

COMPREHENSIVE PERSONAL LIABILITY APPLICATION

TOPA Insurance Company

Applicant's Full Name	Producer's Name and Address Phone: _____ Code: _____
Mailing Address	
City _____ State _____ Zip Code _____	
Location of "residence": If same as the mailing address, write "SAME".	

Proposed Effective Date	Proposed Expiration Date	Limit of Liability: \$100,000 \$300,000 or \$500,000 \$ _____,000 each occurrence	Company use only Policy Number _____ Approved Effective: _____ Declined on: _____ Underwriter: _____
NOTICE		With a \$250.00 Deductible Base Premium _____ Additional Premium _____ Fully Earned Policy Fee _____ Total Policy Premium _____	
This application will NOT be given consideration unless: 1. It is fully completed and every question answered and explained if necessary. 2. Application is personally signed and dated by the Applicant and Producer.			
No Coverage is bound until approved by TOPA			

Name	D. O. B.	Marital Status	Occupation / Duties	Employer's Name

LIST ALL OWNED OR OCCUPIED RESIDENCES, BUILDINGS OR VACANT LAND. FARM PROPERTY IS NOT ELIGIBLE FOR THIS COVERAGE		
LOCATION - COMPLETE ADDRESS	# of Units	Occupancy

1. Is there a Spa or swimming pool on the premises? <input type="checkbox"/> NO <input type="checkbox"/> YES Is it fenced? <input type="checkbox"/> YES <input type="checkbox"/> NO - not eligible Is there a slide or diving board? <input type="checkbox"/> NO <input type="checkbox"/> YES - not eligible Is the pool/spa currently filled? <input type="checkbox"/> YES <input type="checkbox"/> NO - not eligible	5. Is there any business conducted on the premises? <input type="checkbox"/> NO <input type="checkbox"/> YES - explain completely.
2. Do you own or lease any boats? <input type="checkbox"/> NO <input type="checkbox"/> YES - The policy may not provide coverage and you should ask your agent about securing boat liability coverage.	6. Do you employ any residence employees? <input type="checkbox"/> NO <input type="checkbox"/> YES Number In-servants? _____ Number Out-servants? _____
3. Do you own or board any animals? <input type="checkbox"/> NO <input type="checkbox"/> YES - list all types and breeds.	7. Do you have any non-owned property exceeding \$1,000 in value in your care, custody or control? <input type="checkbox"/> NO <input type="checkbox"/> Yes - Explain completely.
4. Any unusual exposures on the premises, i.e. broken steps or handrails, litter in the yard, etc. <input type="checkbox"/> NO <input type="checkbox"/> YES - explain.	Previous Insurance Company, Policy Number, Expiration

Have you had any liability losses in the past 5 years? <input type="checkbox"/> NO <input type="checkbox"/> YES - please provide complete details.		
Date	Description of loss	Amount Paid

I have read the forgoing and agree that this is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied by me. I understand that signing this application neither binds me to accept nor does it bind the Company to issue a policy to me.

Applicant's Signature X _____ Date: _____

Producer's Signature X _____ Date: _____