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| --- | --- |
|  | **Kamkar Insurance Agency 310-743-9191****1300 S. Santee St Suite 208****Los Angeles, CA 90015****www.kamkarinsurance.com** |
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**Personal Umbrella Application**

|  |  |
| --- | --- |
| Last Name First Middle | Producer: |
| Producer Code: |
| Address Number & Street City State Zip |
| Agent/Brkr. Lic. #: |
| Office Address: |
| Garaging Address (if different) |
| City: State: Zip:\_\_\_\_\_\_\_\_ |
| Tel: Fax: |
| Police Period From: To: | Renews Policy Number |
|  |
| **UMBRELLA INFORMATION** |
| COVERAGES | PREMIUMS | CALCULATIONS |
| Application for Primary Umbrella | Basic | $ |  |
| Application for Excess Umbrella | Residences | $ |
| POLICY AMOUNT | RETENTION | Automobiles | $ |
| $ Million | $ | Recreational Vehicles | $ |
| Watercraft | $ |
| OPTIONAL COVERAGES TO APPLY: | Other | $ |
| Total | $ |
| **PRIMARY POLICY INFORMATION** |
| TYPE OF POLICY | COMPANY/POLICY NUMBER | POLICY PERIOD | LIMITS OF LIABILITYPROPERTYBODILY INJURY DAMAGE |
| AUTOMOBILE |  |  |  |  |
| PERSONAL LIABILITY |  |  |  |  |
| WATERCRAFT |  |  |  |  |
| RECREATIONAL VEHICLE |  |  |  |  |
| UNDERLYING UMBRELLA |  | $ MILLION |
| OPERATOR INFORMATION |
| LIST ALL MEMBERS OF THE HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY |
| # | NAME | DRIVERS LICENSENUMBER | STATE | DATE OFBIRTH | VEHICLE, CRAFT,% OF USE, ETC. | MINOR VIOL.(3 YEARS) | MAJOR VIOL.(3 YEARS) | ACCIDENT(3 YEARS) |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| **REAL ESTATE** |
| LIST ALL OWNED, LEASED OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC. |
| # | LOCATION | DESCRIPTION | # UNITS/ACRES | YEAR BUILT | OCCUPANCY |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

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|  |  |
| --- | --- |
| **AUTOMOBILES** | **RECREATIONAL VEHICLES** |
| LIST ALL AUTOS OWNED, LEASED | LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC. |
| # | YEAR | MAKE AND MODEL | # | YEAR | MAKE AND MODEL |
| 1 |  |  | 1 |  |  |
| 2 |  |  | 2 |  |  |
| 3 |  |  | 3 |  |  |
| **WATERCRAFT** |
| LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE |
| # | YEAR | TYPE, MANUFACTURER, MODEL | LENGTH | H.P. | MAXSPEED | COSTNEW | CURR.VALUE | WATERSNAVIGATED |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| **EMPLOYMENT** |
| OCCUPATION | EMPLOYER’S NAME AND ADDRESS |
| SPOUSE’S OCCUPATION | EMPLOYER’S NAME AND ADDRESS |
| OTHER OPERATOR’S OCCUPATION | EMPLOYER’S NAME AND ADDRESS |
| PRIOR EXPERIENCE |
| HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING $5,000.00 DURING THE LAST 5 YEARS?NO YES (EXPLAIN) | PRIOR CARRIER AND POLICY NUMBER |
| **GENERAL INFORMATION** |
| # | EXPLAIN ALL “YES” RESPONSES IN REMARKS | YES | NO | # | EXPLAIN ALL “YES” RESPONSES IN REMARKS | YES | NO |
| 1 | Any aircraft owned, leased, chartered or furnished for regular use? |  |  | 8 | Do you employ any residence employees? |  |  |
| 2 | Any driver convicted for any traffic violations? (Last 3 years) |  |  | 9 | Any non-owned property exceeding $1,000.00 in value in your care, custody or control? |  |  |
| 3 | Any driver with mental/physical impairments? |  |  | 10 | Any non-owned business and/or professional activities included in the primary policies? |  |  |
| 4 | Any premises, vehicles, watercraft, aircraft used for business? |  |  | 11 | Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures? |  |  |
| 5 | Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies? |  |  | 12 | Was any coverage declined, cancelled, non-renewed? (Last 5 years) |  |  |
| 6 | Do you engage in any type of farming operation? |  |  | 13 | Any motorcycles, mopeds or all terrain vehicles owned by the insured? (May be excluded) |  |  |
| 7 | Do you hold any non-remunerative positions? |  |  | 14 | Any other underwriting information of which Company should be aware? |  |  |
| Remarks: | 15 | Are any business activities conducted from your residence or premises (excluded in policy jacket)? |  |  |
|  |

*Notice to Applicant: In compliance with Public Law 91-508 this notice is to inform you that in connection with your application for insurance (1) an investigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made within a reasonable time after you receive this notice.*

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 is supplied by 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.

APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the states value of the claim for each violation.

**FRAUD WARNING**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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

Applicant Signature Time Date

Agent/Broker Signature Time Date

PUMBAPP (12-96)