

Date \_\_\_\_\_

<b>AGENCY NAME</b>
_____
Agent Number

<b>POLICY NO.</b> <b>U</b>	<b>Insured's Name</b> _____
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**LIMIT OF LIABILITY REQUESTED:**    \$1,000,000    \$2,000,000

**1. List all policy information below. List any new drivers in household on reverse side.**

Type of Policy	Insurer	Policy Number	Umbrella Rate	Company Use
Homeowners	Bear River Mutual		\$	
Vehicles: Total Number _____	Bear River Mutual		\$	
Youthful operators under age 25 (# _____ x rate)			\$	
Motorhome			\$	
Motorcycles - Minibikes			\$	
Snowmobiles - All-Terrain Vehicles			\$	
Watercraft			\$	
Other Residence <input type="checkbox"/> 2nd Dwelling <input type="checkbox"/> Rented			\$	
Other - State Type:			\$	

(Minimum Umbrella Premium \$140.00)

<b>Total Umbrella Premium</b> \$
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**2. Ask the insured the following questions. Describe on the reverse side any "Yes" responses.**

**In the past year:**

- |                                                    |    |                                                                                                                            |
|----------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------|
| Yes                                                | No | 1. Has there been any change to:                                                                                           |
|                                                    |    | a. Home address?                                                                                                           |
|                                                    |    | b. Occupation?                                                                                                             |
|                                                    |    | c. Vehicle(s) added/deleted on auto policy?                                                                                |
|                                                    |    | d. Snowmobiles, all-terrain vehicles, motorcycles or recreational vehicles?                                                |
|                                                    |    | e. Watercraft?                                                                                                             |
| 2. Has any driver in your household:               |    |                                                                                                                            |
|                                                    |    | a. Had any traffic violations or accidents?                                                                                |
|                                                    |    | b. Had license or permit suspended, revoked, or refused?                                                                   |
|                                                    |    | c. Consumed any alcoholic beverages?                                                                                       |
|                                                    |    | d. Used any illegal drugs or illegal substances?                                                                           |
|                                                    |    | 3. Do you have any dogs? If yes, how many? _____ Specific breed(s)? _____                                                  |
|                                                    |    | 4. Do you have any horses? If yes, how many? _____                                                                         |
| 5. Do any of your properties owned or rented have: |    |                                                                                                                            |
|                                                    |    | a. A swimming pool?                                                                                                        |
|                                                    |    | b. An unfenced trampoline?                                                                                                 |
|                                                    |    | 6. Are you or any resident of your household involved in any day care or business activity at your home?                   |
|                                                    |    | 7. Is there an office or studio in your home?                                                                              |
|                                                    |    | a. Do clients or students come to your home? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
|                                                    |    | 8. Do you have any other real property (owned or rented) not covered by primary insurance?                                 |
|                                                    |    | 9. Do you own any vehicles, recreational vehicles, or watercraft not covered by primary insurance?                         |
|                                                    |    | 10. Do you or anyone at your residence hold any elected or appointed position?                                             |
| 11. Have you or anyone in your household:          |    |                                                                                                                            |
|                                                    |    | a. Had any liability claim paid because of your or their negligence?                                                       |
|                                                    |    | b. Been sued for libel or slander?                                                                                         |
|                                                    |    | 12. Do you have any primary policy that has reduced limits of liability or reduced coverage for any insureds or exposures? |

**3. List any new drivers (including youthful operators) in the household in the past 12 months.**

Name	Date of Birth	Driver's License Number	State

**COMMENTS**

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