

**MERCURY CASUALTY COMPANY
PERSONAL UMBRELLA APPLICATION**

POLICY PERIOD		Agt. Code-Sub code	AGENCY	TELEPHONE NUMBER	
FROM	TO				
12:01A.M	12:01A.M				
Named Insured:				Payment Plan	
				Full Payment <input type="checkbox"/> 3 Payments <input type="checkbox"/>	
First		M.I.	Last		
Mailing Address:					
Street or PO Box: _____					
City: _____ State: _____ Zip: _____					
Property Address:					
Street: _____					
City: _____ State: _____ Zip: _____					
Home or Cell Telephone Number			Work Telephone Number:		
Applicant Information <i>Insured is defined as: The Named Insured and Relatives listed on this application.</i>					
List all residents of the household. Include all domestic employees.					
	Name(s) of Insured's	Relationship to Insured	DOB	Address if different than Property address	Occupation
1					
2					
3					
4					
5					
Name and Address of Employer (for all residents):					
1					
2					
3					
4					
5					
Any residents self-employed from home? _____					
If yes, any employees? _____					
Any foot traffic? _____					
Coverage Information					Premiums
Personal Liability Limit: ___\$1,000,000 ___\$2,000,000 (\$5,000,000 must be submitted non-bound)					
Number of resident relative drivers in the household: [] Indicate additional premium					
Number of properties [] Indicate additional premium if more than one property					
Number of automobiles: [] Indicate additional premium if more than two automobiles*					
<i>*Automobiles provided by an employer for personal use that are eligible for coverage should be included in the Number of Automobiles.</i>					
Number of Recreational Vehicles: [] Indicate Additional Premium					
Number of Outboard Watercraft Over 25 H.P. [] Indicate Additional Premium					
Number of Powerboats Over 50 H.P. [] Indicate Additional Premium					
Number of Other Motorized Watercraft (Jet skis, etc.) [] Indicate Additional Premium					
Number of Sailboats 26 Feet and Over [] Indicate Additional Premium					
Total Umbrella Premium					

The Following Questions Apply to the Applicant and Residents

1. Has any insurer cancelled, declined, ore refused to renew any form of liability insurance during the last 3 years? Yes No
 (Include cancellations requested by the applicant or the Producer.)

Please explain: _____

2. List all prior personal liability losses:

Date of loss	Cause and Circumstances of Loss	Amount of Loss

Do Not Bind Coverage if Any Personal Liability Loss In The Past Five Years.

3. Please complete the following for any watercraft owned, chartered, or available for the use of the applicant and residents:

- a) Length: _____ Horse Power: _____ General Description: _____
- b) If not owned by the applicant, provide the name and address of the owner: _____
- c) Where is the watercraft docked? _____
- d) Describe any motorized watercraft including Jet skis, etc.: _____
- e) Are all watercraft insured? Yes No N/A If yes, provide a copy of a current declaration page with \$500,000 CSL underlying limits.

4. Please provide Mercury Insurance Group automobile policy number _____ and expiration date _____

All acceptable motor vehicles must be insured with the Mercury Insurance Group with minimum \$250,000/\$500,000/\$100,000 liability limits.

- f) Are all motorcycles and similar recreational vehicles insured? Yes No N/A (Including motorhomes insured elsewhere.) If yes, provide a copy of a current declaration page with \$300,000 CSL underlying limits.
- 5. Are all owned or leased properties insured? Yes No N/A If insured with Mercury, provide policy number: Or, insured elsewhere provide a copy of a current declaration page with \$300,000 CSL underlying limits. Property must include Personal Injury.

6. Are there any dogs or pets in the household? Yes No

- a. If yes to question 6, are any of the dogs or pets one of the following: Akitas, Cane Corsos, Chows, Pit Bulls, Presa Canario (canary dog), Rottweilers, Staffordshire Bull Terriers, Wolf Hybrids, Zoo Animals, Exotic Animals, or any mix of any of these breeds? Yes No
- b. If yes to question 6, do any of the animals have a biting history? Yes No
- c. If yes to question 6, how many dogs are in the household? _____

7. Is any daycare business conducted on the premises? Yes No

8. Any skateboard ramps, bicycle jumps or trampolines without a safety net on the premises? Yes No

9. Does the applicant own any vacant land? Yes No

If yes, please provide location: _____

10. Has the applicant or any resident relative been treated for mental illness? Yes No If yes, explain in remarks.

11. Does the applicant or any resident relative have a physical impairment? Yes No If yes, explain in remarks

Remarks:

If premium is paid by check, coverage is effective only if check is honored when first present for payment.

BINDER

Effective Date _____ Time _____

Provided this binder is signed below by the Producer, the insurance is bound for 30 days from the effective date above unless cancelled sooner by notice or a policy is issued.

Producer's Statement

How long have you written the applicant's auto insurance? _____
 Years

Is the Producer sending binders to anyone? Yes No
 If Yes, to whom? _____

Name of person who completed application: _____

Business may not be accepted from another Agency.

I declare that the statements on both sides of this application are true and request the Company to issue the insurance applied for in reliance on these statements.

I understand that any material misrepresentation or omission will void coverage.

X _____
 Applicant's signature Date Time
 (Do not print)