

8. Does applicant employ any of the following .
Maid _____ Gardener _____ Nanny _____ Chauffeur _____ Body Guard _____

9. Do you own, charter or have regular use of an aircraft?
Yes _____ No _____ if yes, describe _____
Do you have a pilot license? Yes _____ No _____

10. Please list Homeowners Carrier: _____

11. Please list all owned/leased vehicles, motorcycles and watercraft:

	Year	Maker/Model	JHP Type of Watercraft	Length.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

12. Please list Auto Carrier: _____
Policy Effective Date: _____
Policy Expiration Date: _____
Limit of Liability: _____

Attach copy of insurance Declaration Page

13. Please list Watercraft Carrier: _____
Policy Effective Date: _____
Policy Expiration Date: _____
Limit of Liability: _____

Attach copy of insurance Declaration Page

14. Please list Personal umbrella Carrier: _____
Policy Effective Date: _____
Policy Expiration Date: _____
Limit of Liability: _____

Attach copy of insurance Declaration Page

15. Drivers in Household and any other person who has regular access to the vehicles:

	Name	Date of Birth	License & State	Describe Moving Violation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

16. Do any of the following exposures exist?

	<u>Yes</u>	<u>No</u>	<u>If yes, describe</u>
Body Guards	_____	_____	_____
Books or Videos	_____	_____	_____
Broadcasting	_____	_____	_____
Charity Events	_____	_____	_____
Farming/Ranching	_____	_____	_____
Guard Dogs	_____	_____	_____
Horses or Non-Domestic Animals	_____	_____	_____
Personal Appearances	_____	_____	_____
Product Endorsement	_____	_____	_____
Recreational Vehicles	_____	_____	_____
other	_____	_____	_____

17. If yes to an of toe above, are there contractual hold harmless agreements in place for the insured? _____

18. Explain in detail any liability loss of \$ 1,000 or greater incurred by the applicant or family members in the last 5 years.

19. Limits Of Liability Desired, Primary: _____ Excess: _____

THIS IS NOT A BINDER OF COVERAGE

THE STATEMENTS AND ANSWERS GIVEN ON THIS APPLICATION ARE TRUE AND ACCURATE THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION

FALSE INFORMATION: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT. WHICH IS A CRIME

Applicant's Signature

Date

Producer

Date

