



Agency: _____ Contact: _____
Phone: _____ Email: _____

PERSONAL UMBRELLA LIABILITY INSURANCE APPLICATION

Applicant: _____ Desired Limit: _____

Address of Principal Residence: _____

County: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Profession/occupation of applicant: _____ Of spouse: _____

Applicant's email address: _____

Policy Period: _____ to _____ Expiring Premium: _____

Prior Carrier: _____ Renewal of policy # _____

Is this an application for an Excess Umbrella? YES [] NO []

If Yes, primary umbrella carrier: _____ Limit: _____

Does the applicant or any member of the Applicant's household currently have any active policies with USLI, Mt. Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company? [] YES [] NO

Has the applicant or any member of the household been employed as any of the following: Professional athlete, Reporter, Coach in the NBA, NFL, MLG, NHL, Entertainer, Author, Coach in College Division I football or basketball, Media personality, Journalist, Owner of professional sports team, Director/producer with major TV or motion picture credits, CEO of publicly traded company, Elected or appointed public official at the State or Federal level, generally recognizable public figure. [] YES [] NO

Has any household resident been convicted of a felony? [] YES [] NO

Has any household member had a liability loss greater than \$50,000 in the past 5 years? [] YES [] NO

Does any member of the household have an open liability claim or lawsuit pending against them? [] YES [] NO

Is there an unfenced pool, pool with a diving board 4 feet high or higher, or a pool with a waterslide on any location to be covered? [] YES [] NO

Is this a Farm or Ranch risk with farm animals, farming revenues of \$5,000 or more, or owning more than 100 acres at any location covered under this policy? [] YES [] NO (If Yes, submit a completed Farm Personal Catastrophe Excess Supplemental application.)

Is there any business exposure or operation covered by the Primary Homeowners or CPL policy? [] YES [] NO

Are there any locations to be covered by this policy leased to others for hunting, fishing or other sporting or recreational purposes? [] YES [] NO



Personal Umbrella Liability Application

Applicant: _____

Driver Information				3 Years' Experience	10 years	
Name	State	License No.	DOB	Convictions for Violations	At-Fault Accidents	# DUIs

Does any driver in the household have any Mental or Physical impairment, which would affect their ability to safely operate an automobile?

YES NO

If Yes, submit a completed L-252R Physician's Opinion Statement

Automobiles					Automobiles/Motorcycles/Motor Homes/Other vehicles licensed for road use
Year	Make & Model	Carrier	Policy No.	Liability Limit	

Watercraft								List all watercraft owned, leased, chartered or furnished for regular use
Year	Manufacturer & Model	Length	Type *	Max Speed	HP - All Engines	Policy No.	Liability Limit	

* Use code for type: 1 = sailboat; 2 = Inboard; 3 = Outboard; 4 = Jet; 5 = Inboard/Outdrive

Are any watercraft to be operated outside of United States coastal waters?

YES NO

Recreational Vehicles				Snowmobiles / Dune Buggies / Mini-Bikes / others NOT licensed for road use
Make & Model	Carrier	Policy No.	Liability Limit	

Is there Dog exclusion on the primary Homeowners or CPL policy?

YES NO

Is there an animal exclusion on the primary Homeowners or CPL policy?

YES NO

Is the underlying Auto Coverage being provided entirely by a Business Auto or Garage policy?

YES NO

Does the Applicant own any additional residences with 5 or more units?

YES NO



Personal Umbrella Liability Application

Applicant: _____

Comprehensive Personal Liability or Homeowners

Residential Properties / Rental Units and Apartments / Farms / Vacant Land

Location	Occupancy	Policy No.	Liability Limit
	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied-# Units: _____ <input type="checkbox"/> Farm - # Acres: _____ <input type="checkbox"/> Vacant Land-# Acres: _____		
	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied-# Units: _____ <input type="checkbox"/> Farm - # Acres: _____ <input type="checkbox"/> Vacant Land-# Acres: _____		
	<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied-# Units: _____ <input type="checkbox"/> Farm - # Acres: _____ <input type="checkbox"/> Vacant Land-# Acres: _____		

Oklahoma Fraud Statement: WARNING! Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing false, incomplete, or misleading information is guilty of a felony.

Fraud Statement (TX, KS, AR): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____

Date: _____

Printed name of above applicant: _____

Title: _____

Broker's Signature: _____

Date: _____

Submit by fax or email to the regional office that serves your primary location:



West

San Francisco, CA
Morgan Hill, CA
Redondo Beach, CA
Santa Clarita, CA
San Diego, CA

Fax: 415-955-1924
Fax: 408-778-6096
Fax: 310-372-1903
Fax: 661-297-7619
Fax: 760-737-7989

quotesSF@bgsurplus.com
quotesMH@bgsurplus.com
quotesRB@bgsurplus.com
quotesRB@bgsurplus.com
quotesSD@bgsurplus.com



Central

Conroe, TX
Dallas, TX

Fax: 800-338-8379
Fax: 800-338-8379

quotes@bgsurplustx.com
quotes@bgsurplustx.com



Midwest

Oakbrook, IL

Fax: 630-645-0501

prestipinof@bgsurplusmw.com



Northeast

Bedford, NH

Fax: 603-222-9017

quotesNH@bgsurplus.com



Southeast

Birmingham, AL
Lake Mary, FL

Fax: 205-323-1818
Fax: 407-833-9194

quotesAL@bgsurplus.com
submissions@bgsurplusse.com

All Regions

Garage Submissions

Fax: 800-338-8379

garagesubs@bgsurplus.com

Personal Lines

Fax: 310-376-8570

personalsubs@bgsurplus.com