



P.O. Box 71467  
San Juan  
Puerto Rico  
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**PERSONAL UMBRELLA APPLICATION FORM**

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required before applicant may be bound and policy issued.

(NOTE: All questions must be answered in detail. Absence of an entry in any means "NO" OR "NO EXCEPTIONS").

1. Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

2. Desired Effective Date \_\_\_\_\_

3. Limit of Liability Desired  
 \$1,000,000  \$2,000,000  \$3,000,000  \$5,000,000  Other \_\_\_\_\_  
Specify

SLR requested  \$ 250.00  Other \_\_\_\_\_

4. Rating Information:

A. Furnish the number of each of the following owned, leased or furnished for your use:

Residences or farms \_\_\_\_\_ ; Automobiles \_\_\_\_\_

B. Watercraft \_\_\_\_\_  
Description HP Length

1. Do you or does any household member participate in any organized racing of any watercraft? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. Do you or does any household member use any watercraft for waterskiing? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain:  
\_\_\_\_\_

5. Do underlying policies cover all Residence, Farms, Automobiles, and Watercraft of Applicant: If not, explain.  
\_\_\_\_\_

6. Are any (a) automobiles regularly operated by person under 25; If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
7. Has applicant ever been held responsible for a third party liability loss in excess of \$10,000? If yes, state when, amount of loss and explain: \_\_\_\_\_  
 \_\_\_\_\_
8. Does the insured have any property vehicle, watercraft or any other in territories outside of Puerto Rico?  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
9. If any personal auto exposure is insured under a commercial auto policy and should be covered under a personal umbrella policy, please provide a full description of vehicle(s) and underlying insurance. Also, provide copy of endorsement DOC &/ or individual Named Insured written under the commercial auto policy. \_\_\_\_\_  
 \_\_\_\_\_

10. Schedule of Underlying Insurance

Coverage	Policy No.	Policy Period	Carrier	Limit of Liability*
Personal Liability (PL-HO-RPP)	_____	_____	_____	_____
Personal Injury Coverage	_____	_____	_____	_____
Automobile Liability	_____	_____	_____	_____
Watercraft Liability	_____	_____	_____	_____
Other	_____	_____	_____	_____

\* Express Limits of Liability as minimum required amounts and coverage. (i.e. 250/500 BI, 100 PD or 300 CSL)

NOTICE: "Any person who knowingly and with the intention to defraud presents false information in an insurance application or who presents, assists or allows to present a fraudulent claim for the payment of a loss or other benefits, or presents more than one claim for the same damage or loss, will incur in a felony and, if convicted, shall be sanctioned for each violation with a fine of no less than five thousand dollars (\$5,000.00) and no greater than ten thousand dollars (\$ 10,000.00), or a fixed prison term of three (3) years, or both penalties. If aggravating circumstance are present, the fixed prison term could be raised to a maximum of five (5) years; if extenuating circumstances are present, the fixed prison term could be lowered to a minimum of two(2) years." Law #18 January 8, 2004.

The applicant declares to the best of his knowledge that the above statement and facts are true and no material facts have been suppressed or misstated.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Agent \_\_\_\_\_