

The Campbell Group

ACRISURE Agency Partner

Personal Umbrella Questionnaire

Applicant Information

Applicant Name(s):		Occupation(s):
Applicant Type: Individual(s) <input type="checkbox"/> Trust <input type="checkbox"/> LLC <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Estate <input type="checkbox"/>		
Phone #:	Email:	Primary Address:
Umbrella Policy Limit:		Underlying Watercraft Liability Limit:
Underlying Personal Liability Limit:		Underlying Auto Bodily Injury Liability Limit:

Please provide information for all household members (including all driving and non driving members)

Name	D.O.B	Relationship	DL#	License State

Describe any accidents, tickets, and/or claims within the past 3 years, for any household driver:

Please list all residence(s) occupied by Insured

Address:

Address:

Please list all residence(s) rented to others

Address:

Address:

Any Watercraft? If Yes please complete watercraft information below

Year	Make & Model	Type	Max Speed	Total HP	Waters Navigated	Underlying Liability Limit

- Does the applicant or any resident of the applicant's household operate any business at the owner-occupied residence? Yes No
- Does the applicant own or lease any location used for farm or ranch operations? Yes No
- How many automobiles or motor homes are owned or furnished for the regular use of any operator in the household?
- How many recreational vehicles (not licensed for road use) does the Insured have?
- Does anyone in your household hold any non-paid or volunteer positions? Yes No
If Yes - please provide the individuals name & list the position and duties:
- Is any member of your household a member of any board or directors? Yes No
If Yes - please provide the individuals name & list the position and duties:
- Is the board for a non-profit organization? Yes No
- Do you have any animals? Yes No - If yes - Please provide breed:
- Do you have a swimming pool? Yes No Do you have a trampoline? Yes No

Remarks:

Please Note: We may have some additional questions for you as we go through the quote process.

Fax to: 1-800-847-3129 or E-mail: PersonalLines@thecampbellgrp.com

If you have a copy of your declarations page(s) outlining your current coverage, please include when submitting