



COMPREHENSIVE PERSONAL LIABILITY APPLICATION

Date: _____

| Producer's Name, Address and Phone Number _____ _____ _____ _____ CODE _____ POLICY _____ TERM → Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.) _____ Years | Applicant's Name and Mailing Address (include county & ZIP) _____ _____ _____ _____ _____ NEW _____ RENEWAL _____ PREV POL #: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------------|--|---------------------------|--------------------------|----------------|---|--|-------|-------|--|--|--|---|---------------------------|------------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| PREVIOUS ADDRESS (if less than 3 years) | Location of property if different from above (include county & ZIP) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">APPLICANT INFORMATION</th> <th style="width:25%;">Applicant's Occupation</th> <th style="width:25%;">Applicant's Employer Name</th> <th style="width:10%;">Yr. Employ</th> <th style="width:10%;">Marital Status</th> <th style="width:5%;">Date of Birth</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <th> </th> <th>Co-Applicant's Occupation</th> <th>Co-Applicant's Employer Name</th> <th>Yr. Employ</th> <th>Marital Status</th> <th>Date of Birth</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | | APPLICANT INFORMATION | Applicant's Occupation | Applicant's Employer Name | Yr. Employ | Marital Status | Date of Birth | | | | | | | | Co-Applicant's Occupation | Co-Applicant's Employer Name | Yr. Employ | Marital Status | Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Residences</th> <th style="width:40%;">Description</th> <th style="width:30%;">SQ FT</th> </tr> <tr> <td>1.</td> <td> </td> <td> </td> </tr> <tr> <td>2.</td> <td> </td> <td> </td> </tr> <tr> <td>3.</td> <td> </td> <td> </td> </tr> <tr> <td>4.</td> <td> </td> <td> </td> </tr> <tr> <td>5.</td> <td> </td> <td> </td> </tr> </table> | | Residences | Description | SQ FT | 1. | | | 2. | | | 3. | | | 4. | | | 5. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICAL - \$1,000 INCL. \$2000 <input type="checkbox"/> \$3000 <input type="checkbox"/> \$4000 <input type="checkbox"/> \$5000 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IDENTITY THEFT COVERAGE: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COVERAGES/LIMITS OF LIABILITY Personal \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Each Occurrence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RATING/UNDERWRITING Yr built _____ (PICTURES OVER 10, INSPECTIONS OVER 20) <table style="width:100%;"> <tr> <td style="width:20%;">Structure Type</td> <td style="width:20%;">Usage Type</td> <td style="width:15%;">#Families</td> <td style="width:15%;"># Weeks Rented</td> <td style="width:10%;"># Apts</td> </tr> <tr> <td> <input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-Op </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal </td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | | Structure Type | Usage Type | #Families | # Weeks Rented | # Apts | <input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-Op | <input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PLEASE COMPLETE NEXT PAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| LOSS HISTORY | ANY LOSSES DURING THE LAST 5 YEARS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | IF YES, INDICATE BELOW | AMOUNT |
|--------------|-------------------------------------|------------------------------|-----------------------------|------------------------|--------|
| Date | Type | Description of Loss | | | |

| PRIOR COVERAGE | Prior Policy Number | Amount of Coverage |
|----------------|---------------------|--------------------|
| Prior Carrier | | |

| REMARKS | |
|---------|--|
| | |

APPLICANT'S STATEMENT; I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIED ALL OF THE FOREGOING STATEMENTS ARE TRUE: (Kansas: This does not constitute a warranty.)

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATION CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OR LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

AGENT'S/BROKER'S SIGNATURE