



**Johnson & Johnson**

The Experience of the Past with a Vision for the Future

United States Liability Insurance Company

PCL025Y5008

## Personal Umbrella/Excess Personal Umbrella Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

### I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: Na Chen Occupation: \_\_\_\_\_

Applicant Type: Husband And Wife

**NOTE: Any type other than Individual(s) requires submitting a completed Trust LLC Supplemental Questionnaire**

Email Address of Applicant or Applicant primary contact: \_\_\_\_\_

Address of Primary Residence: 67 Balsam Pl ☐ Same as mailing address

City: Staten Island State: NY Zip: 10309

☒ Primary Personal Umbrella

Underlying Personal Liability Limit: 1M CSL

Underlying Auto Bodily Injury 500 CSL

Underlying U.M./U.I.M. Limit: \_\_\_\_\_

☐ Excess Personal Umbrella. If so, Underlying Primary Umbrella Limit: \_\_\_\_\_

Is any member of the household a federal or state political figure, professional athlete or coach, music or television entertainer or CEO of a Fortune 500 company? ☐ Yes ☒ No

Does the applicant own or lease any location used for farm or ranch operations? ☐ Yes ☒ No

**NOTE: Any "Yes" response requires submitting a completed Supplemental Farm Application**

In addition to the Primary Residence:

☐ Enter the number of owner occupied secondary residences.

☐ Enter the number of 1-4 family residential units rented to others. (Duplex = 2 units) 1

How many autos or Motor Homes are owned or furnished for the regular use of any operator in the household? 1

How many Motorcycles or scooters are owned or furnished for the regular use of any operator in the household? 0

How many recreational vehicles (vehicles not licensed for road use) are owned or furnished for the regular use of any operator in the household? \_\_\_\_\_

Any Watercraft? If Yes, Please complete watercraft information section ☐ Yes ☒ No

**Watercraft Information Please list all watercraft owned, leased, chartered, or furnished for regular use**

Craft Number	Year	Description (Make and Model)	Length	*Type	Max Speed	Total HP	Waters Navigated	Underlying Liability
							1. Inland U.S. 2. Coastal U.S. 3. International Waters	

\*1. Sailboat 2. Powerboat 3. Jet Ski / Wave Runner

Powerboats (other than Jet-Skis) with speed capabilities exceeding 50 MPH are Ineligible.

**Driving Record Information – Enter the Number of:**

Moving Violations (over the past three years)	<u>1</u>
*Major Moving Violations (over the past three years)	<u>0</u>
At-Fault Accidents (over the past three years)	<u>1</u>
Drug/Alcohol Offenses (over the past five years)	<u>0</u>

**Driver Information – Enter the Number of Drivers:**

Age 19 or younger	<u>0</u>
Between the ages of 20 and 22	<u>0</u>
Between the ages of 23 and 75	<u>2</u>
Between the ages of 76 and 89	<u>0</u>
Age 90 or older	<u>0</u>

**Operator Information (Automobiles, Watercraft, Recreational Vehicles). Please list all members of the applicants household age 14 or older, and all operators of Automobiles, Motorcycles, Watercraft and Recreational Vehicles.**  
**NOTE: Please include those members that are not yet licensed.**

Driver Name	Date of Birth	License Number	License State	Moving Violation Convictions (Last 3 Years)	*Major Moving Violation Convictions (Last 3 Years)	At Fault Accidents (Last 3 Years)	Drug or Alcohol Related Offenses (Last 5 Years)
Na Chen	11/22/1981	923725610	NY	1	0	1	0
Mei Xian Lin	11/22/1981	793808893	NY	0	0	0	0

**\*Major moving violation convictions include, but are not limited to, speeding 25 or more over the posted limit, evading the Police, leaving the scene, vehicular homicide, driving under a suspended license, and reckless driving.**

**II. ELIGIBILITY CRITERIA**

**\*NOTE: For any "Yes" response, please provide complete information in remarks area.**

- Has the applicant or any resident of the applicant's household had a liability loss greater than \$50,000 in the past 5 years or is there an open liability claim or lawsuit pending against them?

☐ Yes ☒ No
- Are any owned or leased locations used as rooming houses, student housing other than a college dormitory room, assisted living facilities, or group home facilities?

☐ Yes ☒ No
- Does the applicant or any resident of the applicants household operate any business at an owner-occupied residence?

☐ Yes ☒ No
- Are the minimum underlying limits for automobiles covered completely by a business auto policy?

☐ Yes ☒ No
- Is any of the Required Underlying Insurance provided by a commercial general liability policy or coverage form?

☐ Yes ☒ No

**Residential Properties/Rental units and Apartments/Farms/Vacant Land. Include all units (duplex = 2 units)**

Location	Occupancy	Underlying Liability limit
	<div><input type="checkbox"/> Owner occupied</div> <div><input type="checkbox"/> Tenant Occupied #Units: <input type="text"/></div> <div><input type="checkbox"/> Farm #Acres: <input type="text"/></div> <div><input type="checkbox"/> Vacant Land #Acres: <input type="text"/></div>	
	<div><input type="checkbox"/> Owner occupied</div> <div><input type="checkbox"/> Tenant Occupied #Units: <input type="text"/></div> <div><input type="checkbox"/> Farm #Acres: <input type="text"/></div> <div><input type="checkbox"/> Vacant Land #Acres: <input type="text"/></div>	

**\*Any Individual dwellings containing more than five units are ineligible**

Applicant's Mailing Address (if different than Primary Residence address):   
City:  State:  Zip:   
Phone:

Remarks

**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent

renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**New York Fraud Statement:** 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.

Retail Agency Name: THE VISIONARY INSURANCE BROKERAGE License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_