



**SECURITY
MUTUAL
INSURANCE
COMPANY**

Established 1887

Security Mutual Insurance Company

2417 N. Triphammer Road

PO Box 4620

Ithaca, NY 14852

www.securitymutual.com

Personal Umbrella Liability Application
There is no binding authority for this product

Servicing Agent:

Named Insured and Mailing Address:

Phone:

Mobile Phone:

Email address:

Profession or occupation:

Limit of Coverage:

(maximum: \$3,000,000)

Deductible: \$

Security Mutual Policy Number: _____

Is Personal Injury Included? Yes ___ No ___

If any of the following questions are answered yes, the applicant is not eligible for coverage through this program:

Are the named insureds unmarried? Yes ___ No ___

(If yes, you may continue if both names are on all deeds and on all underlying policies)

Are any named insureds a politician (not including town assemblyman, city council member, or selectman for towns < 10,000), public lecturer, radio or TV broadcaster, telecaster, newspaper or magazine reporters, editors or publishers, labor leader, prominent figure – actor, actress, professional athlete, or other who are in the public limelight, law enforcement official (not including judge, bailiff, correction officer, probation officer, fire personnel, or state/town inspector)? Yes ___ No ___

Do any named insureds present a moral hazard or has anyone been sued for libel or slander?

Yes ___ No ___

Do any automobile drivers have more than two moving violations or at-fault accidents in a three-year period, or any convictions for reckless driving or driving while intoxicated within the last 10 years or as limited by state law? Yes ___ No ___

Is there a home day care exposure involving more than three children? Yes ___ No ___

Do any insureds own the following: Yes ____ No ____

1. 1-2 passenger jet skis exceeding 100 horsepower or 900cc.
2. 3-4 passenger jet skis exceeding 120 horsepower or 1000 cc.
3. Risks with unfenced in-ground pools or above ground pools (including temporary inflatable) without a removable ladder or deck with a gate.
4. Pool with a slide.

Are any automobile liability policies written through an assigned risk government sponsored or nonstandard auto carrier? Yes ____ No ____

Are there any skateboard ramps at any location? Yes ____ No ____

Do any policies provide coverage for an additional insured? Yes ____ No ____

Does any underlying carrier have less than a B+ AM Best Rating? Yes ____ No ____

Are any underlying policies that we can write written with another carrier? **If yes, explain for underwriting consideration:** _____

Do any underlying policies contain restrictive endorsements or exclusions such as animal liability, that would cause the umbrella policy to drop down to provide primary coverage?

Loss History, regardless of fault within the last five years?

Is there a trampoline at any premises? Yes ____ No ____

If yes, unless there is an exclusion on an underlying policy, the trampoline may be eligible for coverage if:

1. Trampoline is fully netted on all sides.
2. Trampoline is in a fenced yard with a locking gate to prevent access when not in use.
3. Trampoline is tied down.
4. Trampoline is on a soft surface and not on a concrete base.
5. Undersigned has read the safety precautions that came with the trampoline and agrees to post and enforce them.

MINIMUM SAFETY REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO:

- a) Use trampoline only with mature, knowledgeable adult supervision.
- b) Do not attempt or allow somersaults. Landing on the head or neck can cause serious injury, paralysis, or death, even when landing in the middle of the mat.
- c) Do not allow more than one person on the trampoline. Use by more than one person at the same time increases the chance of injury.
- d) Remove all hard or sharp objects including jewelry, eyeglasses, sunglasses, or hairclips before jumping.

Trampoline eligible for coverage? _____ If yes, no ML-52 or ML-52A applies.

Driver Details

Driver 1:

Name:	Date of Birth:	NYS License ID:
Number of at fault accidents:	Moving violations in last 3 years:	

Driver 2:

Name:	Date of Birth:	NYS License ID:
Number of at fault accidents:	Moving violations in last 3 years:	

Driver 3:

Name:	Date of Birth:	NYS License ID:
Number of at fault accidents:	Moving violations in last 3 years:	

Vehicle Details – attach current declaration

Vehicle 1:

Make:	Model:	Year:
Type:	Antique Vehicle:	Registered Highway:
Registered Territory:	Driver:	Underlying Limit:

Vehicle 2:

Make:	Model:	Year:
Type:	Antique Vehicle:	Registered Highway:
Registered Territory:	Driver:	Underlying Limit:

Vehicle 3:

Make:	Model:	Year:
Type:	Antique Vehicle:	Registered Highway:
Registered Territory:	Driver:	Underlying Limit:

Watercraft Details – attach current declaration

Watercraft 1:

Type: (OB, IB, I/O):	HP:	Length:
Underlying Limit:	Speed:	

Watercraft 2:

Type: (OB, IB, I/O):	HP:	Length:
Underlying Limit:	Speed:	

Jet Skis:

Passengers:	HP or CC:	Underlying Limit:
Passengers:	HP or CC:	Underlying Limit:

Recreational Vehicle Details – attach current declaration

Recreational Vehicle 1:

Type:	Count:	Underlying Limit:
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Trailer Details – attach current declaration

Trailer 1:

Make:	Model:	Year:
Underlying Limit:	Length:	

Motor Home Details – attach current declaration

Motor Home 1:

Make:	Model:	Year:
Underlying Limit:		

Location Summary – attach all declarations

#1	Address	County	Territory
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No. of Units:	Trampoline:	Occupancy:
Swimming Pools:	Swimming Pool Type:	Year of Construction:
Office or Studio:		

#2	Address	County	Territory
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No. of Units:	Trampoline:	Occupancy:
Swimming Pools:	Swimming Pool Type:	Year of Construction:
Office or Studio:		

#3	Address	County	Territory
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No. of Units:	Trampoline:	Occupancy:
Swimming Pools:	Swimming Pool Type:	Year of Construction:
Office or Studio:		

Business Pursuits:

Bed and Breakfast:	Bed and Breakfast Rooms:
Home Day Care:	Home Day Care Children:
Professional Office:	Total Professional Offices:
Owned Farmland:	

Is there a dog on any premises? Yes ____ No ____**If yes:**

Has/have the dog(s) ever bitten, nipped, or shown vicious propensities? Yes ____ No ____

Has/have the dog(s) been trained to guard or attack people, property, or other animals? Yes ____ No ____

Has/have the dog(s) been designated as "dangerous dog(s)" by a legal authority? Yes ____ No ____

Additional details about any liability exposure:

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 hereto, 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 stated value of the claim for each such violation. THE INFORMATION REQUESTED ON THIS APPLICATION IS MATERIAL TO SECURITY COOPERATIVE INSURANCE COMPANY IN ITS DECISION WHETHER TO ISSUE A POLICY OF INSURANCE. READ OVER THE APPLICATION CAREFULLY BEFORE SIGNING IT. By signing this application, you confirm (1) that all information supplied, to the best of your knowledge, is true and (2) you have received a copy of Security Mutual's Privacy Notice.

Insured's Signature _____

Agent's Signature _____

Down Payment must accompany application

Date: _____