



Personal Group Umbrella Application

With \$1 Million Uninsured Motorist / Underinsured Motorist (UM/UIM)

Select Coverage Limit

- \$1 Million \$395*
 \$2 Million \$572*
 \$3 Million \$714*
 \$5 Million \$951*

* Annual premiums quoted. Coverage will be effective the first of the month after application approval. Premiums billed will include an additional separate surplus line tax of 3.5% and a stamping fee of 0.125%.

APPLICANT INFORMATION

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PLEASE NOTE: The association member is ineligible for this coverage if the member or relative of the member living in the member's household had a DUI, DWI or a suspended license in the past three years. Student members are not eligible.

OPERATOR INFORMATION *(List all household members who operate a motor vehicle or are 15 years of age or older.)*

No.	First	MI	Last Name	Date of Birth	Gender
1.)					
2.)					
3.)					
4.)					

Sheet is attached for additional drivers.

GENERAL INFORMATION *(Please explain a "Yes" response in Remarks. Include the date, operator and a description of each violation.)*

Has any operator been convicted of any moving traffic violations during the past 36 months? Yes No

Remarks _____

Sheet is attached with additional information.

Uninsured/Underinsured Motorists Coverage (UMC) Notice - UMC is insurance for possible injury to you caused in an automobile accident by someone who has no insurance or inadequate insurance. Personal umbrella insurance covers your liability to others. I have read the UMC Notice and I understand that the policy will include a \$1 million Uninsured / Underinsured limit and the minimum UMC required underlying limits for this policy to provide this coverage. I agree to this on behalf of all who are to be covered by this policy.

Applicant Statement: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true. (Kansas: This does not constitute a warranty.)

FRAUD WARNING - NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

I hereby apply as an ALIP member under the ALIP Group Personal Umbrella Plan for which I am eligible and agree to the minimum required underlying insurance limits as indicated on the back of the application.

I understand that the premium/limit quoted is based on group rating and before final acceptance by the insurer. I acknowledge reading the application and the minimum required underlying limits. Important notice regarding the Fair Credit Reporting Act: as a part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Applicant's Signature _____

Email Address _____

Daytime Telephone No. _____

Date _____

MINIMUM REQUIRED UNDERLYING LIMITS

Type of Liability Coverage	Minimum Required Underlying Limit
Automobile and Recreational Vehicle (Owned, leased or rented)	Bodily Injury \$250,000 Per Person / \$500,000 Per Occurrence Property Damage \$50,000 Per Occurrence -OR- \$500,000 Combined Single Limit (CSL)
Uninsured Motorist / Underinsured Motorist	Bodily Injury \$250,000 Per Person / \$500,000 Per Occurrence Property Damage \$50,000 Per Occurrence -OR- \$500,000 Combined Single Limit
Homeowners, Tenants or Personal Liability	\$300,000 Combined Single Limit (For property owned or rented)
Watercraft Less than 26 feet 26 feet or more	\$100,000 Combined Single Limit \$300,000 Combined Single Limit
Snowmobile / All Terrain Vehicles	\$500,000 Combined Single Limit (unless covered under Homeowners)
Employers (Household)	\$100,000 Combined Single Limit

If underlying coverages are not maintained or collectible, you are in effect providing self-insurance for the types and amounts shown. Your ALIP Plan coverage begins from these amounts and is extended by the ALIP Plan limit you have selected. CSL is a combined single limit for bodily injury and property damage.

Questions?

To request coverage, please complete the application and return to:

Affinity Insurance Services, Inc. • 1100 Virginia Drive, Suite 250 • Fort Washington, PA 19034
Tel. 1.800.453.4033 • Fax 1.800.701.1596 • Email ALIP.Umbrella@aon.com • alipumbrella.com

Aon Affinity is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc. (TX 13695), (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493); Aon Direct Insurance Administrators and Berkely Insurance Agency; and in NY, AIS Affinity Insurance Agency.

One or more of the CNA companies provide the products and/or services described. The information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. "CNA" is a registered trademark of CNA Financial Corporation. Certain CNA Financial Corporation subsidiaries use the "CNA" trademark in connection with insurance underwriting and claims activities. Copyright © 2018 CNA. All rights reserved.