

**BEAR RIVER MUTUAL INSURANCE COMPANY**  
**Personal Umbrella Liability Application - Page 1 of 2**

Date \_\_\_\_\_

<b>AGENT INFO.</b>	Agency Name and Address
Agent No.	_____

<b>POLICY NO.</b> <b>U</b>	For office use only	<b>Note: COVERAGE IS BOUND ONLY UPON COMPANY APPROVAL</b>
Requested Effective Date: _____		Policy Term - 1 Year

**APPLICANT - AUTO AND HOMEOWNERS COVERAGE MUST BE WITH BEAR RIVER MUTUAL**  
**(This policy cannot be issued in the name of an estate or LLC)**

Name of Applicant	Occupation (Title)	Employer	How Long Employed Years
Spouse (Resident in Same Household)	Occupation (Title)	Employer	How Long Employed Years
Street Address	City	County	State Zip

**LIMIT OF LIABILITY: \$1,000,000 RETAINED LIMIT: \$250**

**LIMIT OF LIABILITY: \$2,000,000 RETAINED LIMIT: \$250**

RATING INFORMATION		PREMIUM																																										
1. Basic Premium <b>Includes Homeowners and 1 Auto</b>		\$ 95.00																																										
2. Additional Residences: Not at above address																																												
<table border="1"> <thead> <tr> <th>Address, City, State, Zip</th> <th>Own</th> <th>Rental Dwelling</th> <th># of Units</th> <th>Insurer</th> <th>Policy No.</th> <th>Liability Limits</th> </tr> </thead> <tbody> <tr><td>a.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>b.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>c.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>d.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>e.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>			Address, City, State, Zip	Own	Rental Dwelling	# of Units	Insurer	Policy No.	Liability Limits	a.							b.							c.							d.							e.						
Address, City, State, Zip	Own		Rental Dwelling	# of Units	Insurer	Policy No.	Liability Limits																																					
a.																																												
b.																																												
c.																																												
d.																																												
e.																																												
3. Number of Domestic Employees:      Number of Part Time _____      Number of Full Time _____		\$																																										
4. Youthful Operators Under Age 25 (# _____ x rate)		\$																																										
5. Vehicle Information: Please complete the appropriate information on all vehicles, motorcycles, snowmobiles, all-terrain vehicles, motor homes, and recreational vehicles owned, leased, or regularly used:																																												
<table border="1"> <thead> <tr> <th>Year</th> <th>Make</th> <th>Model</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>			Year	Make	Model																																							
Year	Make		Model																																									
		\$ Included																																										
		\$																																										
		\$																																										
		\$																																										
		\$																																										
		\$																																										
6. Watercraft Information																																												
<table border="1"> <thead> <tr> <th>Year</th> <th>Make</th> <th>HP</th> <th>MPH</th> <th>Length</th> <th colspan="4">Type of Motor (circle which one)</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Outboard</td> <td>In/Outboard</td> <td>Inboard</td> <td>Other</td> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Outboard</td> <td>In/Outboard</td> <td>Inboard</td> <td>Other</td> </tr> </tbody> </table>			Year	Make	HP	MPH	Length	Type of Motor (circle which one)									Outboard	In/Outboard	Inboard	Other						Outboard	In/Outboard	Inboard	Other															
Year	Make		HP	MPH	Length	Type of Motor (circle which one)																																						
					Outboard	In/Outboard	Inboard	Other																																				
					Outboard	In/Outboard	Inboard	Other																																				
		\$																																										
7. Permitted Incidental Occupancies or Other Rating Information		\$																																										
8. <b>Total Policy Premium</b>		<b>\$</b>																																										
<b>Payment in full is required at the time of application.</b> (Minimum Umbrella Premium for \$1,000,000 Coverage is \$140.00)																																												

9. Schedule of Underlying Insurance

Please check last column for any policy that is written through your agency.

Type of Policy	Insurer	Policy Number	Policy Period	Liability Limits	x
Homeowners	Bear River Mutual				
Automobiles	Bear River Mutual				
Motorcycles/Minibikes Road Licensed: Yes ____ No ____					
Snowmobiles/All-Terrain Vehicles					
Watercraft					
Employers Liability					
Other - state type:					

**A current Declaration Page is required for any policy not written with Bear River Mutual Insurance Company.**

10. Driver's Information - Please complete the appropriate information for ALL HOUSEHOLD MEMBERS.

Name	Date of Birth	Driver's License Number	State

11. Does the Applicant presently carry personal umbrella coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

12. Please answer the following questions.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	A. Does any policy listed above or carried by applicant have reduced limits of liability or eliminate coverage with respect to any insureds or exposures?
<input type="checkbox"/>	<input type="checkbox"/>	B. Does personal liability coverage listed above cover any rental property?
<input type="checkbox"/>	<input type="checkbox"/>	C. Is there an office or studio occupancy on the applicant's premises?
<input type="checkbox"/>	<input type="checkbox"/>	D. Is the applicant or any resident of the household involved in any day care or business activities on the premises?
<input type="checkbox"/>	<input type="checkbox"/>	E. Are any vehicles not covered by the underlying policies listed?
<input type="checkbox"/>	<input type="checkbox"/>	F. Has any driver had insurance in an auto insurance plan or non-standard rating plan?
<input type="checkbox"/>	<input type="checkbox"/>	G. In the past 5 years, has any driver had any automobile license or permit revoked, suspended or refused?
<input type="checkbox"/>	<input type="checkbox"/>	H. In the past 5 years, has any driver had any traffic violations or accidents, whether or not at fault?
<input type="checkbox"/>	<input type="checkbox"/>	I. In the past 5 years, has any driver consumed any alcoholic beverages?
<input type="checkbox"/>	<input type="checkbox"/>	J. In the past 5 years, has any driver used any illegal drugs or illegal substances?
<input type="checkbox"/>	<input type="checkbox"/>	K. Does the applicant own or occupy residences other than those covered by the policies listed?
<input type="checkbox"/>	<input type="checkbox"/>	L. Does the applicant own any watercraft or recreational vehicles not insured by the underlying policies listed?
<input type="checkbox"/>	<input type="checkbox"/>	M. Are any aircraft owned, leased, rented or chartered by the applicant?
<input type="checkbox"/>	<input type="checkbox"/>	N. Does the applicant or any resident of the household hold any elected, appointed or non-compensated positions?
<input type="checkbox"/>	<input type="checkbox"/>	O. Has the applicant or any resident of the household ever been sued for libel or slander?
<input type="checkbox"/>	<input type="checkbox"/>	P. Do any of the applicant's properties, whether owned or rented to others, have a swimming pool?
<input type="checkbox"/>	<input type="checkbox"/>	Q. Do any of the applicant's properties, whether owned or rented to others, have a trampoline that is unfenced?
<input type="checkbox"/>	<input type="checkbox"/>	R. Does the applicant own any horses, board horses for others, offer riding instructions, or rent horses to others?
<input type="checkbox"/>	<input type="checkbox"/>	S. In the past 5 years, has any company declined, canceled, or refused to renew insurance similar to that applied for?
<input type="checkbox"/>	<input type="checkbox"/>	T. In the past 5 years, have there been any losses over \$1,000 (whether or not covered by insurance) claimed by, or paid to others on account of the liability of the applicant or any resident of the household?
<input type="checkbox"/>	<input type="checkbox"/>	U. Does the applicant have any non-owned property exceeding \$250 in his or her care, custody, or control?

If any answer is YES, please explain. \_\_\_\_\_  
 \_\_\_\_\_

SPECIAL NOTIFICATION: It is understood that as part of our underwriting procedure, an investigative consumer report may be ordered. If a consumer report is ordered, you may make a written request for information on the nature and scope of such report.

**APPLICANT'S STATEMENT**

I have read the above application and I declare that to the best of my knowledge and belief, all of the foregoing statements and answers to questions are true, and that these statements and answers are offered as an inducement to the Company to issue the policy for which I am applying.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM  
 PM

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM  
 PM

**AUTHORIZED AGENT**

Agents Signature & Number \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM  
 PM