing, flyboard, operators, or territorial restriction): _____

_____

Does the Personal Property or Watercraft Liability Policy cover all Watercrafts? ☐Yes ☐No

DETAILS OF RISK – BUSINESS EXPOSURE

Please provide details of all business operations on premises, if any: _____

_____

_____

_____

Does the Personal Property Liability Policy cover all business operations? ☐Yes ☐No

Number of office premises owned or leased by the applicant:_____

Does the Personal Property Liability Policy cover all office premises? ☐Yes ☐No

Note: Professional Liability is not covered by this endorsement or primary Personal Property policy.

DETAILS OF RISK – COVERAGE RESTRICTIONS

Does any Personal Liability Policy reduce or eliminate coverage with respect to any applicants or exposure? (e.g. reduction of coverage on a named driver)? ☐Yes ☐No If yes, please provide details: _____

_____

I confirm that all the information provided regarding the Personal Umbrella Liability is accurate and factual:

Date _____ **Signature of Named Insured(s)** _____