

Preferred Mutual Insurance Company Personal Umbrella Renewal Questionnaire

Please verify accuracy, **note any changes**, and return within 3 weeks to ensure that the insured has coverage on all underlying exposures and that we have the most up-to-date information on file.

Date: _____ Agency Code: _____
Agency: _____ Renewal Effective Date: _____
Policy Number: _____
Insured Name: _____
Insured Address: _____

The following is the most current information that we have on file. *Please circle the applicable indicator (A=Add, D=Delete, NC=No Change) and print any changes or additions in the space provided below each entry.*

Reminder: ALL members of your household must maintain the Minimum Required Limits of Liability Coverage as outlined below as a condition of coverage.

All Underlying Policies must carry a minimum of \$300,000 or \$300,000/\$300,000/\$100,000 to qualify for coverage under the Personal Umbrella.

Underlying Personal Auto Insurance

Carrier	Policy #	Limit	
			A / D / NC
			A / D / NC
			A / D / NC

Underlying Commercial Auto Insurance (Only applicable if the covered auto is furnished for regular personal use.)

Carrier	Policy #	Limit	
			A / D / NC
			A / D / NC
			A / D / NC

Automobiles, Motorcycles, or Motor Homes owned by the Named Insured or Furnished for the Named Insured's Regular Use.

Year	Make	Model	
			A / D / NC
			A / D / NC
			A / D / NC
			A / D / NC
			A / D / NC

Drivers in Household

Name	DOB	Lic Dt	Lic #	State
				A / D / NC
				A / D / NC
				A / D / NC
				A / D / NC
				A / D / NC

Underlying Residential Property Insurance

Carrier	Policy #	Limit
		A / D / NC
		A / D / NC
		A / D / NC

Residential Properties Owned, Leased, Rented to Others
(Please note T = Tenant occupied, O = Owner occupied primary, S = Owner occupied secondary/seasonal.)

Address	Year Built	# Families	Occupancy Code
			A / D / NC
			A / D / NC
			A / D / NC
			A / D / NC
			A / D / NC
			A / D / NC

Underlying Watercraft/Jetski Insurance

Carrier	Policy #	Limit
		A / D / NC
		A / D / NC
		A / D / NC

Watercraft/Jetski

Year	Engine Type	Manufacturer/Model	HP	Length	Speed
					A / D / NC
					A / D / NC
					A / D / NC

Underlying Recreational Vehicle Insurance

Carrier	Policy #	Limit	
			A / D / NC
			A / D / NC
			A / D / NC

Recreational Vehicles owned by the Named Insured or Furnished for the Named Insured's Regular Use

Year	Type	Manufacturer/Model	
			A / D / NC
			A / D / NC
			A / D / NC

PLEASE COMPLETE THE FOLLOWING QUESTIONS AND EXPLAIN ANY "YES" ANSWERS IN THE SPACE PROVIDED BELOW EACH QUESTION:

The following 14 questions **MUST** be answered or the application will be considered incomplete and a **NON-RENEWAL** of the personal umbrella coverage may be sent.

1. Employment Information
Occupation

Employer Name & Address

Insured: _____

Spouse: _____

2. HAVE THERE BEEN ANY LIABILITY INCIDENTS REPORTED OR PAID DURING THE LAST 3 YEARS ON ANY POLICY? (Please CIRCLE one) **YES NO**

Remarks:

3. Any Premises, Vehicles, or Watercraft used for Business? **YES NO**

Remarks:

4. Any Real Estate, Vehicles, or Watercraft owned, leased, or regularly used, not covered by a Primary Policy? **YES NO**

Remarks:

5. Any type of Farming Operation conducted by the insured? **YES NO**

Remarks:

6. Any Non-Remunerative Positions held by the insured? **YES NO**

Remarks:

7. Is any insured in the Entertainment Business, Publishing Business, or hold a Public Office? **YES NO**

Remarks:

8. Does the insured employ any Residence Employees? **YES NO**

Remarks:

9. Are any Business and/or Professional Activities included in the Primary Policies? **YES NO**

Remarks:

10. Do any Underlying Policies have reduced limits of Liability or eliminate Coverage for Specific Exposures? **YES NO**

Remarks:

11. Was any Coverage Declined, Cancelled, or Non-Renewed in the last 3 years? **YES NO**

Remarks:

12. Any **Inground** or **Above Ground** Swimming Pools? (Please circle type if applicable). Is the Pool **fenced** if **Inground** or is there a **removable ladder** or **locking gate** if **Above Ground**? **YES NO** Is there a **Diving Board**? **YES NO**

Remarks:

13. Any Trampolines on premises? **YES NO**

Remarks:

14. Does the insured or any tenant have any animals or exotic pets? **YES NO**

If "YES" Type/Breed? _____

REMARKS:

Insured's Statement: By signing this form, I declare that the information contained on this renewal questionnaire is true and complete to the best of my knowledge and belief.

Insured's Signature: _____ **Date:** _____

Agent's Signature: _____ **Date:** _____