



405/416-5200 P.O. Box 26104  
Oklahoma City, OK 73118

# Umbrella Application

Agent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

## Applicant

- Name of Applicant (include all entities to be covered): \_\_\_\_\_  
\_\_\_\_\_
- Home Office Address: \_\_\_\_\_
- Other Location (Include Foreign): \_\_\_\_\_  
\_\_\_\_\_
- Legal Status:  Individual     Partnership     Corporation     Joint Venture     Other (describe)

## Operations

1. Does the Bank engage in any of the following?

- |                            |                              |                             |                          |                              |                             |
|----------------------------|------------------------------|-----------------------------|--------------------------|------------------------------|-----------------------------|
| Commercial Loans           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Insurance Agency         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Loans             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Real Estate Agency       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Commercial Trusts          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Financial Counseling     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Trusts            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tax Services             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Equipment Leasing          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aircraft Loans           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Auto Leasing               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Watercraft Loans         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Credit Card Administration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Armed Security Guards    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Estate Settlements         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Perform Own Repossession | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Complete description of any other operations not indicated above: \_\_\_\_\_  
\_\_\_\_\_
- Total deposits: \$ \_\_\_\_\_
- Number of Employees: \_\_\_\_\_
- Total Payroll: \$ \_\_\_\_\_

## Coverage

- Limit of Liability desired: \$ \_\_\_\_\_
- Proposed effective date: \_\_\_\_\_
- Previous umbrella coverage: Carrier \_\_\_\_\_  
Limit: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_ Rate: \$ \_\_\_\_\_
- Has coverage ever been declined, cancelled or non-renewed? (N/A in MO)     Yes     No

## Automobile Liability

- Number of Vehicles: \_\_\_\_\_ Private Passenger: \_\_\_\_\_ Pickups/Vans: \_\_\_\_\_ Other: \_\_\_\_\_
- Does primary include non-owned and hired car?     Yes     No

# Employers Liability

1. Does Applicant have exposure under:

		Payroll		Covered by Primary
Jones Act	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum number of men over water at one time			_____	
US Longshoremen & Harbor Workers Act	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Stop Gap	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Insurance Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Effective/Expiration Dates: \_\_\_\_\_  
 Limit for Employers Liability: \_\_\_\_\_  
     Bodily Injury by Accident – Each Accident \$ \_\_\_\_\_  
     Bodily Injury by Disease – Policy Limit \$ \_\_\_\_\_  
     Bodily Injury by Disease – Each Employee \$ \_\_\_\_\_

## Aircraft

1. Year, type and number of passenger seats of each aircraft (indicate owned or not owned): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Water Craft

1. Type, horsepower and length of each water craft (indicate owned or not owned): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Loss Record

Describe all losses in the past five years in excess of \$10,000:

Date of Loss	Description	Closed	Open
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

### FRAUD STATEMENT:

NOTICE: IN SOME STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

FRAUD STATEMENT TO ARKANSAS, LOUISIANA, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

FRAUD STATEMENT TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE, OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FRAUD STATEMENT TO HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT ANY PERSON WHO PRESENTS A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS GUILTY OF A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

FRAUD STATEMENT TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

FRAUD STATEMENT TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

FRAUD STATEMENT TO MARYLAND AND OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

FRAUD STATEMENT TO MINNESOTA APPLICANTS: ANY PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

FRAUD STATEMENT TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

FRAUD STATEMENT TO NEW YORK APPLICANTS: 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.

FRAUD STATEMENT TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

FRAUD STATEMENT TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

FRAUD STATEMENT TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

FRAUD STATEMENT TO VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE.

By \_\_\_\_\_  
Applicant's Signature

By \_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Type or Print Name

Date \_\_\_\_\_

Date \_\_\_\_\_