



NAMED INSURED/APPLICANT _____ POLICY NO. _____ (If assigned)

PRODUCER NAME _____ PRODUCER NO. _____

GENERAL INFORMATION

- 1. Are any insureds/applicants holders of, or candidates for public office?
2. Are any insureds/applicants members of a Board of Directors or officers in any organization?
3. Has any insured/applicant been convicted of a charge of libel, slander, wrongful detention or false arrest?
4. Any change in occupation for insured and/or spouse within the last 3 years?

RESIDENTIAL INFORMATION

- 1. Is there a trampoline on any premises covered by this policy?
2. Do you own a swimming pool at any premises covered by this policy?
3. Are there any animals or exotic pets kept on any premises covered by this policy?
4. Number of owner-occupied secondary or seasonal residences?
5. Number of rental units (i.e., 1 building with 4 apartments = 4 units) #

WATERCRAFT INFORMATION

Table with 5 columns: YEAR, MFR/MODEL, LENGTH, MOTOR MFR, HP. Row 1: _____

MOTORIZED VEHICLE INFORMATION

Describe those recreational type vehicles for which primary liability coverage is provided and for which this umbrella policy will be excess. Include RV's, Motor Homes, ATV's, snowmobiles, motorized scooters, motorcycles, mini bikes, antique cars, golf carts, etc. Use COMMENTS area if additional space is needed.

Table with 6 columns: YEAR, TYPE, MAKE/MODEL, HP/CC's, PRIMARY POLICY #, PRIMARY PROVIDER? Row 1: _____

OPERATOR INFORMATION

List all vehicle operators, including those for watercraft and recreational vehicles.

NAME	DATE OF BIRTH	AUTO DRIVER'S LICENSE #	OPERATOR'S TRAINING: POWER SQUADRON, COURSES, ETC.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL NOTICE: If this umbrella policy provides coverage for an underlying risk that Utica does not write, a copy of the most recent declarations page must be submitted.

COMMENTS:

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: As part of our underwriting procedure, a consumer report may be requested in connection with this application. Additionally, subsequent consumer reports may be requested on renewal or as an update on your insurance application. Upon written request, you will be informed whether or not a consumer report was requested, and if so, the name and address of the consumer reporting agency.

ANY PERSON WHO KNOWINGLY AND WITH 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 EACH SUCH VIOLATION.

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 are true and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER SIGNATURE _____ DATE _____