



**Umbrella — Application**

Ph: 714 .536 .6086

Fax: 714 .536 .0395

www@bai-ins.com

License #0691071

e-mail: lisa@bai-ins.com

305 17th Street, Huntington Beach, CA 92648

**Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ How did you find us?: \_\_\_\_\_

Mailing Address (if different than above)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

**Umbrella Information:**

Liability limit: \_\_\_\_\_

Retained limit: \_\_\_\_\_ (similar to a deductible)

Add excess uninsured/underinsured motorist: \_\_\_\_\_

**Vehicle Information:** *Motorized vehicles owned by, leased by or provided to any member of the household:*

Primary automobile liability limits: \_\_\_\_\_

Any non-standard auto policies in effect? \_\_\_\_\_

Number of Autos: \_\_\_\_\_

Number of company provided vehicles: \_\_\_\_\_

Number of motorhomes: \_\_\_\_\_

Number of Motorcycles licensed for road use: \_\_\_\_\_

Number of off-road vehicles: \_\_\_\_\_

Number of antique vehicles: \_\_\_\_\_

**TOTAL** number of vehicles: \_\_\_\_\_

**Driver / Operator Information:**

Number of youthful operators: \_\_\_\_\_ (under 25 years old)

Number of over age operators: \_\_\_\_\_ (over 75 years old)

Number of excluded operators: \_\_\_\_\_

**TOTAL** number of operators: \_\_\_\_\_

**Watercraft Information:** *Includes personal watercraft, powerboats and sailboats:*

Number of watercraft under 26 ft. in length **and** an inboard motor over 50 HP: \_\_\_\_\_

Number of watercraft over 26 ft. in length **or** over 200 HP: \_\_\_\_\_

**Property Information:**

Personal liability limit: \_\_\_\_\_

Number of owner-occupied residences: \_\_\_\_\_

Number of secondary or vacation residences: \_\_\_\_\_

Number of residences rented to others: \_\_\_\_\_

Any vacant land? \_\_\_\_\_

Any in-home business? \_\_\_\_\_

Incidental farm coverage: \_\_\_\_\_

**Miscellaneous Information:**

Current Insurance Company: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_

Questions or Comments to help the Agent: