

Personal Umbrella Policy Renewal Questionnaire

Insured's Name and Address: _____

Policy Number: _____

Renewal Date: _____

Producer Name: _____

Producer Code: _____

Coverage Amount: _____ Million

Your renewal policy will only provide coverage where the policy numbers of all Required Underlying Coverage and Limits are listed on the Policy Declarations Page. If the company, due to unacceptability, does not list an Underlying Policy number on the Policy Declarations Page, no Personal Umbrella coverage will be provided for the unacceptable exposure.

LIST ALL HOUSEHOLD MEMBERS AND ALL OPERATORS OF VEHICLES/WATERCRAFT

Name	Date of Birth	Driver's License Number	Driver's License State	Date First Licensed (if less than 6 years)	Own car and insurance?

LIST ALL AUTOMOBILE POLICIES

Policy Number	Insurance Company	Policy Period	Liability Limits

LIST ALL VEHICLES OWNED, LEASED OR FURNISHED FOR YOUR REGULAR USE

Year	Make	Model	VEHICLES INCLUDE: <ul style="list-style-type: none"> • All registered private passenger autos owned, leased or furnished for your regular use • All other vehicles registered for highway use • Dune buggies, mopeds, snowmobiles, minibikes, golf carts, and other non-registered vehicles

LIST ALL REGISTERED MOTORIZED LAND VEHICLES POLICIES

Policy Number	Insurance Company	Policy Period	Liability Limits

DO YOU WANT UMBRELLA COVERAGE FOR RESIDENT RELATIVES' VEHICLES? IF YES, LIST ALL VEHICLES OWNED BY ALL RELATIVES WHO RESIDE IN YOUR HOUSEHOLD

Year	Make	Model	Resident Relative's Name	Policy Number

LIST ALL WATERCRAFT POLICIES INCLUDING PERSONAL WATERCRAFTS

Policy Number	Insurance Company	Policy Period	Liability Limits

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

Year	Type, Manufacturer, Model	Length	Max Speed	HP	Waters Navigated

LIST ALL PERSONAL LIABILITY POLICIES (INCLUDING HOMEOWNERS)			
Policy Number	Insurance Company	Policy Period	Liability Limits

LIST ALL REAL ESTATE OWNED, LEASED OR OCCUPIED						
Street Address	City	State	# of Families	Year Built	Owner Occupied	Rented to Others?

IF DOMESTIC EMPLOYEES, LIST ALL EMPLOYERS' LIABILITY POLICIES			
Policy Number	Insurance Company	Policy Period	Liability Limits

EMPLOYMENT	
Insured Occupation	Employer Name
	Employer Address
Spouse/Co-Insured Occupation	Employer Name
	Employer Address

GENERAL INFORMATION		Yes	No
1. Any vehicles, watercraft, aircraft used for business?		Yes	No
2. Any office or business conducted in a residence you occupy, including day care?		Yes	No
3. Do you engage in any type of farming operation?		Yes	No
4. Does the insured or any resident of the household hold any elected, appointed, or non-remunerative positions?		Yes	No
5. Do you employ any residence employees?		Yes	No
6. Do you own, keep, or care for any animals or pets? Type(s)? _____ If dog, list breed. If mixed breed, specify all breeds within the mix. _____		Yes	No
Any history of aggressive or protective behavior?		Yes	No
7. Have there been any civil suits brought against a household member in the last 5 years?		Yes	No
8. Any driver had any traffic violations or accidents (at fault or not-at-fault) in the past year?		Yes	No
9. Any driver had a license or permit revoked, suspended or refused in the last year?		Yes	No
10. Does any primary policy have reduced limits of liability or have an exclusion of coverage for specific exposures?		Yes	No
11. Does the insured own any residences, vehicles, recreational vehicles, or watercrafts that are not covered by primary insurance?		Yes	No
12. Does any premise have a pool? <input type="checkbox"/> In-ground <input type="checkbox"/> Above-ground If yes, indicate if the pool has a: <input type="checkbox"/> Slide <input type="checkbox"/> Diving board <input type="checkbox"/> Both <input type="checkbox"/> None Is the pool fenced and secured with a locked gate? If yes, what is the fence height?		Yes	No
13. Do you own any firearms? If yes, please list items and describe how they are stored.		Yes	No
14. Do you own any trampolines, skateboard ramps and/or bicycle ramps/jumps?		Yes	No
15. Do you have any insurance with another agent? If yes, list the type of coverage:		Yes	No

EXPLAIN ALL "YES" RESPONSES IN THE SPACE PROVIDED BELOW:

IMPORTANT: If you or someone on your behalf knowingly and with intent to defraud or for purposes of statement of claim gives us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, or would require an increase in premium, we may refuse to pay claims, cancel and/or void this policy and, if applicable, any underlying policies. Also, any information that is provided may result in an Underwriting review to determine if the information results in a change in exposure sufficient to warrant a change in premium or effect the continuation of the Umbrella, or any of the associated underlying policies.
Please return this completed questionnaire to your agent within seven days.

Date: _____
Signature: _____
Producer's Signature: _____