

FULL NET PREMIUM MUST ACCOMPANY APPLICATION FOR BINDING. Premium finance DRAFTS acceptable. (No Promissory Notes)

**Northern California**  
 3601 Haven Avenue  
 Menlo Park, CA 94025-1033  
 Tel. # (650) 780-4800  
 (800) 828-3003  
 Fax # (650) 780-4848



Underwritten By:  
 PACIFIC  
SPECIALTY  
INSURANCE  
COMPANY  
AM Best A rated

**Southern California**  
 P.O. Box 40  
 Anaheim, CA 92815-0040  
 Tel. # (714) 998-2190  
 (800) 303-5000  
 Fax # (714) 998-3158

# California Personal Umbrella Program

• Self Rater \$500,000 to \$2 Million

## PREMIUM FINANCING

### YES, I REQUEST AN OFFER OF FINANCING!

Provided by PLA (Pacific Loan Administrators)

For premiums in excess of \$150, excluding the \$35 policy fee, you may request an offer of premium financing through PLA. A gross deposit of at least 20% of the premium, plus the \$35 policy fee must be submitted with the original application. By submitting the down payment as set forth above, you request PLA to send you an offer of financing on this policy. This loan will include finance charges (interest charges). Along with the offer, you will be sent a copy of the Loan Application/Installment Note/Security Agreement (or Insurance Finance Agreement if applicable) to sign and return within thirty days, along with your first payment.

### PLEASE COMPLETE IF REQUESTING A LOAN OFFER FROM PLA

Premium (excluding Policy Fee) \$ \_\_\_\_\_ X 20%= \$ \_\_\_\_\_ (+)  
 Policy Fee (Fully Earned) \$ 35.00 (+)  
 Deposit Collected From Customer \$ \_\_\_\_\_ (-)  
 Less Commission  
 Premium(s) excluding policy fee(s) \$ \_\_\_\_\_ X Commission% \_\_\_\_\_ (=)  
 Amount Remitted to McGraw \$ \_\_\_\_\_

## BINDING RULES

Fully completed and signed application with net premium, PENDING ACCEPTANCE BY UNDERWRITER, will be bound the day after the United States postmark date on the envelope.

## DIRECT BILL

33% down of policy premium + Policy Fees, then 2 monthly invoices.  
 \*Commission may not be retained from down payment.

## UNDERLYING REQUIREMENTS

### Underlying Policy Limit Requirements

- Auto/Motorcycle Liability** \$500/500/100 or \$500,000 CSL. \$100/300/50 or \$250/500/100 acceptable for additional charge provided all drivers are age 25 and older and have two or fewer minors, no majors, no accidents. For drivers age 19-24 qualifying as a "good driver," lower underlying limits acceptable for additional charge.
- Personal Liability** (CPL or Homeowners) – \$300,000 CSL
- Watercraft Liability** (including "Jet Ski" type) \$500,000 CSL or \$500/500/100. \$300,000 CSL acceptable for additional charge.
- Rental Units** (OLT/CPL) \$500,000 CSL (must include personal injury coverage)
- Motorhomes** (RV) Liability – \$500,000 CSL or \$500/500/100
- Vacant Land** (OLT/CPL) – \$500,000 CSL

\*\*\*If you chose to pay policy premium with credit card, please complete the below section\*\*\*

## CREDIT CARD PAYMENT OPTION

- Pay in full with:  
 Check  Mastercard  Visa  Discover  
 Amount \$ \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Signature Of Cardholder: \_\_\_\_\_
- 33% Down Payment Plus Policy Fee, 1/3 in 30 days, 1/3 in 60 days.  
 Down payment Paid By:  
 Check (a)  Mastercard (b)  Visa (b)  Discover (b)  
 Amount \$ \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Signature Of Cardholder: \_\_\_\_\_

- (a) If down payment is paid by check, the two remaining payments will be billed by mail.  
 (b) If down payment is paid by credit card, the two remaining payments will be charged to the credit card in 30 & 60 days.

I authorize McGraw Insurance Services to charge my credit card the amount indicated above. I further understand that if the credit card transaction is DENIED (not authorized) for any reason NO COVERAGE will be in effect until full payment is made.

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 RATES EFFECTIVE January 1999

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**COMPANY USE ONLY**

DATE \_\_\_\_\_  
 TOTAL AMT PAID \_\_\_\_\_  
 \$ \_\_\_\_\_

**Personal Umbrella Application**  
 Underwritten By: Pacific Specialty Insurance Company

Last NAME ADDRESS Number & Street GARAGING ADDRESS (If Different) POLICY PERIOD From: / / To: / /	First Middle City State/Zip City RENEWS Policy Number	Producer <b>MYRON V CARLSON</b> Producer Code <b>B24357</b> Office Address <b>255 YGNACIO VALLEY RD #100</b> Telephone <b>925-945-8800</b>
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<b>UMBRELLA INFORMATION: One Million Maximum Written With Drivers Under Age 25</b>						
COVERAGES/LIMITS			PREMIUMS			
POLICY AMT.	RETENTION \$1000		<b>5A</b> BASE PACKAGE (1 Res. + 2 Autos)	\$	<b>SL2</b> \$250/500/100 Underlying	\$
\$500,000	<input type="checkbox"/>		<b>SDW</b> ADD'L RESIDENCES	\$	<b>SL1</b> \$100/300/50 Underlying	\$
\$1,000,000	<input type="checkbox"/>		<b>SV</b> ADD'L Automobiles/Motorcycles	\$	<b>7c</b> \$300 CSL Watercraft/Underlying	\$
\$2,000,000	<input type="checkbox"/>		<b>SMH</b> RECREATIONAL VEHICLES	\$	<b>VL1</b> Vacant Land	\$
			<b>sw 1 2 3</b> WATERCRAFT	\$	<b>sv</b> Youthful Operator (under 25)	\$
			<b>SR</b> RENTAL UNITS	\$	Broker Fee	\$ 25.00
			Fully Earned Policy Fee	\$ 35.00		
			<b>TOTAL</b>	\$		

<b>PRIMARY POLICY INFORMATION **THIS SECTION MUST BE COMPLETED**</b>			
TYPE OF POLICY	COMPANY/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY Bodily Injury    Property Damage
AUTOMOBILE			
PERSONAL LIABILITY (HO/CPL)			
WATERCRAFT			
RECREATIONAL VEHICLE			
RENTALS/VACANT LAND			
MOTORCYCLE			

<b>OPERATOR INFORMATION – MVR must be attached for binding</b>								
<b>LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY</b>								
#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	VEHICLE, CRAFT, % USE, ETC.	MVR Past 3 Years Minors    Major    Accidents		
1								
2								
3								
4								
5								
6								

<b>REAL ESTATE</b>				
<b>LIST ALL OWNED, LEASED OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC.</b>				
#	ADDRESS, CITY, STATE, ZIP	DESCRIPTION	#Units/Acres	Year Built    Occupancy
1				
2				
3				

AUTOMOBILES			RECREATIONAL VEHICLES		
LIST ALL AUTOS OWNED, LEASED			LIST MOTORCYCLES, SNOWMOBILES, DUNEBUGGIES, MOTORHOMES, ETC.		
#	YEAR	MAKE & MODEL	#	YEAR	MAKE & MODEL
1			1		
2			2		
3			3		

WATERCRAFT								
LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE. <b>**MAXIMUM SPEED MUST BE COMPLETED**</b>								
#	YEAR	TYPE, MANUFACTURER, MODEL	LENGTH	H.P.	Maximum Speed	<input type="checkbox"/> Cost New	<input type="checkbox"/> Cur. Value	Waters Navigated
1			FT.					
2			FT.					

EMPLOYMENT	
Occupation	Employer's Name & Address
Spouse's Occupation	Employer's Name & Address (If not employed, so indicate)
Other Operators Occupation	Employer's Name & Address (If not employed, so indicate)

PRIOR EXPERIENCE	
Has any loss occurred on any primary or excess policy, exceeding \$5,000 during the last 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Prior Carrier & Policy Number

GENERAL INFORMATION							
#	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	#	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1	Any aircraft owned, leased, chartered or furnished for regular use?	<input type="checkbox"/>	<input type="checkbox"/>	9	Any non-owned business and/professional activities included in the primary policies?	<input type="checkbox"/>	<input type="checkbox"/>
2	Any driver with mental/physical impairments?	<input type="checkbox"/>	<input type="checkbox"/>	10	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures? If yes, explain in remarks.	<input type="checkbox"/>	<input type="checkbox"/>
3	Any premises, vehicles, watercraft, aircraft used for business? If yes, prohibited.	<input type="checkbox"/>	<input type="checkbox"/>	11	Was any coverage declined, cancelled, nonrenewed? (Last 5 years) If yes, explain in remarks.	<input type="checkbox"/>	<input type="checkbox"/>
4	Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies? If yes, prohibited.	<input type="checkbox"/>	<input type="checkbox"/>	12	Any motorcycles, mopeds or all terrain vehicles owned by insured?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you engage in any type of farming operation? If yes, prohibited.	<input type="checkbox"/>	<input type="checkbox"/>	13	Any other underwriting information of which Company should be aware?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you hold any non-remunerative positions?	<input type="checkbox"/>	<input type="checkbox"/>	14	Any other business activities conducted from your residence or premises (excluded in primary policy)?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you employ any residence employees?	<input type="checkbox"/>	<input type="checkbox"/>				
8	Any non-owned property exceeding \$1,000 in value, in your care, custody or control?	<input type="checkbox"/>	<input type="checkbox"/>				

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notice to Applicant: In compliance with Public Law 91-508, this notice is to inform you that in connection with your application for insurance (1) an investigation may be made as to your insurability, including, information as to character, general reputation, personal characteristic and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon written request made within a reasonable time after you receive this notice.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant Signature **X** \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_  
 Agent/Broker Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_

## INELIGIBLE RISKS

1. Applicants who have had more than one liability claim that exceeds \$5,000 in payment during the last five (5) years.
2. Applicants whose underlying insurance provides protection for vehicles that have been modified (other than by the factory).
3. Aircraft.
4. Business pursuits including policies written in corporate name or church and/or non-profit organizations.
5. No underlying CPL.
6. Risks with commercial underlying policies.
7. Houseboats.
8. Target Risks (entertainers, political, sports or other celebrities).
9. Fair Plan Properties acceptable with minimum personal liability 300,000 CSL (CPL or homeowners).
10. Applicant with 9 or more rental units.
11. Applicant with 8 or more vehicles.
12. Farms.
13. Drivers with suspended license.
14. Risks with open or pending claims.

## UNDERLYING REQUIREMENTS

### Underlying Policy Limit Requirements

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2. **Personal Liability** (CPL or Homeowners) – \$300,000 CSL
3. **Watercraft Liability** (including "Jet Ski" type) \$500,000 CSL or \$500/500/100. \$300,000 CSL acceptable for additional charge.
4. **Rental Units** (OLT/CPL) \$500,000 CSL (must include personal injury coverage)
5. **Motorhomes** (RV) Liability – \$500,000 CSL or \$500/500/100
6. **Vacant Land** (OLT/CPL) – \$500,000 CSL

## REFER TO COMPANY

1. Apartments with 5 or more units.
2. Vacant Land (Must have coverage under CPL portion of Homeowners Policy).
3. Watercraft written on P&I or Ocean Marine Form: or with top speed in excess of 70 mph
4. Property in brush areas or hillsides.
5. Applicant or other member of household who has been convicted of:
  - a. A major traffic conviction during the last three (3) years unless that conviction is the only activity on the MVR.
  - b. More than three (3) moving convictions during the last three (3) years.
  - c. More than one (1) at-fault accident during the last three (3) years.

## SELF INSURED RETENTION

SELF INSURED RETENTION (SIR): \$1,000

## RATES

LIMIT (includes \$25,000 excess uninsured motorist)	\$500,000	\$1,000,000	\$2,000,000
Basic Charge (Includes 1 occupied Residence, 2 Vehicles)	\$135	\$165	\$310
Each Additional Vehicle	15	20	35
Driving Record Surcharge (each driver):			
First 3 Moving Convictions/Past 36 Months	N/C	N/C	N/C
*Each Additional Moving Conviction/Past 36 Months	120	130	150
First Major Conviction or Accident in Past 36 Months w/no Other Convictions In Past 36 Months	N/C	N/C	N/C
*1 Major Conviction or Accident Plus Any Moving Convictions	235	250	300
Each Driver Under Age 25	25	35	50
Underlying Auto Only of \$100/300/50	100	125	150
Underlying Auto/Motorcycle/Boat of \$250/500/100	25	35	45
Underlying Watercraft of \$300,000 CSL	50	75	100
Each Additional Occupied Residence	10	20	30
Each Rental Unit (Maximum 8 Units)	10	15	25
Each Motorhome (R.V.)	35	55	75
Each Apartment House Unit (Maximum 4 Units Premium per Unit)	10	15	25
Vacant Land Up to 50 Acres	35	45	70
Vacant Land Over 50 Acres	50	60	90
Each Watercraft (including "Jet Ski" type) Maximum Speed 0-45mph	40	50	70
Maximum Speed 46-55mph	60	80	120
Maximum Speed 56-70mph	125	150	200
Policy Fee (Fully Earned)	35	35	35

\* Approval must be obtained from Underwriting prior to binding coverage.