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Call 607 257 5000

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Personal Umbrella Renewal Questionnaire

Established 1887

Date: Policy #
Renewal Effective Date

PLEASE SEND A COPY OF THE PERSONAL AUTO, WATERCRAFT, RECREATIONAL VEHICLE AND ALL OTHER DECLARATION PAGES WHEN RETURNING QUESTIONNAIRE.

* IMPORTANT NOTE: PLEASE RETURN BY: OR POLICY WILL BE NON-RENEWED.

INSURED:

Table with columns: CARRIER, LIMITS, EFFECTIVE DATE. Rows for CPL/FCPL AUTO and OTHER(specify).

List any automobiles, motorcycles, mopeds, trucks or other motorized land vehicles owned, leased, or furnished to covered person(s). Please indicate number and type of vehicles.

Table with columns: Vehicle, Type, Registered for Highway Use?, Antique Auto. Includes checkboxes for YES/NO.

List any individuals using above vehicles.

Table with columns: Name, Vehicle driven, Date of Birth, Youthful Operator Age 25 or under, NYS License I.D.#.

Any moving vehicle violations and/or accidents during the past 3 years? List person, violation or accident, date.

Any other changes affecting umbrella exposure? YES NO Describe:

If any watercraft are owned, leased or borrowed, please complete the following.

Table with columns: Year and make, Horsepower or CC, Rated speed, Length (Inboard, Inboard/Outboard, Outboard, Jet Ski).

Do you have an office or studio in your home? If yes, include type

Do you have any domestic employees? If yes, how many?

Do you have a swimming pool on premise? YES NO Above Ground Inground Portable Inflatable

Fenced?: YES NO Diving Board?: YES NO

Do you have a Trampoline?: YES NO

Do you have Dogs?: YES NO How many? Breed:

Number of trailers 25 feet in length or longer:

By Signing this application/questionnaire you confirm that all information supplied, to the best of your knowledge is, true and any willful concealment or material misrepresentation of fact or circumstance may void the policy, if issued.

Agent Signature of applicant Date