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 | support@semperfiservicesolutions.com | semperfiservicesolutions.com
California Certified Disabled Veteran Business Enterprise & Small Business #2045250

UMBRELLA AND EXCESS LIABILITY SUPPLEMENTAL

This form asks for confidential information. Send the completed form only to support@semperfiservicesolutions.com. We keep your information confidential and use it only to quote and place your insurance.

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

FEIN: _____ SSN (sole proprietors only): _____ State of Formation: _____

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 support@semperfiservicesolutions.com or call 650-489-2592.