



United States Liability Insurance Group

Excess Personal Auto

New England Excess Exchange, Ltd.
P O Box 219 ~ Montpelier VT 05601
800-548-4301 or Fax: 800-347-4935
Web Site: www.neee.com

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT

1. **Applicant:** _____
2. **Address:** _____
3. **Prior Excess Insurer:** _____ 4. **Policy Number:** _____
5. **Occupation:** _____
6. **Primary Insurer:** _____ 7. **Primary Policy Number:** _____ 8. **Effective Date:** _____ 9. **Expiration Date:** _____
10. **Excess Limits Requested:** _____ 11. **Primary Limits of Liability:** _____ 12. **Primary Premium:** _____
13. **Desired Effective Date of Excess Insurance:** _____ 14. **Expiration Date:** _____

15. **Automobiles:** List ALL licensed automobiles i.e., (private passenger type, pick-ups, motorcycles, etc.) to be insured. (Add separate sheet if necessary.)

Year	Make	Model	Serial Number	Garage Location if other than policy address

16. Are there other vehicles in the household which are not to be covered by this policy? Yes No
If yes, please list units and explain _____

17. **Drivers:** List ALL drivers in household and anyone else who would regularly drive one of these vehicles.

Name of Driver	Age	Driver's License Number	Marital Status	Relation to Applicant	Vehicle Driven in 18 Above

18. Is there anyone in the household who has a driver's license (active or suspended) who will not be driving one of these vehicles? Yes No
If yes, please explain _____

19. **Violations/Accidents:** List ALL violations and accidents (past 3 years) including driving under the influence of drugs or alcohol (past 10 years) for all drivers. (Add separate sheet if necessary.)

Name of Driver	Date	City	Location State	Brief Description

20. **Have any drivers been convicted of driving while intoxicated, impaired, or under the influence of drugs in past 10 years?**

Yes, Submit No If yes, please provide details _____

21. **Uninsured / Underinsured Motorists (Motor Vehicle) Coverage** If applicant does not want Uninsured / Underinsured Motorists Coverage, or does not carry this coverage on ALL vehicles for the full limits of the primary policy, he must sign the rejection statement below.

I hereby reject the opportunity to purchase Uninsured / Underinsured Motorists Coverage as a part of my excess insurance policy.

Applicant's Signature _____

APPLICANT MUST ALSO COMPLETE AND SIGN APPLICATION / ENDORSEMENT L-443.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

22. Signatures

- (1) I hereby apply for Excess Personal Auto Liability Insurance as shown above.
- (2) I certify that this application is accurate and complete and shall form the basis of the contract should coverage be issued.
- (3) I have discussed this application with my agent and understand the limits, coverages and restrictions of the insurance for which I have applied.

COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY

_____ Signature of Applicant	_____ Date	
_____ Signature of Agent / Broker	_____ Date	_____ Agent / Broker's Address

MAIL COMPLETED
APPLICATION THROUGH
LOCAL AGENT OR
BROKER TO:
