

Comprehensive Personal Liability Application

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: _____
 Form Of Business: Individual Corporation Partnership LLC Other: _____
 Mailing Address: _____
 City: _____ State: CA Zip: _____
 Phone Number: _____ Fax Number: _____
 Web Address: _____ E-mail Address: _____
 Inspection Contact: _____

Loss Information for the past 3 years: None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy: Not Applicable

Complete Name	Address	Interest

Description of Operations:

Single family seasonal/recreadtional cabin.

Is any applicant or resident of the applicants household a High Profile individual such as a local or national TV or Yes No radio personality, best selling author, actor or actress, politician, professional athlete or coach in the NBA, NFL, MLB, NHL, Professional Boxers, Professional Race Car drivers, PGA, MLS, Professional Tennis, LPGA or WNBA, Owner of a Professional Sports team, CEO of a Fortune 500 Company, musician (rock, pop, rap, country, etc.) US Congressman or Senator, or other instantly recognizable name or face?

Is there a Domestic Employee (maid, nanny, gardener) who works more than 52 hours in a 90 day period or Yes No more than 4 hours per week at any location?

II. Limits of Insurance

COMPREHENSIVE PERSONAL LIABILITY

Liability \$1,000,000
 Medical Payments \$5,000

California Yearly Premium: \$365

III. Locations of Coverage and Corresponding Classifications

Location #1

Address _____ City _____ State _____ Zip _____

Classification	Code No.	Premium Basis	Premium Exposure
Dwellings - one-family	63010	Dwelling	1

- Is this dwelling vacant? Yes No
- Is there any business taking place on the premises? Yes No
- Is there any farming or hunting to take place on the premises? Yes No
- Do any hazardous conditions exist such as: Cracks, holes, or uneven sidewalks; Broken or defective steps, handrails or porches; or Accumulation of debris? Yes No
- Is this location Owner/Applicant Occupied? Yes No
- Do you have a swimming pool? Yes No
- During the next 12 months will there be any construction or renovations at any of the locations? Yes No
- Is the location used as student housing, a rooming house, assisted living facility or group home? Yes No
- Are there any exotic pets, farm or saddle animals owned by the applicant or household member? Yes No

IV. Eligibility Criteria

Classification
Dwellings - one-family

V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed Yes No in Item III Locations of Coverage and Corresponding Classifications?

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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature*: _____ Title: _____ Date: _____
Brokers Signature: _____ (Must be Owner, Officer or Partner) _____ (Required) Date: _____ (Required)
If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.
Name of Authorized Agent or Broker: _____
Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**



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