



Comprehensive Personal Liability

COMPREHENSIVE PERSONAL LIABILITY APPLICATION

Please complete all sections of this application and have applicant sign.

- Applicant(s): _____ Date: _____
- Address: _____ City: _____ State: _____ Zip: _____
- Profession/Occupation: Applicant _____ Spouse: _____
- Email Address: _____
- 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
- 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
Decline Eligible
- Has the applicant or any member of the applicant's household been convicted of a felony within the past ten (10) years?
 Yes No
- Are any locations leased to others for hunting?
 Yes No
- Are any locations rented to others on a short-term basis (weekly, monthly, etc.)?
 Yes No
- Are any locations model homes or speculation ("spec") homes?
 Yes No
- Applicant's Liability Loss History in Past 5 Years(Submit with loss information)**

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

Limits and Term

12. Policy Period: From _____ / _____ / _____ to _____ / _____ / _____
- Limits of Insurance \$100,000 \$300,000 \$500,000 \$1,000,000
- Medical Payments Limit: \$5,000 included

Please answer all questions. Any question left unanswered will void coverage.

- | | | |
|---|--|--|
| | Submit to Company | Eligible |
| 13. Is any location a vacant dwelling? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Is there a business exposure, including Day Care, at any of the locations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Are there any farming activities conducted by the insured at any of the locations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Are there any exotic pets, farm or saddle animals owned by the insured or household member at any location? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Is there currently, or, during the next 12 months, will there be any construction or renovations at any of the locations to be covered? <input type="checkbox"/> Yes, eligible. A licensed General Contractor other than the Named Insured, must be contracted to do the construction/renovations. <input type="checkbox"/> Yes, ineligible. The Insured will be the General Contractor. <input type="checkbox"/> No | | |

Condition of Premises and Hazards

18. Are there any hazardous conditions on the premises such as:

- a. Cracks, holes or uneven **Sidewalks?**
- b. Broken or defective **Steps, Handrails** or **Porches?**
- c. Accumulation of debris

- Submit to Company** **Eligible**
- Yes No
- Yes No
- Yes No

Elaborate on All Yes Answers _____

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"/> |
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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"/> |

* Only complete questions 19 & 20 if answered "yes" to pool

19. Is there an unfenced swimming pool at any location?

- Submit to Company** **Eligible**
- Yes No
- Yes No

20. Is there a diving board over four feet high and/or a waterslide?

Questions 21 through 23 pertain only to locations in California

21. If there is a dog at any of the insured locations, does it have a history of biting others?

- Yes No

22. 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.

23. 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.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

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.

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 _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
