

PERSONAL UMBRELLA APPLICATION

SECURITY MUTUAL

INSURANCE COMPANY

2417 North Triphammer Road

P.O. Box 4620

Ithaca, New York 14852-4620

New Policy

Renewal of policy number _____

Named Insured and P.O. Address (Number, Street, Town or City, County, State, Zip Code)

Policy Period: From _____ to _____ 12:01 a.m. Standard Time

Policy limits

Deductible

1,000,000

2,000,000

3,000,000

250

500

1,000

5,000

10,000

Profession or occupation

Kind of business

Occupation of spouse

Part of premises occupied by applicant

Any other dwellings or apartments owned or rented to others (by address) including number of rental units

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.

Vehicle	Type	Registered for Highway Use?	Antique Auto
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>

List any individuals using above vehicles.

Name	Vehicle driven	Date of Birth	Youthful Operator Age 25 or under	NYS License I.D.#
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Any moving vehicle violations during the past 3 years? List person, violation, date.

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

Year and make	Horsepower or CC	Rated speed	Length
			<input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Outboard <input type="checkbox"/> 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: _____

Basic policies at least equal to required underlying limits are maintained as follows:

PERSONAL LIABILITY Required \$300,000 each occurrence
Comprehensive Personal Liability or
Section II of Homeowners Policy POLICY LIMIT _____
Security Mutual Policy # _____ Policy dates from _____ to _____

AUTOMOBILE LIABILITY Required: Territory I & II Youthful Operator
Combined Single Limit \$300,000 (Age 25 or under)
Bodily Injury \$300,000/\$300,000 with one moving
POLICY LIMIT _____ \$250,000/\$500,000 violation within 3 yrs.
Property Damage \$100,000 \$500,000/\$500,000
\$500,000 CSL
Name of Insurance Company _____ Policy dates from _____ to _____

RECREATION VEHICLES Required \$300,000 each occurrence
POLICY LIMIT _____
Name of Insurance Company _____ Policy dates from _____ to _____

WATERCRAFT LIABILITY Required \$300,000 each occurrence
POLICY LIMIT _____ (less than 25 hp outboard, 50 hp inboard or I/O)
All others \$300,000
Security Mutual Policy # _____ Policy dates from _____ to _____

TRAILERS 25 FT IN LENGTH OR GREATER Required \$300,000 each occurrence
POLICY LIMIT _____
Name of Insurance Company _____ Policy dates from _____ to _____

INCIDENTAL BUSINESS LIABILITY Required: \$300,000/\$300,000 Bodily Injury
POLICY LIMIT _____ Required: 100,000 Property Damage
Required: 300,000 Combined Single Limit
Security Mutual Policy # _____ Policy dates from _____ to _____

BUSINESS PURSUITS Required: \$500,000 each occurrence
Added to Homeowner
POLICY LIMIT _____
Security Mutual Policy # _____ Policy dates from _____ to _____

EMPLOYERS LIABILITY (where required by law) Required: \$100,000
Name of Insurance Company _____ Policy dates from _____ to _____

FOR PREMIUM CREDITS, PLEASE INDICATE ANY BASIC POLICIES WRITTEN ABOVE REQUIRED LIMITS.

Please indicate any previous claims incurred during the past five years.

Motor vehicle accidents, including date, person involved and if at fault.

By Signing this application you confirm (1) 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, and (2) You have received a copy of Security Mutual's Privacy Notice. This application does not bind the company for any coverage.

Agent _____ Signature of applicant _____ Date _____



Established 1887

SECURITY MUTUAL INSURANCE COMPANY Privacy Protection Policy

At Security Mutual, providing for your security is our highest concern. We have been protecting policyowners since 1887, and that includes protecting the privacy and confidentiality of our customers' personal information. Therefore, we are pleased to publish Security Mutual's Privacy Notice, which describes how Security Mutual, its subsidiary, Security Mutual Brokers Services, and association, New York Mutual Underwriters, handle the information we receive about you.

Information Collection

- ◆ We collect and use information about you in order to provide you with insurance and other services.
- ◆ We obtain most of the information from you, primarily from the application you complete when you apply for our products or services.
- ◆ **Transaction Information:** This is information about your transactions with us, our affiliates, or others. It includes your insurance coverage selections and premiums, payment and claims history, and information necessary for billing and payment. It may also include additional information used to adjust, investigate, and settle insurance claims, such as witness statements and police reports. Transaction information may be disclosed as described below.
- ◆ **Consumer Report Information:** This is information we receive from a consumer reporting agency, and is used to confirm or supplement application information. It includes motor vehicle reports and/or claims history reports. We will disclose consumer report information only as necessary to quote or service your insurance policy and as permitted or required by law. To underwrite your insurance and provide an accurate insurance quote, consumer report information may be shared with our affiliated insurance underwriting association. By obtaining a quote or applying for insurance with us, you consent to our sharing of this information with our affiliated insurance underwriting company.

Information Protection

- ◆ To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with state regulations. We have also appointed a corporate privacy officer to monitor compliance with the Company's privacy policy.
- ◆ All employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate reason for doing so, such as responding to a customer request.

Information Disclosure

- ◆ We will not sell your personal information.
- ◆ We will not disclose your personal information except as necessary for conducting business or where permitted by law. For example, we may disclose your personal information to your agent, our employees or our service providers so they can service your business or respond to your questions or requests. We require the recipients of such information to protect the information and use it only for the purpose provided.

Future Notification

Each year, we will provide you with a summary of our privacy policy.

For More Information

If you have any questions about Security Mutual's privacy policy, please contact us or write to our privacy officer at Security Mutual Insurance Company, Post Office Box 4620, Ithaca, New York 14852-4620.