Frankenmuth INSURANCE

PERSONAL UMBRELLA APPLICATION

PRODUCER INFORMATION

Agency Name:
Agency Number:
Agency Contact:
Agency Contact E-mail Address:

APPLICANT INFORMATION

Applicant Name: **Social Security #:**
Date of Birth:
Marital Status:
Occupation:
Employer:

Co-Applicant Name: **Social Security #:**
Date of Birth:
Marital Status:
Occupation:
Employer:

Mailing Address:
City/State/Zip: **Home Phone:**
Applicant requests e-Delivery:
E-mail Address:

MAILING NAME AND ADDRESS

Mailing Name and Address:

BILLING INFORMATION

Billing Type: **Renewal Billing Type:**
Payment Frequency: **Renewal Payment Frequency:**
No Should this policy be added to an existing billing accou

DOWN PAYMENT INFORMATION

No Entry Provided

POLICY INFORMATION

Policy Number: **Effective Date:**
Risk State: **Expiration Date:**
Total Premium: **Term:**

Issuing Company:

POLICY DISCOUNTS

Group Plan:

PRIOR COVERAGE

Previous Carrier: **Prior Policy #:**

Prior Expiration Date: **Prior Limits:**

LIMITS

Umbrella Limit:

Retention Limit:

UM/UIM Limit:

No:

SCHEDULE A - UNDERLYING INSURANCE

Policy Information	Coverage	Underlying Limits of Liability
Carrier - Policy No. - Term -	Auto Liability	BI$300,000 Combined Single Limit
	Uninsured/Underinsured Motorist	UM/UIM$300,000 Each Accident
Carrier - Policy No. - Term -	Personal Liability Home - Primary Location	$500,000 Each Occurrence

IMPORTANT NOTICE: You have told us you and other insured members of your household have insurance in force as described above. Please check these policies to be sure the information is correct. This policy does not provide coverage below the underlying limits of liability shown in this schedule. If your policies listed above do not have these limits, you will be unprotected for the difference between what you have and what this schedule shows. You must keep these coverages and limits in effect to avoid gaps in your protection.

PREMIUMS

Coverage Description:	Premium:
Base Rate	
Additional Auto(s)	
Antique Auto(s)	
High Limit Credit	
Uninsured & Underinsured Motorists 1 Million	
Total Premium:	

PROPERTY RATING/UNDERWRITING

Frankenmuth Mutual Insurance Company:

Effective: Liability Limit:

Home Information:
Primary Location,

No Do any of the above premises have a pool?
No Do any of the above premises have a trampoline?
No Does the applicant have any incidental business exposures or have business pursuits coverage?
No Does the applicant have any incidental farming exposures?
No Does applicant or any tenant have any animals or exotic pets?

PERSONAL AUTO RATING/UNDERWRITING

Frankenmuth Mutual Insurance Company:

	Effective:
Combined Single Limits:	$300,000
Uninsured/Underinsured Motorist:	$300,000

Vehicle Information:

DWELLING FIRE RATING/UNDERWRITING

No Entry Provided

LOSS HISTORY WITHIN THE LAST 5 YEARS

No Entry Provided

GENERAL INFORMATION

No	1.	Are there any aircraft owned, leased, chartered or furnished for regular use?
No	2.	Are there any premises, vehicles, watercraft, or aircraft used for business?
No	3.	Are there any real estate, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by the primary policies listed on this Personal Umbrella policy?
No	4.	Does the applicant or any member of the household contemplate entering any auto, watercraft or animal races, contests or exhibitions?
No	5.	Has the applicant or any member of the household ever been involved in personal litigation (other than normal activities of insured's occupation)?
No	6.	Do you hold any non-compensated positions?
No	7.	Are there any full-time employees?
No	8.	Are there any vehicles not owned by Named Insured or furnished for regular use?
No	9.	Are there any operators convicted for any traffic violations during the last three years?
No	10.	Any coverage declined, cancelled or non-renewed during the last three years?
Yes	11.	Any other insurance with this company? ***Remarks:*** *HP*
No	12.	Do any listed drivers use or drive any of the vehicles in connection with a ride-sharing network for the purpose of providing transportation for a fee or compensation?
No	13.	Are any of the vehicles shared in connection with a vehicle sharing network for the purpose of providing transportation for a fee or compensation?
No	14.	Does any vehicle have a salvage title?

No 15. Does any vehicle have a rebuilt title?

No 16. Does any vehicle have an assembled title?

No 17. Is business entity, trust, or association listed on the deed?

No 18. Any other residence owned, occupied or rented?

Questions Disclaimer:

Yes I understand some or all responses to the above questions have been pre-filled for agency convenience. I verify all the above questions were reviewed and discussed with the applicant and marked appropriately. I have made corrections to pre-filled answers where needed.

Has a Proxy Clause been signed and retained in the agency file?

Disclaimers:

- Premium is subject to detail and accuracy of data provided.
- This is a quotation only, does not bind any coverages, and is subject to Underwriting review.
- Coverages and premiums are subject to change based on Company issuance of the policy.

Important Notice Regarding the Fair Credit Reporting Act: In addition to this application, personal information about you, from a consumer report (such as, but not limited to a credit report, motor vehicle report or claims loss history report) may be collected from persons other than you in connection with this application and subsequent renewals. Such information, as well as other personal and privileged information collected by us or our Agents may in certain circumstances be disclosed to third parties. A copy of the Privacy Notice will be issued with the policy. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of our practices regarding such information is available upon request. Contact your Agent for instruction on how to submit a request to us.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

I understand and acknowledge that Uninsured/Underinsured Motorist Bodily Injury (UMBI) coverage has been explained to me that I have been offered the options of selecting UMBI coverage, or rejecting UMBI coverage entirely.

Select one of the following options:

___ I have selected $1,000,000 of coverage per occurrence.
___ I have selected $2,000,000 of coverage per occurrence.
___ I have selected $3,000,000 of coverage per occurrence.
___ I have selected $4,000,000 of coverage per occurrence.
___ I have selected $5,000,000 of coverage per occurrence.
___ I have rejected UMBI in its entirety.

WARNING: Misrepresentation may void coverages.

Note to Applicant: This application is not bound until approved by the company.

Applicant's 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 and can be relied upon by the Company for the purpose of issuing the insurance I have requested and any future renewals. I understand that the coverage selections and limit choices indicated on this application will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Producer's Statement: I certify to the best of my knowledge and belief that the signature of the applicant is the personal signature of the applicant.

All statements by the insured in this application must be truthful, accurate and are deemed to be material warranties upon which the insurer may reasonably rely as inducement for the issuance of the policy. This application is expressly incorporated by reference in any policy issued by the insurer to the applicant.

Application Signature

Applicant's Signature	Date	Producer's Signature

Frankenmuth INSURANCE

PRODUCER INFORMATION

Agency Name:

Agency Number:

APPLICANT INFORMATION

Applicant(s) Name:

Policy Number:

PROXY CLAUSE

I hereby appoint the Proxy Committee of Frankenmuth Mutual Insurance Company as my duly authorized agent and proxy, with full power of substitution, to represent me and vote on my behalf on any questions, including the election of directors, raised at any and all regular or special policyholders meetings that I fail to attend during the effective period of this proxy. This proxy is perpetual in duration and shall be immediately effective after the date of my signature below, unless I revoke this proxy by signing a written revocation or a subsequently dated proxy. This proxy does not prevent me from voting in person at any policyholders meeting.

Signature of Applicant and/or Co-Applicant **Date**