

IJU Agency Ltd.

Personal Umbrella Form

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

Applicant Information

Name Insured: _____

Address: _____

Telephone #: _____ Email: _____ Fax: _____

Gender: _____ SSN: _____ DOB: _____

Occupation: _____ Years Worked: _____

What is the liability limit requested:

Underwriting Information

Instructions: For 1-14, please answer Yes or No to the following.

- 1) Are any aircraft owned, leased, chartered or furnished for regular use: _____
- 2) Do any drivers have mental or physical impairments: _____
- 3) Are any premises, vehicles, watercraft, aircraft, used for business: _____
- 4) Are any premises, vehicles, watercraft, aircraft owned, hired, leased or regularly used not covered by the primary policies: _____
- 5) Do you engage in any type of farming operation: _____
- 6) Do you hold any non-remunerative positions: _____
- 7) Do you employ any residence employees: _____
- 8) Is there any non-owned property exceeding \$1,000 in value in your care, custody, or control: _____
- 9) Any non-owned business or professional activities included in the primary policies: _____
- 10) Does any primary policy have reduced limits of liability or eliminate coverage for specific exposure:

- 11) Was any coverage declined, cancelled or non-renewed within the past 5 years: _____
- 12) Any motorcycles, mopeds or all terrain vehicles owned: _____

13) Any other business activities conducted from your residence or premises? _____

If you answered Yes to any of the answers above, please provide an explanation:

14) How many drivers in your household under the age of 25: _____

15) What is the number of automobiles you own: _____

16) What is the number of recreational vehicles you own: _____

17) What is the number of single family dwellings you own: _____

18)What is the number of multi-unit buildings you own? _____

19)What is the number of vacant property (land) you own: _____

20) What is the number of motorcycles you own: _____

21)How many losses have you had in the last 5 years: _____

**Please Explain:

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.

*****Pr

Prepared By (Print): _____

Signature: _____

Date: _____

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.
