



Request for Personal Umbrella Insurance Quotation

Agent: Kathy Sposa

Direct phone: 770-913-1210 Fax 770-399-6647

E-mail: ksposa@potterholden.com



APPLICANT INFORMATION

Today's Date: _____ Applicants Name: _____ Referred By: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Fax: _____

Primary Residence Address: _____ County: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Prior Address: (if less than one year) _____

Occupation: _____ Employer: _____

Marital Status: Single _____ Married _____ Date of Birth: ___/___/___ Social Security #: _____

Spouse's Name: _____ Occupation: _____ Employer: _____

Spouse's Date of Birth: ___/___/___

UMBRELLA INFORMATION

Requested Effective Date: _____ Coverage Limit Desired: \$5 Mil \$4 Mil \$3 Mil \$2 Mil \$1 Mil

Do you have a current/prior Umbrella Policy? Yes or No If Yes, please provide Carrier: _____

Policy Number: _____ Expiring Premium: _____

Has any loss occurred on any primary or excess policy, exceeding \$5,000 during the last five (5) years? Yes or No

If Yes, please explain: _____

PRIMARY POLICY INFORMATION

Type of Policy	Company Name/Policy Number	Policy Period	Limits of Liability		
			Single Limit	Bodily Injury	Property Damage
Auto Basic Unins. Mot					
Personal Liability Home Rentals					
Watercraft					
Recreational Vehicles Basic Unins Mot.					
Employers Liability					

REAL ESTATE

List all owned, leased or occupied residences, buildings, farms, vacant land, etc.

#	Location	Description	Occupancy	Yr Built	Interest
1			<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Farm # Acres ____ <input type="checkbox"/> Vacant Land # Acres ____		
2			<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Farm # Acres ____ <input type="checkbox"/> Vacant Land # Acres ____		
3			<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Farm # Acres ____ <input type="checkbox"/> Vacant Land # Acres ____		
4			<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied # Units ____ <input type="checkbox"/> Farm # Acres ____ <input type="checkbox"/> Vacant Land # Acres ____		

AUTOMOBILES

List all Autos owned, leased or furnished for regular use.

#	Year	Make and Model
1		
2		
3		

RECREATIONAL VEHICLES

List motorcycles, snowmobiles, dune buggies, minibikes, etc.

#	Year	Type, Make and Model
1		
2		
3		

WATERCRAFT

List all Watercraft owned, leased or furnished for regular use.

#	Year	Motor Type, Manufacturer and Model	Length	Horse Power	Max Speed	Value	Waters Navigated
1						<input type="checkbox"/> Cost New <input type="checkbox"/> Current Value \$	
2						<input type="checkbox"/> Cost New <input type="checkbox"/> Current Value \$	
3						<input type="checkbox"/> Cost New <input type="checkbox"/> Current Value \$	

OPERATOR INFORMATION

List all members of household and all operators of vehicles/watercraft as require by company.

#	Name (as it appears on license)			Sex	Marital Status	Date of Birth	License Date	Drivers Lic. #/State
1								
Social Security #:		Vehicle	% Use	Craft	% Use	3 Year Experience Convictions for Violations At Fault Accidents		10 Years # DUI's
#	Name (as it appears on license)			Sex	Marital Status	Date of Birth	License Date	Drivers Lic. #/State
2								
Social Security #:		Vehicle	% Use	Craft	% Use	3 Year Experience Convictions for Violations At Fault Accidents		10 Years # DUI's
#	Name (as it appears on license)			Sex	Marital Status	Date of Birth	License Date	Drivers Lic. #/State
3								
Social Security #:		Vehicle	% Use	Craft	% Use	3 Year Experience Convictions for Violations At Fault Accidents		10 Years # DUI's

#	Name (as it appears on license)		Sex	Marital Status	Date of Birth	License Date	Drivers Lic. #/State
4							
Social Security #:	Vehicle	% Use	Craft	% Use	3 Year Experience		10 Years # DUI's
					Convictions for Violations	At Fault Accidents	

GENERAL INFORMATION

Please explain all "yes" responses in Remarks section.	Yes	No
1. Any Aircraft owned, leased, chartered, or furnished for regular use?		
2. Any operators convicted for any traffic violations during the last 3 years? If Yes, provide operator #, Date, and description.		
3. Any operator have a physical/mental impairment? (List operator #)		
4. Any swimming Pool, spa, or hot tub on premises?		
5. Any real estate, vehicles, watercraft, aircraft used commercially or for business purposes?		
6. Any real estate, vehicles, watercraft, aircraft owned, hired, leased or regularly used, not covered by primary policies?		
7. Do you engage in any type of farming operation?		
8. Do you hold any non-compensated positions?		
9. Any full-time employees? (list # of employees)		
10 Any non-owned property exceeding \$1,000 in value, in your care, custody or control?		
11. Any business and/or professional activities included in the primary policies?		
12. Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?		
13. Any coverage declined, cancelled or nonrenewed during the last 5 years?		
14. Does applicant or any tenant have any animals or exotic pets?		
15. Has insurance been transferred within Agency?		
16. Any pending litigation, court proceedings or judgments?		
17. Is there a trampoline on the premises?		

Remarks: _____

What is most important to you in your insurance agent and company? _____

<p>Potter Holden & Company Information Release Form</p>
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As part of the application process in obtaining the insurance coverage you are requesting, as agents, we may order one or more consumer reports. A consumer report may contain information on credit history, claims and driving record.

Under the Fair Credit Reporting Act, we, as agents, may review consumer reports to evaluate anyone who applies for insurance within our agency. In the event that coverage is denied to you based wholly or partly on information in a consumer report, you will be notified of this fact, and given the name and address of the consumer reporting agency.

In consideration of the above, your signature below acknowledges your release to order one or more consumer reports.

 Applicant Signature

 Date