

Personal Liability Application

Producers Name, Address, Phone & Fax # and E-mail				Applicant's Name and Mailing Address (Include County & Zip)			
Policy Term: _____ Inception (M/D/Y) Expiration (M/D/Y)				<input type="checkbox"/> New <input type="checkbox"/> Renewal Previous Policy Number: _____			
Applicant: (if retired provide information prior to retiring)				Co-Applicant: (if retired provide information prior to retiring)			
Occupation		Employer Name		Occupation		Employer Name	
Coverages/Limits of Liability Desired – Personal Each Occurrence:							
<input type="checkbox"/> \$100,000		<input type="checkbox"/> \$300,000		<input type="checkbox"/> \$500,000		<input type="checkbox"/> \$1,000,000	
Residences Location*			Type of Structure**		# of Families		Occupancy***
1.							
2.							
3.							
4.							
5.							
<small>* If more than 5 location, attach separate schedule. ** Eligible Types of Structures: Dwelling, Condo and Mobile Home. *** Eligible Occupancy Types: Owner Occupied, Rental, Vacant (Awaiting Tenant), Vacant (For Sale), Under Construction and Under Renovations</small>							
General Information: Explain all "Yes" responses in remarks section on the second page of this application.							
Do all locations with more than 4 steps have handrails?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any dwelling located on more the 7 acres of land?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any location to be covered waterfront property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any mobile home over 35 years old?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any business conducted on premises (including day/child care)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any applicant have an unfavorable credit history?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any full-time residence employees? (No. of employees)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any dwelling or farms/ranches involved in training, boarding, breeding or stabling of animals?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any location to be covered in foreclosure or possible foreclosure?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any animals owned? If yes; how many _____ Breed _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any location have unsettled losses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any coverage declined, cancelled or non-renewed during last 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any dwelling with a trampoline?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any cracks, holes or uneven sidewalks at any location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any pools at any locations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there an accumulation of debris at any location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to pools, are they fenced?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there currently, or during the next 12 months, will there be any construction or renovations at any locations to be covered? (If yes, a licensed General Contractor other than the Named Insured must be contracted and a Certificate of Insurance for GL limits not less than the limits requested at time of binding will be required.)			
Any pool with diving board or water slide?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Any dwelling with spa/hot tubs on the premises?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Are there any broken or defective steps or handrails?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

Loss History

Have there been any losses during the last 5 years? Yes No If Yes, indicate below.

Date	Type	Description of Loss	Amount

Prior Coverage

Prior Carrier	Expiration Date	Prior Policy #	Amount of Coverage

* If no prior coverage in the last 30 days, please explain why:

Remarks:

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE.

NOTE OF INSURANCE INFORMATION PRACTICES: Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

FLORIDA FRAUD STATEMENT: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant's Signature	Date	Agent's/Broker's Signature	Date