

# NIC INSURANCE COMPANY

## PERSONAL UMBRELLA APPLICATION

Last	First	Middle	Producer _____					
NAME			Producer Code _____					
ADDRESS	Number & Street	City	State	Zip	Agt/Brkr Lic. # _____			
GARAGING ADDRESS (if different)			Office Address _____					
			City _____					
			E-Mail _____					
POLICY PERIOD	From: / /20	To: / /20	Renews Policy Number _____					
			Tel: _____ Fax: _____					
<b>UMBRELLA COVERAGES</b>		<b>PREMIUMS</b>		<b>CALCULATIONS</b>				
Application for Primary Umbrella <input type="checkbox"/>		BASIC	\$					
		RESIDENCES	\$					
POLICY AMOUNT	RETENTION	AUTOMOBILES	\$					
\$ MILLION	NONE	RECREATIONAL VEHICLES	\$					
		WATERCRAFT	\$					
OPTIONAL COVERAGES TO APPLY: _____		OTHER						
		TOTAL	\$					
<b>PRIMARY POLICY INFORMATION</b>								
TYPE OF POLICY	COMPANY/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY					
			BODILY INJURY	PROPERTY DAMAGE				
AUTOMOBILE								
PERSONAL LIABILITY								
WATERCRAFT								
RECREATIONAL VEHICLE								
<b>OPERATOR INFORMATION: LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT</b>								
#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	VEHICLE, CRAFT, % USE, ETC.	MINOR VIOL. 3 YRS	MAJOR VIOL. 3 YRS	ACCD 3 YRS
1								
2								
3								
4								
5								
6								
<b>EMPLOYMENT</b>								
OCCUPATION			EMPLOYERS NAME & ADDRESS					
SPOUSE'S/OTHER'S OCCUPATION			EMPLOYERS NAME & ADDRESS (If not employed, so indicate)					
<b>REAL ESTATE: LIST ALL OWNED, LEASED OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND ETC.</b>								
#	LOCATION	DESCRIPTION				# UNITES/ACRES	YEAR BUILD	OCCUPANCY
1								
2								
3								

Complete Reverse Side

AUTOMOBILES: LIST ALL AUTOS OWNED, LEASED			RECREATIONAL VEHICLES: MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC.		
#	YEAR	MAKE & MODEL	#	YEAR	MAKE & MODEL
1			1		
2			2		
3			3		
4			4		

**WATERCRAFT: LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE.**

#	YEAR	TYPE, MANUFACTURER, MODEL	LGTH.	H.P.	MAX SPEED	<input type="checkbox"/> COST NEW	WATERS NAVIGATED
1			FT.				
2			FT.				
3			FT.				

**PRIOR EXPERIENCE:**

PRIOR CARRIER & POLICY # \_\_\_\_\_

HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING \$5,000, DURING THE LAST 5 YEARS

NO     YES (EXPLAIN)

**GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS**

	YES	NO		YES	NO
1	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

**ACCEPTANCE OR REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE (FL, IN, LA, NH, NC, OH, SD, VT, WV)**

\_\_\_\_\_ I would like to purchase, at an additional charge, (\$25,000 is included), increased Uninsured/Underinsured Motorists coverage of \$1 million as part of my Personal Umbrella policy. I understand that for the policy to provide Uninsured/Underinsured motorists coverage that I must have underlying Uninsured/Underinsured motorists coverage equal to the primary Automobile limits as indicated on the application.

\_\_\_\_\_ I hereby REJECT the opportunity to purchase increased Uninsured/Underinsured Motorists coverage as part of my Personal Umbrella policy.

IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED/UNDERINSURED MOTORISTS LIMITS LESS THAN YOUR LIMITS OF LIABILITY WHEN YOU SIGN THIS FORM.

Applicant's Signature \_\_\_\_\_

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof are to be issued in reliance upon this information, unless a change in information I supplied to me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant's Signature **X** \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_