



# United States Liability Insurance Group

## Comprehensive Personal Liability

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_  
 2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 3. Profession/Occupation: Applicant \_\_\_\_\_ Spouse: \_\_\_\_\_  
 4. Email Address: \_\_\_\_\_

5. Does the applicant or any member of the applicant's household currently have any active policies with United States Liability Insurance Company, Mount Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company?  
 Yes, please provide policy number(s) \_\_\_\_\_  No

6. Is any applicant or resident of the applicant's household a High Profile individual such as a local or national TV or radio personality, best selling author, actor or actress, politician, professional athlete or coach in the NBA, NFL, MLB, NHL, Professional Boxers, Professional Race Car drivers, PGA, MLS, Professional Tennis, LPGA or WNBA, Owner of a Professional Sports team, CEO of a Fortune 500 Company, musician (rock, pop, rap, country, etc.) US Congressman or Senator, or other instantly recognizable name or face?  
 Yes  No  
**Decline Eligible**

7. Has the applicant or any member of the applicant's household been convicted of a felony within the past ten (10) years?  
 Yes  No

8. Are any locations leased to others for hunting?  
 Yes  No

9. **Applicant's Liability Loss History in Past 5 Years (Submit with loss information)**

Date	Type	Description	Is Claim Still Open?		Amount Paid
			Yes	No	

10. **Limits and Term**  
 Policy Period: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Limits of Insurance  \$100,000  \$300,000  \$500,000  \$1,000,000  
 Medical Payments Limit:  \$5,000 included

**Please answer all questions. Any question left unanswered will void coverage.** **Submit to company Eligible**

11. Is any location a vacant dwelling?  Yes  No  
 12. Is there a business exposure, including Day Care, at any of the locations?  Yes  No  
 13. Are there any farming activities conducted by the insured at any of the locations?  Yes  No  
 14. Are there any exotic pets, farm or saddle animals owned by the insured or household member at any location?  Yes  No  
 15. Is there currently, or, during the next 12 months, will there be any construction or renovations at any of the locations to be covered?  
 Yes, eligible. A licensed General Contractor other than the Named Insured, must be contracted to do the construction/renovations.  
 Yes, ineligible. The Insured will be the General Contractor.  
 No

**Condition of Premises and Hazards**

16. Are there any hazardous conditions on the premises such as: **Submit to company Eligible**  
 a. Cracks, holes or uneven **Sidewalks?**  Yes  No  
 b. Broken or defective **Steps, Handrails or Porches?**  Yes  No  
 c. Accumulation of debris  Yes  No

Elaborate on All Yes  Answers  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Schedule of locations to be covered**

**\* Only complete questions 17 & 18 if answered "yes" to pool**

Address: Residence(s) (List only locations to be covered.)		# of Families (1,2,3 or 4)	Pool *		Owner Occupied	Rental Dwelling
			Yes	No		
Primary Location (if requested)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Locations			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                              |                             |
|--|------------------------------|-----------------------------|
|  | <b>Submit to company</b>     | <b>Eligible</b>             |
| 17. Is there an unfenced swimming pool at any location?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Is there a diving board over four feet high and/or a waterslide? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Questions 19 through 21 pertain only to locations in California**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 19. If there is a dog at any of the insured locations, does it have a history of biting others?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Regarding Question 19, is the dog a Pit Bull, Rotweiler, or Doberman Pinscher?   |                              |                             |
| <input type="checkbox"/> Yes We will write the risk & add CPL112, Dog Exclusion.   |                              |                             |
| <input type="checkbox"/> No We must decline.   |                              |                             |
| 21. Does the insured currently employ, plan to hire within the next year or has the insured employed any domestic employee (gardener, maid, nanny) who works more than four hours per week or more than 52 hours in any 90 day period? |                              |                             |
| <input type="checkbox"/> Yes We must decline.  |                              |                             |
| <input type="checkbox"/> No Ok to proceed.   |                              |                             |

**Fraud Statement:** 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 conceals for the purpose of misleading, information concerning any fact material thereto, 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 such violation.

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker. \_\_\_\_\_

Address. \_\_\_\_\_

Mail Completed Application  
Through Local Agent or  
Broker to:

_____	_____	
Signature of Applicant	Date	
_____	_____	_____
Signature of Agent/Broker	Date	Agent/Broker Address