

Lexington Insurance Company

Coverage Part 2(A or B): Personal Umbrella (A) or Excess Liability (B) Information

**** The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.**

Applicant: _____ Broker: _____ Effective Date: _____

Type: Umbrella Excess Liability (over other umbrella*) Limit: \$1M \$2M \$3M \$4M \$5M Other Limit: \$ _____

If business owner, # of employees _____ Annual Revenues \$ _____ Any business conducted on residence premises: _____

Underlying Insurance:

Type of Coverage	Carrier	Policy #	Policy Period	Minimum Underlying Limits	Your Underlying Limit
Automobile				\$250/\$500/\$100 or \$500 CSL	
Uninsured/Underinsured				same as auto limits	
Homeowner or CPL				\$300,000	
Rental Dwellings				\$300,000	
Farms, Vacant Land				\$300,000	
Watercraft				\$300,000	
Jet Ski, Wet Bike				\$500,000	
Recreational Vehicle				\$300,000	
Underlying Umbrella*				\$1,000,000	
Incidental Business				\$1,000,000	

Real Estate: List all owned, leased or occupied Residences, Buildings, Farms, Vacant Land, etc.

#	Location (street, city, state)	#Units	Yr Built	Occupancy (primary, secondary, rental, vacant, etc.)
2				
3				
4				
5				
6				

Automobiles and Recreational Vehicles: List all autos owned, leased or furnished for regular use (Motorcycles, Snowmobiles, etc.)

#	Year	Co. Car?	Make/Model/Type	#	Year	Co. Car?	Make/Model/Type
2							
3							
4							
5							
6							

Watercraft: List all watercraft (including Jet Skis, Wet Bikes, etc.) owned, leased, chartered or furnished for regular use

#	Year/Make/Model	Length	Engine Type / HP	Max. Speed	# of Paid Crew	Waters Navigated (inland, coastal, etc.)
2						
3						
5						
6						

Operator Information: List all Members of Household and all Operators of Vehicles/Watercrafts/RV's

#	Name	Drivers License #	State	Date of Birth	Vehicle, Craft, % of Use
1					
2					
3					
4					
5					
6					

Driving Record Information: List # of traffic violations and/or motor vehicle accidents for all Operators indicated above during past 3 years.

#	Name	# Moving Violations	# Major Violations	# Minor At-Fault Accidents	# Major At-Fault Accidents

General Information – Explain all "Yes" responses in Remarks (If additional space is needed, please attach a separate sheet)

	Yes	No		Yes	No
1) Any liability losses (homeowners, etc.) exceeding \$5,000 or more in the past 5 years?			7) Do you employ any residence employees? Full-time or part-time? # of employees		
2) Does any underlying policy have reduced limits of liability or eliminate coverage for specific exposures, drivers, animals, watercraft, locations, etc.?			8) Do you or any household member have mental/physical impairments that affect driving ability?		
3) Any business/professional activities (including farming or daycare) included in primary policies? Does it cover incidental business activities?			9) Any umbrella coverage declined, cancelled, or non-renewed in last 5 years?		
4) Do you or any household member hold any non-remunerative positions? Details?			10) Do your underlying insurance policies include Personal Injury (libel/slander) coverage?		
5) Any real estate, vehicles, watercraft, aircraft owned, hired, leased or regularly used, not covered by underlying insurance?			11) Does any household members have an occupation of a professional entertainer, athlete, media personality or local, state or federal political past or present?		
6) Do any of the properties you own or rent have a swimming pool on premises that have a diving board and/or are not fenced? Any coverage limitations?			12) Any pets (wild or domestic) on the premises? Type(s)? Any coverage restrictions or exclusions? Y or N		

REMARKS: _____

OPTIONAL COVERAGES:

1. Optional Uninsured/Underinsured (UM/UIM) Motorist Coverage: Acceptance or Rejection of UM/UIM:

_____ I would like to purchase, at an additional charge, UM/UIM Motorist Coverage as part of my Umbrella/Excess Liability policy. I have purchased UM/UIM limits on all motor vehicles equal to the primary Automobile Liability limits.

_____ I hereby reject the opportunity to purchase Uninsured/Underinsured (UM/UIM) Motorist Coverage.

IF YOU REJECT. THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU'RE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY, OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY WHEN YOU SIGN THIS FORM.

Applicant's Signature: _____

Optional Personal Injury Coverage: _____ Yes _____ No (Requires Personal Injury Coverage on your underlying insurance.)

3. Optional Incidental Business Coverage: _____ Yes _____ No (Requires Incidental Business Coverage on your underlying insurance.)