



ALWAYS FAITHFUL INSURANCE AGENCY

Dr. George Rapciewicz Jr., Principal Broker

CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States

Temecula, CA | 650-489-2592 | info@semperfiservicesolutions.com | semperfiservicesolutions.com

California Certified Disabled Veteran Business Enterprise & Small Business #2045250

UMBRELLA AND EXCESS LIABILITY SUPPLEMENTAL

Please do not write Social Security numbers, driver's license numbers or bank account numbers on this form. If we need them to quote or bind, we will collect them by phone or through a secure link.

APPLICANT

This umbrella is for ☐ Personal / family ☐ Business

Business Name: DBA:

Contact Name: Title:

Mailing Address:

City: State: ZIP: Phone:

Email: Website:

Entity: ☐ Individual / Sole Prop ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

Years in Business: CSLB / Professional License # (if any): Desired Effective Date:

UNDERLYING POLICIES (THE UMBRELLA SITS ON TOP OF THESE)

Schedule of underlying insurance

#	Coverage (auto, home, GL, employers liability)	Insurance Company	Policy #	Effective - Expiration	Limits
1					
2					
3					
4					
5					
6					

EXPOSURES

Number of vehicles: Number of drivers: Drivers under 25: Properties owned:

Rental properties (number of units): Watercraft (type and length):

Is there a swimming pool, trampoline or dog at any property? ☐ Yes ☐ No

Describe (breed for dogs):

Does anyone in the household serve on a board, or hold a public office? ☐ Yes ☐ No

For a business: maximum height worked, or work over 3 stories? ☐ N/A ☐ Yes ☐ No

Describe:

For a business: do contracts require a specific umbrella limit? ☐ N/A ☐ Yes ☐ No

Limit required and by whom:

Any losses or lawsuits over \$10,000 in the last 5 years? ☐ Yes ☐ No

If yes, explain:



COVERAGE REQUESTED

Umbrella limit ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$5,000,000 ☐ Other

Current Insurance Company: Policy Expires:

Has any insurance company canceled, non-renewed or declined this umbrella or excess policy in the last 3 years? ☐ Yes ☐ No

If yes, company, date and reason:

Has coverage lapsed (gone without insurance) at any time in the last 3 years? ☐ Yes ☐ No

Attach your current declarations page if you have one; it is the fastest way for us to match or beat your coverage.

APPLICANT SIGNATURE

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned states that the information provided in this application is true and complete to the best of their knowledge, and authorizes Always Faithful Insurance Agency to submit it to insurance companies for the purpose of obtaining quotations. Submitting this form does not bind coverage; coverage begins only when confirmed in writing by the agency or the insurance company.

Printed Name: Title (if business):

Signature: Date:

Sign by typing your name in the signature box, signing with your PDF reader's Fill & Sign tool, or printing and signing by hand. Email the completed form to info@semperfiservicesolutions.com or call 650-489-2592.