



# COMPREHENSIVE PERSONAL LIABILITY APPLICATION

Date: \_\_\_\_\_

Producer's Name, Address and Phone Number _____ _____ _____ _____ CODE _____ POLICY TERM → _____ Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.)      Years	Applicant's Name and Mailing Address (include county & ZIP) _____ _____ _____ _____ _____ NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> PREV POL #: _____				
PREVIOUS ADDRESS (if less than 3 years)	Location of property if different from above (include county & ZIP)				
<b>APPLICANT INFORMATION</b>					
Applicant's Occupation	Applicant's Employer Name	Yr. Employ	Marital Status	Date of Birth	
Co-Applicant's Occupation	Co-Applicant's Employer Name	Yr. Employ	Marital Status	Date of Birth	
<b>Residences</b>					
Location	Description	SQ FT			
1.					
2.					
3.					
4.					
5.					
<b>COVERAGES/LIMITS OF LIABILITY</b>	<b>IDENTITY THEFT RECOVERY COVERAGE</b>		<b>MEDICAL - \$1,000 INCL.</b>		
Personal Each Occurrence \$100,000   \$300,000   \$500,000	ACCEPT	DECLINE			
<b>RATING/UNDERWRITING</b>					
Year built	Structure Type	Usage Type	#Families	# Weeks Rented	# Apts
_____	<input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-Op	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	_____	_____	_____
<b>General Information</b>			<b>General Information</b>		
Explain all "Yes" responses in remarks			Explain all "Yes" responses in remarks		
	Yes	No		Yes	No
1. ANY BUSINESS CONDUCTED ON PREMISES (including day/child care)?			6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy #)		
2. ANY FULL-TIME RESIDENCE EMPLOYEES? (No. of employee)			7. ANY ANIMALS OWNED? (How many & breed)		
3. ANY OTHER EMPLOYEES- DESCRIBE?			8. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING LAST 3 YEARS? (not applicable in DC, MO, OR OH)		
4. ANY FLOOD, BRUSH HAZARD, LANDSLIDE, ECT.?			9. ANY POOLS OR SPAS AT ANY LOCATIONS? If yes, are they fenced?		
5. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			10. IS THE PROPERTY VACANT? EXPLAIN		
<b>PLEASE COMPLETE NEXT PAGE</b>					

LOSS HISTORY Date	ANY LOSSES DURING THE LAST 5 YEARS? Type	1 Yes Description of Loss	1 No	IF YES, INDICATE BELOW	AMOUNT
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PRIOR COVERAGE Prior Carrier	Prior Policy Number	Amount of Coverage
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REMARKS
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**Fraud Warnings**  
Various state regulations require us to inform you of fraud warnings.

**To insureds in:**  
Alaska, Arkansas, Alabama, Arizona, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Maryland, Michigan, Missouri, Mississippi, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, Wisconsin, West Virginia, Wyoming:

**NOTICE:** In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATION CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OR LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

APPLICANT'S SIGNATURE _____	DATE (MM/DD/YY) _____	AGENT'S/BROKER'S SIGNATURE _____
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PREMIUM           \$ \_\_\_\_\_

POLICY FEE       \$ \_\_\_\_\_

INSPECTION FEE \$ \_\_\_\_\_

TAXES             \$ \_\_\_\_\_

TOTAL             \$ \_\_\_\_\_

**Note: No coverage will be bound prior to U.S. Postmark Date on the envelope enclosing this application or the date Faxed to National Advantage Insurance Services, Inc.**