



**SECURITY  
MUTUAL  
INSURANCE  
COMPANY**

*Established 1887*

**Security Mutual Insurance Company**

2417 N. Triphammer Road

PO Box 4620

Ithaca, NY 14852

[www.securitymutual.com](http://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: \$**

**Effective Date:** \_\_\_\_\_

**Security Mutual Policy Number:** \_\_\_\_\_

**Limit of liability:** \_\_\_\_\_

**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 written in a Custom or Nonstandard Program? Yes \_\_\_\_ No \_\_\_\_

Do all drivers have a New York State Driver's License? 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.**

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## Driver Details

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### Driver 1:

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

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### Driver 2:

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

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### Driver 3:

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

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## Vehicle Details – attach current declaration

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### Vehicle 1:

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

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### Vehicle 2:

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

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### Vehicle 3:

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

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## Watercraft Details – attach current declaration

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### Watercraft 1:

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

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### Watercraft 2:

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

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**Jet Skis:**

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

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**Recreational Vehicle Details – attach current declaration**

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**Recreational Vehicle 1:**

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

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**Trailer 1:**

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Make:	Model:	Year:
Underlying Limit:	Length:	

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**Motor Home Details – attach current declaration**

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**Motor Home 1:**

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Make:	Model:	Year:
Underlying Limit:		

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**Location Summary – attach all declarations**

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

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

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#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:**

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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: \_\_\_\_\_