

# PERSONAL LIABILITY APPLICATION

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WWW.GOGUS.COM  
Bellevue . Portland . Spokane



## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Has the applicant or any member of the household been employed as any of the following: professional athlete; entertainer; media personality; reporter; author; journalist; Coach in the NBA, NFL, MLB, NHL, OR College Division I Football or Basketball; Owner of a professional sports team; CEO of a Fortune 500 Company or Director or Producer with major television or motion picture credits? Is any individual an elected or appointed public official at the state or federal level, or who is a generally recognizable public figure?  Yes  No

Limits of Insurance  \$100,000  \$300,000  \$500,000  \$1,000,000

Medical Payments Limit:  \$5,000 included

### Schedule of locations to be covered

Address: Residence(s) (List only locations to be covered)	# of Families (1, 2, 3 or 4) or Vacant Land	Pool*		Owner Occupied	Rental Dwelling
		Yes	No		
Primary Location (if requested)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Locations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there an unfenced swimming pool at any location?  Yes  No  
Is there a diving board over four feet high and/or a waterslide?  Yes  No

### Important Notice Regarding the Fair Credit Reporting Act:

I understand that as part of the underwriting procedure, a consumer report may be obtained in connection with the application for insurance and subsequent amendments and renewals. Such reports may include information regarding my driving record. Information collected by the Company or its authorized representatives may, in certain circumstances, be disclosed to third parties without my authorization. I have the right to review my personal information in the Company files and can request correction of any inaccuracies.

**Fraud Statement (All Other States):** 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. ELIGIBILITY QUESTIONS**

(NOTE: Attach a statement of details for all "yes" answers to the following questions)

1. Does the applicant or any member of the applicant's household currently have any active policies with United States Liability Insurance Company, Mount Vernon Fire Insurance Company, or U.S. Underwriters Insurance Company?
  - Yes, please provide policy number(s) \_\_\_\_\_  No
2. Has the applicant or any resident of the applicant's household been convicted of a felony in the past 10 years?  Yes  No
3. Are any locations leased to others for hunting?  Yes  No
4. Are any locations rented to others on a short-term basis (weekly, monthly, etc.)?  Yes  No
5. Are any locations model homes or speculation ("spec") homes?  Yes  No
6. **Applicant's Liability Loss History in Past 5 Years (Submit with loss information)**

Date	Type	Description	Is Claim Still Open?		Amount Paid
			Yes	No	

7. Is any location a vacant dwelling?  Yes  No
  8. Is there a business exposure, including Day Care, at any of the locations?  Yes  No
  9. Are there any farming activities conducted by the insured at any of the locations?  Yes  No
  10. Are there any exotic pets, farm or saddle animals owned by the insured or household member at any location?  Yes  No
  11. Is there currently, or, during the next 12 months, will there be any construction or renovations at any of the locations to be covered?
    - Yes, eligible. A licensed General Contractor other than the Named Insured, must be contracted to do the construction/renovations.
    - Yes, ineligible. The Insured will be the General Contractor.
    - No
  12. Are there any hazardous conditions on the premises such as:
    - a. Cracks, holes or uneven **Sidewalks**?  Yes  No
    - b. Broken or defective **Steps, Handrails** or **Porches**?  Yes  No
    - c. Accumulation of debris  Yes  No
- Elaborate on All Yes  Answers \_\_\_\_\_

**CALIFORNIA ONLY**

13. If there is a dog at any of the insured locations, does it have a history of biting others?  Yes  No
14. Regarding Question 13, is the dog a Pit Bull, Rotweiler, or Doberman Pinscher?
  - Yes We will write the risk & add CPL112, Dog Exclusion  No We must decline.
15. Does the insured currently employ, plan to hire within the next year or has the insured employed any domestic employee (gardener, maid, nanny) who works more than four hours per week or more than 52 hours in any 90 day period?
  - Yes We must decline.  No Ok to proceed.

**III. ADDITIONAL APPLICANT INFORMATION**

Applicant's Mailing Address: \_\_\_\_\_ (if different than Primary Residence address)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Maine and Washington Fraud Statement:** 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.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 Main Agency Phone Number: \_\_\_\_\_  
 Agency Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_