

CSR:

ACORD™ PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): 781-749-4310 FAX (A/C, No): Walter J. May Ins. Agcy., Inc. 188 Whiting Street Hingham, MA 02043-9840	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20%;">NAIC CODE</td> <td style="border: 1px solid black; width: 20%;">FACILITY CODE</td> </tr> <tr> <td colspan="2" style="border: 1px solid black;">POLICY #</td> </tr> </table>	NAIC CODE	FACILITY CODE	POLICY #	
NAIC CODE	FACILITY CODE				
POLICY #					
CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID _____	DATE AT CURR RES _____ CO/PLAN _____ HOME PHONE # _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ BUSINESS PHONE # _____				
	DAY _____ EVE _____ DAY _____ EVE _____				

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC	\$	
\$ _____	\$ _____	RESIDENCES	\$ _____	
OPTIONAL COVERAGES TO APPLY		AUTOMOBILES	\$ _____	
\$ _____	UNINSURED MOTORIST *	RECREATIONAL VEHICLES	\$ _____	
\$ _____	UNDERINSURED MOTORIST *	UNINSURED MOTORIST	\$ _____	
* IF APPLICABLE IN YOUR STATE		UNDERINSURED MOTORIST	\$ _____	
\$ _____	OTHER	WATERCRAFT	\$ _____	
		OTHER:	\$ _____	
		DEPOSIT	\$ _____	
		ESTIMATED TOTAL PREMIUM	\$ _____	

PAYMENT PLAN

ACCOUNT #:		ACORD 610 attached (NOT APPLICABLE IN NC)		MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:		<input type="checkbox"/>	AGENT
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:	<input type="checkbox"/>	FULL PAY	<input type="checkbox"/>	APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	OTHER:

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
			SINGLE LIMIT	BODILY INJURY	PROPERTY DAMAGE
AUTO	BASIC				
	UNINS MOT				
PERSONAL LIABILITY	HOME			N/A	N/A
	RENTALS			N/A	N/A
WATERCRAFT				N/A	N/A
RECREATIONAL VEHICLES	BASIC				
	UNINS MOT				
EMPLOYERS LIABILITY				N/A	N/A

REAL ESTATE

LIST ALL OWNED, LEASED OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC					
#	LOCATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY

AUTOMOBILES

RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE			LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC		
#	YEAR	MAKE AND MODEL	#	YEAR	TYPE, MAKE AND MODEL

WATERCRAFT

CSR:

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

#	YEAR	MOTOR TYPE, MANUFACTURER AND MODEL	LENGTH	HORSE POWER	MAX SPEED	VALUE		WATERS NAVIGATED
						COST NEW	CURRENT VALUE	
						\$		
						\$		

OPERATOR INFORMATION

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY

#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	DATE OF BIRTH	DATE LIC	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #	VEHICLE % USE	CRAFT % USE	OTHER

EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

PRIOR EXPERIENCE

HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT, DURING THE LAST ____ YEARS?

NO YES (PROVIDE OPERATOR #, DATE OF LOSS, AND DESCRIPTION)

PRIOR CARRIER AND POLICY NUMBER

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?			10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?		
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST 3 YEARS? IF YES, PROVIDE OPERATOR #, DATE, AND DESCRIPTION.			11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?		
3. ANY OPERATOR HAVE A PHYSICAL/MENTAL IMPAIRMENT? (List operator number) NOT APPLICABLE IN WI			12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?		
4. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?			13. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING THE LAST 5 YEARS? NOT APPLICABLE IN MO		
5. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?			14. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?		
6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?			15. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		
7. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?			16. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?		
8. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?			17. IS THERE A TRAMPOLINE ON THE PREMISES?		
9. ANY FULL-TIME EMPLOYEES? (List number of employees)					

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

STATES SUPPLEMENT(S), IF APPLICABLE

BINDER/SIGNATURE

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT. In DC, LA, ME, TN and VA insurance benefits may also be denied).

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE: OTHER STATE:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN INDIANA: 1. I SELECT UIM LIMITS INDICATED ON THIS APPLICATION. (INITIALS) OR 2. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT: IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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