

# IJU Agency Ltd.

## Personal Liability Form

(Please fill out to the best of your ability.)

### Part I: Applicant Information

Name Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Worked: \_\_\_\_\_

### Part II: General Information

Is any member of the household a federal or state political figure, professional athlete or coach, music/television entertainer, or CEO of a fortune 500 company: \_\_\_\_\_

Desired limits of insurance: \_\_\_\_\_ Medical payments limit: \_\_\_\_\_

Schedule of locations to be covered:

Location	Pool (Yes/No)	Owner/Applicant Occupied	Rental Dwelling	Vacant Dwelling

If you selected "Yes" to having a pool, can you please answer the following 2 questions:

1) Are all the swimming pools surrounded by a fence, have self-latching gates, and in compliance with local municipal codes? \_\_\_\_\_

2) If there a diving board over four feet high and/or a water slide: \_\_\_\_\_

Has the Insured had any Liability losses in the past three years? If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part III: Eligibility Questions

Is any location a model home or houseboat (permanently moored or otherwise): \_\_\_\_\_

During the next 12 months will there be any construction or renovations at any of the locations: \_\_\_\_\_

If Yes, will a licensed general contractor, other than the named insured, be contracted to do the construction/renovations: \_\_\_\_\_

If Yes, will the construction or renovation include demolition: \_\_\_\_\_

Are there any exotic pets, farm, or saddle animals owned by the insured, or household member: \_\_\_\_\_

Are there any locations with group homes, boarding, or rooming houses: \_\_\_\_\_

Are there any locations with an assisted living facility: \_\_\_\_\_

Are there any farming activities taking place at any of the locations: \_\_\_\_\_

Are there any activities of any kind (business, recreational, or other) to take place on the property, with or without the owner's permission: \_\_\_\_\_

Do any hazardous conditions such as: cracked or uneven sidewalks, missing/broker/defective steps & handrails, unsafe porches, or accumulation of debris: \_\_\_\_\_

Does the dwelling have any security bars on the windows: \_\_\_\_\_

Has the Insured or any member of the Insured's household been convicted of a felony in the past 5 years:  
\_\_\_\_\_

### Part IV: Locations Rented To Others

Are any locations rented to others on a short term basis (daily, weekly, monthly...): \_\_\_\_\_

Have any tenants been evicted from the premises in the past six months or is anyone in the process of being evicted:  
\_\_\_\_\_

Have any tenants been evicted from the premises in the past six months or is anyone in the process of being evicted:  
\_\_\_\_\_

Are there functioning and operational smoke detectors in all the units and/or occupancies: \_\_\_\_\_

Are wood burning stoves, space heaters, or temporary heating devices used as a primary heat source: \_\_\_\_\_

Are there any student residents at any location: \_\_\_\_\_

### Part V: Vacant Land Locations

Are there any activities of any kind (business, recreational, or other) to take place on the property, with or without the owner's permission: \_\_\_\_\_

Are there any logging operations: \_\_\_\_\_

Are there any exposures to landfills, quarries, underground mines, strip mines, caves, wells, dams or bridges:

\_\_\_\_\_

Are there any structures on the premises (except for a shed or garage, less than 500 sq. feet and used for the maintenance of the land, and is locked):

\_\_\_\_\_

Is there a boat dock or boat slip at any location: \_\_\_\_\_

Do you have any exposure to ponds or lakes: \_\_\_\_\_

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**Notice**

**This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.**

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Prepared By (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

