

**NEW JERSEY RE-INSURANCE COMPANY
UMBRELLA INSURANCE APPLICATION**

Instructions for completing your Umbrella Insurance Application.

We are pleased to provide you with the following Personal Umbrella Liability Insurance Application. Also included is our Fact Sheet which summarizes the program. If you are interested in obtaining a premium quotation, please complete the application fully and return it to us.

- Print this page, the Personal Umbrella Liability Policy Fact Sheet and the four page application
- Answer the questions completely
- Sign the document

Fax your completed application to:
(609) 883-0284

Or mail it to:
**New Jersey Re-Insurance Company
Attn: Umbrella Department
301 Sullivan Way
PO Box 1328
West Trenton, NJ 08628-0278**

Should you have any questions regarding your Umbrella application, please contact our department at 1-800-882-6573, extension 4551.

NEW JERSEY RE-INSURANCE COMPANY

PERSONAL UMBRELLA LIABILITY POLICY

FACT SHEET

Personal Umbrella Liability Coverage is available to Personal Auto and Homeowners policyholders of New Jersey Manufacturers Insurance Company. This excess liability protection is written through NJM's wholly owned subsidiary, New Jersey Re-Insurance Company.

Here are some facts about our Personal Umbrella Liability Policy:

- Applicants must have and, if accepted, must maintain both Personal Auto and Homeowners (or Personal Liability) Policies issued by New Jersey Manufacturers Insurance Company. Each of these underlying policies must have a liability limit of at least \$500,000. Members of Homeowners or Condominium Associations must carry, at a minimum, \$50,000, in loss assessment coverage.
- The Umbrella Policy supplements the liability limits already provided by underlying NJM policies in amounts ranging from \$1,000,000 to \$4,000,000 per occurrence.
- Our policy affords protection against Personal Injury Liability losses such as libel and slander which are not covered by Personal Auto or Homeowners insurance.
- A \$1,000 deductible applies to occurrences covered under the Personal Umbrella Liability Policy which are not covered under a primary Personal Liability Policy.
- Umbrella coverage is worldwide and intended for **personal** exposures only.
- The policy contains coverage exclusions including, but not limited to:
 - aircraft ownership, maintenance or use.
 - business activities and professional exposures.
 - liability claims by one family member against another family member who resides in the same household.
 - punitive damages.
 - release of fuel or fuel products from a storage tank.
 - transmission of communicable diseases, sexual molestation, corporal punishment and physical or mental abuse.
 - Uninsured/Underinsured Motorist coverage.
- The base premium for \$1,000,000 of excess liability coverage for a risk involving two cars, one residence, no inexperienced drivers and no watercraft varies, depending upon your location, from \$200 to \$250 for a New Jersey policy and, regardless of location, is approximately \$200 for a Pennsylvania policy. Based upon the information provided to us on a **fully completed application and subject to our underwriting approval**, a personalized premium quotation will be issued. It is not anticipated that dividends will be declared on Umbrella Policy premiums.

This information is furnished to acquaint you with our Personal Umbrella Liability Policy and neither provides nor interprets coverage. If you have any questions about the Umbrella insurance information, call us at 1-800-882-6573 extension 4551.

NEW JERSEY RE-INSURANCE COMPANY

A Wholly-Owned Subsidiary of New Jersey Manufacturers Insurance Company

New Jersey Personal Umbrella Liability Insurance Application

Please complete all sections. If not applicable, mark N/A.
If you have questions, call 1-800-882-6573, ext. 4551

Applicant(s) _____

Business Phone (_____) _____

Home Phone (_____) _____

Spouse/Civil Union Partner Business Phone (_____) _____

Primary Residence Address _____

(Street)

(City)

(State)

(Zip)

(County)

Mailing Address, if different from above _____

A. If you currently have an umbrella liability insurance policy with another company, when does it expire? _____

Desired Liability Limit: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000

The limit requested is subject to a deductible equal to the minimum underlying Primary Liability Coverage — at least **\$500,000** for Auto (including Recreational Motor Vehicles), Homeowners and/or Personal Liability, Watercraft (if applicable), and at least **\$50,000** for Loss Assessment (if applicable). A **\$1,000** deductible applies to losses for which we require no underlying Primary Liability Coverage.

For Company Use Only

Pol. # _____

Insured _____

Liab. Limit _____

Rep. _____

Eff. Date _____

Date _____

U/W Action:

Name(s) _____

The Line Numbers for Items "B." and "C." will be used further in this Application.

B. List **ALL** Residents of the Household including those temporarily residing elsewhere.

Line Number	Name	Date of Birth	Relationship to Applicant	Employer	Occupation/ Title	Currently Maintains a Drivers License (Y/N)
1.	Applicant					
2.						
3.						
4.						
5.						
6.						

C. List **Liability** Insurance policies presently in force for all individuals listed in Item "B."

Line Number	Type of Policy*	Policy Number	Insurance Company	Liability Limit	Named Insured on Policy (Use Line Number from Item "B.")
1.					
2.					
3.					
4.					
5.					
6.					

*Indicate the type of policy such as Homeowners, Personal Auto, Umbrella, Watercraft, or Recreational Vehicle.

D. List **ALL** vehicles, including company registered and motorcycles owned, leased, or furnished for the regular use of anyone listed in Item "B." For company vehicles, indicate insurance carrier and Liability limit.

Year/Make	City/State of overnight location	State of Registration or Unregistered (U)	Owned (O) Leased (L) Furnished (F)	Owner (Use Line Number from Item "B.," if applicable)	Principal Operator (Use Line Number from Item "B.")	Line Number from Item "C." of policy providing Liability Coverage
1.						
2.						
3.						
4.						
5.						
6.						

- a. Does anyone in the household have a motorcycle license? No Yes
If yes, indicate the resident(s). _____
- b. Does anyone in the household have access to a company vehicle? No Yes
If yes, indicate the resident(s). _____
Can the company vehicle also be utilized for personal use? No Yes

Name(s) _____

E. List **ALL** Recreation Vehicles (ATV's Snowmobiles, Golf Carts, Dirt Bikes, etc.) owned, leased or furnished for the regular use of anyone listed in Item "B."

Type of Recreational Vehicle	Year/Make	Where Used	Owned (O) Leased (L) Furnished (F)	Owner (Use Line Number from Item "B")	Principal Operator (Use Line Number from Item "B")	Line number from Item "C." of policy providing Liability Coverage
1.						
2.						
3.						
4.						

Currently do not own, lease, or frequently use a Recreational Vehicle

F. List **ALL** Watercraft owned, leased, or furnished for the regular use of anyone listed in Item "B."

Type (inboard, outboard, sail)	Year/Make	Length	Maximum Horsepower	Where Used	Pleasure (P) Commercial (C) Charter (H)	Owned (O) Leased (L) Furnished (F)	Owner (Use Line Number from Item "B.," if applicable)	Principal Operator (Use Line Number from Item "B.")	Line number from Item "C." of policy providing Liability Coverage
1.									
2.									
3.									
4.									

Currently do not own, lease, or frequently use a Watercraft

G. List **ALL** Real Estate owned or occupied by anyone listed in Item "B." This should include vacant land and property outside the state. (If listing vacant land, provide the lot and block number.)

Location (street address or lot and block number, city, state)	Use (e.g., private residence, rental income, vacant land)	List the name(s) on the deed	Number of Family Units	Line number from Item "C." of policy providing Liability Coverage
1.				
2.				
3.				
4.				

a. Do any of these premises have a swimming pool? No Yes Inground Above Ground
If yes, identify which property and describe method of enclosing the pool area. _____

b. Are business activities conducted at any of these premises? If yes, identify and give full details. _____

c. Do any of the properties belong to a homeowners or condominium association? If yes, indicate property. _____

d. If any of the above properties are rental properties, please indicate who chooses the tenants? _____
Who maintains the property and surrounding area? _____ Length of Lease? _____

Name(s) _____

H. GENERAL INFORMATION

Please respond to every question below.

If any of the following apply to any person listed in Item "B.," **explain fully** in the area provided. Has or does such person:

1. Submitted any Liability Claims, been sued, or brought suit against another party during the last 10 years? _____

2. Participate as a director, leader, officer or in any other official capacity for any charitable, civic, community, educational (e.g., PTA, school board), or similar type organization? Is compensation received? _____

3. Anticipate spending time outside of the United States in the forthcoming year? No Yes

4. Own or care for any animals or pets? No Yes If yes, list the type of animal and if it has ever caused injury to others. _____

5. Provide a child care or baby-sitting service on any premises listed in Item "G." No Yes

6. Engage in a hobby or secondary venture which generates revenue in excess of \$500 annually? _____

7. Are any of the vehicles, watercrafts, or recreational vehicles listed on the application used in any type of racing or other competitive events? No Yes If yes, indicate the specific vehicle, watercraft, or recreational vehicle and explain.

The foregoing statements are true and complete to the best of my knowledge. I am aware that the liability policy for which I am applying contains several exclusions, including but not limited to **aircraft, business activities, communicable diseases, intra-family suits, and punitive damages**. I understand that high deductibles apply to this protection and that Primary Insurance must be maintained at limits at least equal to these deductibles. I agree to maintain such Primary Insurance in force during the term of any New Jersey Re-Insurance Personal Umbrella Liability Policy and to inform the Company within 30 days if any new liability exposure develops which would require its own Primary Insurance. I also am aware that **coverage will not be bound** until I am notified by the Company that my Application has been accepted and an effective date specified.

Signature of Applicant: _____ Date: _____

New Jersey law (N.J.S.A. 17:33A-1 et seq.) requires that the following statement appear:

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