

COMPREHENSIVE PERSONAL LIABILITY

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicant(s): _____ Date: _____
 2. Address: _____ City: _____ State: _____ Zip: _____
 3. Profession/Occupation: Applicant _____ Spouse: _____

4. Email Address: _____
 5. 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

6. Is any applicant or resident of the applicant's household a High Profile individual such as a local or national TV or radio personality, best selling author, actor or actress, politician, professional athlete or coach in the NBA, NFL, MLB, NHL, Professional Boxers, Professional Race Car drivers, PGA, MLS, Professional Tennis, LPGA or WNBA, Owner of a Professional Sports team, CEO of a Fortune 500 Company, musician (rock, pop, rap, country, etc.) US Congressman or Senator, or other instantly recognizable name or face?
 Yes No
Decline Eligible

7. Has the applicant or any member of the applicant's household been convicted of a felony within the past ten (10) years?
 Yes No

8. Are any locations leased to others for hunting?
 Yes No

9. **Applicant's Liability Loss History in Past 5 Years (Submit with loss information)**

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

10. **Limits and Term**

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**

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

Condition of Premises and Hazards

16. Are there any hazardous conditions on the premises such as: **Submit to company** **Eligible**
 a. Cracks, holes or uneven **Sidewalks?** Yes No
 b. Broken or defective **Steps, Handrails or Porches?** Yes No
 c. Accumulation of debris Yes No

Elaborate on All Yes Answers
