



# COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770  
8475 E. Hartford Dr., Scottsdale, AZ 85255  
(480) 991-7889 WATS (800) 848-8860 FAX (480) 948-1394

P.O. Box 571770, Murray, UT 84157-1770  
5373 S. Green St., Suite 525, Murray, UT 84123  
(801) 290-1144 WATS (800) 594-8900 FAX (801) 290-1160

## Personal Umbrella Application

Primary Applicant: \_\_\_\_\_

Agent No: \_\_\_\_\_

Primary Residence: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agent Mailing Address: \_\_\_\_\_

REQUESTED EFFECTIVE DATE: \_\_\_\_\_ TO \_\_\_\_\_

Renewal Of Policy No: \_\_\_\_\_

Requested Limit:     \$1 million     \$2 million     \$3million     \$4 million     \$5 million

### RATING INFORMATION:

1. List ALL primary & secondary (vacation) homes:

	Address, City, State, Zip Code	Occupancy	Pool?	Fenced	# of Acres?
1.	_____	Primary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	_____	Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	_____	Secondary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

2. List Liability on ALL primary and secondary homes owned.

	Carrier:	Policy #:	Limit:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

3. List ALL licensed automobiles; i.e. private passenger, motor homes, pickups, motorcycles, ATV's, RV's, snowmobiles, travel trailers, horse trailers, any hauling trailer licensed for the road; owned by, leased, furnished to, or available for your regular use including corporate owned vehicles.

	Year	Make	Model	Type	Company Car?
1.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. List the following required underlying policy information. **If any of this section is left blank, we will not be able to consider your application.**

**Automobile:** Does your policy have limits of at least \$250,000 each person, \$500,000 or greater each accident for Bodily Injury and at least \$100,000 for Property Damage or \$500,000 or greater for a Combined Single Limit? .....  Yes  No

Do company provided vehicles have Drive Other Car coverage for all drivers.....  Yes  No

Do you and all members of your household agree to maintain Uninsured and Underinsured Motorist limits equal to the Bodily Injury limit if coverage is elected (where applicable)?.....  Yes  No

(\*Include company provided insurance and/or Drive Other Car Coverage)

	Insuring Company	Policy Number	Limits of Liability
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

5. A. List ALL drivers including anyone who may be driving within the next year. (MVR's required every 2 years.)

	Last Name	First Name	MI	DOB	Drivers License No.	State	Relationship	Occupation
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____

B. Describe all violations, motor vehicle accidents or tickets for ALL operators during the past 36 months.

	Last Name	First Name	Date of Violation	Description Of Violation	Amount Paid/Reserved
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

C. Have you or any driver in your household ever been cited, ticketed, or convicted of driving under the influence of alcohol or drugs?.....  Yes  No  
 If Yes, please explain: \_\_\_\_\_

D. Have you or any driver in your household every had their driver's license suspended, revoked or refused?.....  Yes  No  
 If Yes, please explain: \_\_\_\_\_

E. Have you or any driver in your household ever been cited, ticketed, or convicted of reckless driving, hit and run, or vehicular homicide?.....  Yes  No  
 If Yes, please explain: \_\_\_\_\_

F. Does any driver have any mental or physical conditions that may affect their driving ability?...  Yes  No  
 If Yes, please explain: \_\_\_\_\_

G. Does your Personal Liability policy include Personal Injury coverage?.....  Yes  No  
If Yes, please explain: \_\_\_\_\_

H. Do you or any member of your household own any animals or exotic pets?.....  Yes  No  
If Yes, please explain: \_\_\_\_\_

6. List all watercraft **owned, rented or operated by members of your household.** (Include any jet skis, Seadoos, etc.)

Year	Make	Inboard, Inboard/Outboard or Outboard	HP	Maximum Speed	Length
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____

Insuring Company	Policy Number	Limits of Liability
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

7. List all owned, leased, or rented residential premises and any **owned, leased, or rented farm, timber or undeveloped land.**

Address	No of Families	Farming?	No. of Acres	Pool?	Fenced?
1. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. If Yes to Farming, type of Farming: \_\_\_\_\_

c. If Yes to Farming, number of farm employees: \_\_\_\_\_

Underlying Rental and/or Farm, etc. Carrier, Policy # and Limits:

Insuring Company	Policy Number	Limits of Liability
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

**Underlying Information:**

8. Do you hold any position with non-profit organizations?.....  Yes  No

**Homeowners', condominium owners', or tenant's insurance:**

Does underlying Personal Liability policy have limits of at least \$300,000 and Personal Injury Liability of \$300,000?.....  Yes  No

Does your farm owners' and ranch owners' policy have limits of \$500,000?.....  Yes  No

**9. Personal Umbrella Policy:**

Are we excess over this policy?.....  Yes  No

Insuring company	Policy Number	Limits Of Liability As Shown on Your Policy
_____	_____	_____

**General Information:**

Do you or any member of your household participate in organized racing of any motorized vehicle or watercraft?.....  Yes  No

Do you or any member of your household have a Personal Umbrella policy with Scottsdale Indemnity Company?.....  Yes  No

Have you or any member of your household had any Liability claims which exceed \$5,000 in the last 5 years?.....  Yes  No

**Applicant Statement**

The information given in this application is true and complete to the best of my knowledge. I understand that omission or misstatement of fact in the information given, which if known by Scottsdale Insurance Company or Scottsdale Indemnity Company would have caused Scottsdale Insurance Company or Scottsdale Indemnity Company to decline this application, is grounds for voiding this policy. I further understand that minimum coverage limits on basic policies are necessary for full protection under the Personal Umbrella Policy for which I am applying, and that no insurance will be in effect until the policy is issued.

**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Indemnity Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Indemnity Company and/or other members of the Scottsdale group of insurance companies, I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

**FRAUD WARNING:**

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,

**APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S AND PRODUCER'S SIGNATURES.**

This application shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence acceptance of this application by issuance of a policy.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRODUCER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:** As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.