



# SierraSpecialty

## COMPREHENSIVE PERSONAL LIABILITY APPLICATION

Please answer all questions below to your fullest and complete knowledge.

### SECTION 1: INSURED INFORMATION

<b>APPLICANT'S FULL NAME:</b>		
LAST:	FIRST:	MIDDLE:
<b>CO-APPLICANT'S FULL NAME:</b>		
LAST:	FIRST:	MIDDLE:
<b>EMPLOYMENT:</b>		
APPLICANT'S OCCUPATION:		CO-APPLICANT'S OCCUPATION:
EMPLOYER (IF APPLICABLE):		EMPLOYER (IF APPLICABLE):

### SECTION 2: MAILING ADDRESS (MAILING ADDRESS MUST BE U.S. ADDRESS)

<b>MAILING ADDRESS:</b>		
STREET:		
CITY:	STATE:	ZIP-CODE:

### SECTION 3: LIMITS OF LIABILITY:

<b>POLICY LIMIT:</b>			
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1 MILLION
<b>OPTIONAL COVERAGES:</b>			
MEDICAL PAYMENTS:	<input type="checkbox"/> \$1,000 (INCLUDED)	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000
IDENTITY THEFT COVERAGE (ID THEFT):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$25,000 COVERAGE

### SECTION 4: LOCATIONS

#	LOCATION ADDRESS:	DESCRIPTION:	# OF UNITS/ACRES:	POOL:	YEAR BUILT:	SQUARE FEET:
1.						
2.						
3.						
4.						
5.						

NEED MORE ROOM? SEE OVERFLOW PAGE 3

SECTION 5: PRIOR HISTORY AND LOSS EXPERIENCE

<b>PRIOR CARRIER:</b>	<b>PRIOR POLICY LIMIT:</b>			
<b>WAS ANY COVERAGE CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS?</b>				
<input type="checkbox"/> YES	<input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN:				
<b>HAS ANY CLAIM OR LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY DURING THE LAST FIVE (5) YEARS?</b>				
<input type="checkbox"/> YES	<input type="checkbox"/> NO			
IF YES, COMPLETE BELOW: (Use Additional Sheet If Necessary)				
DATE	DESCRIPTION	AMOUNT PAID	AMOUNT RESERVED	CLAIM OPEN Y / N

SECTION 6: UNDERWRITING QUESTIONS/REMARKS

<b>PLEASE INDICATE YES OR NO FOR EACH QUESTION BELOW BY MARKING "X" IN THE APPROPRIATE BOX. ANY "YES" RESPONSES, PLEASE EXPLAIN IN REMARKS SECTION PROVIDED BELOW:</b>					
	YES	NO		YES	NO
1. ANY BUSINESS CONDUCTED ON PREMISES (INCLUDING DAY/CHILD CARE)?	<input type="checkbox"/>	<input type="checkbox"/>	6. DURING THE NEXT TWELVE (12) MONTHS WILL THERE BE ANY CONSTRUCTION OR RENOVATIONS DONE AT ANY OF THE LOCATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY FULL-TIME OR PART-TIME RESIDENCE EMPLOYEES? 2A. IF YES, HOW MANY: FULL-TIME:                      PART-TIME:	<input type="checkbox"/>	<input type="checkbox"/>	6A. IF YES, WILL A LICENSED GENERAL CONTRACTOR BE USED?	<input type="checkbox"/>	<input type="checkbox"/>
			7. ARE ANY LOCATIONS AN ASSISTED LIVING FACILITY?	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY EXOTIC PETS, FARM, OR SADDLE ANIMALS OWNED BY YOU OR A HOUSEHOLD MEMBER?	<input type="checkbox"/>	<input type="checkbox"/>	8. ARE THERE ANY FARMING ACTIVITIES AT ANY LOCATION?	<input type="checkbox"/>	<input type="checkbox"/>
4. DO ANY LOCATIONS HAVE DOGS? IF YES, WHAT TYPE, BREED?	<input type="checkbox"/>	<input type="checkbox"/>	9. IF ANY LOCATION HAS A POOL OR SPA, ARE THEY FENCED, HAVE SELF-LATCHING GATES, AND IN COMPLIANCE WITH LOCAL MUNICIPAL CODES?	<input type="checkbox"/>	<input type="checkbox"/>
5. ARE ANY LOCATIONS GROUP, BOARDING, OR ROOMING HOUSES?	<input type="checkbox"/>	<input type="checkbox"/>	10. ANY PENDING LITIGATION, COURT PROCEEDINGS, OR JUDGEMENTS?	<input type="checkbox"/>	<input type="checkbox"/>
<b>REMARKS:</b>					

SECTION 7: SUPPLEMENTAL SCHEDULE

<b>LOCATIONS (CONTINUED):</b>						
#	LOCATION ADDRESS:	DESCRIPTION:	# OF ACRES/UNITS	POOL:	YEAR BUILT:	SQUARE FEET:
6.						
7.						
8.						

**FRAUD WARNINGS:**

Various state regulations require us to inform you of the following information

**FRAUD STATEMENT – FOR THE STATE(S) OF:****Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine, Tennessee, Virginia, Washington:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

**New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York**

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.

**Ohio**

Any person who, with intent to defraud or knowing that he 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.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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 subjects such person to criminal and civil penalties.

**APPLICANT'S STATEMENT:**

Please read the following statement carefully and signed in appropriate area below

I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. \* I UNDERSTAND THAT THIS IS AN APPLICATION FOR INSURANCE ONLY AND THAT COMPLETION AND SUBMISSION OF THIS APPLICATION DOES NOT BIND COVERAGE WITH ANY INSURER.

X \_\_\_\_\_  
APPLICANTS SIGNATURE

X \_\_\_\_\_  
AGENT'S SIGNATURE

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE

\*This does not constitute a warranty