



PERSONAL UMBRELLA LIABILITY RENEWAL QUESTIONNAIRE

MERRIMACK MUTUAL FIRE INS. CO.
95 OLD RIVER ROAD, ANDOVER, MA 01810-1078

In an effort to be sure you are properly covered under your Personal Umbrella Liability Endorsement, H-130, we require completion and return of this renewal questionnaire by 04/07/15 .
If you have any questions, please contact your agent. EXP 07/09/15 HP 0278061

EXP 07/09/15

HP 0278061

0009361

NAMED INSURED

AGENT

JOHN M SIMON
& VICKI CLAIREAUX SIMON
534W 42ND ST APT 8
NEW YORK NY 10036-6221

**BADGE AGENCY INC
500 N BROADWAY STE 231
JERICHO NY 11753-2111
(516) 676-0070**

UMBRELLA LIABILITY AMOUNT \$1,000,000

1. Automobiles & Motorcycles, owned or leased, including those provided for business use
 2. Residence premises and additional owner occupied residences
 3. Rented 1 or 2 Family Dwellings
 4. Rented Condominium Units
 5. Business Occupancy in the Home
 6. Watercraft
 7. Recreational Vehicles

**EXISTING
NUMBER**

NOTE
CHANGES
ON
REVERSE
SIDE

DESCRIBE EACH OF THE ABOVE EXPOSURES ON THE REVERSE SIDE OF THIS FORM

PLEASE ANSWER THE FOLLOWING QUESTIONS, explain all "yes" responses on reverse side or attach a separate page.

1. Have any liability claims or incidents been reported or paid in the last five years? YES
 2. Any premises, vehicles or watercraft used for business? YES
 3. Any animal(s) in the care/custody of any household member? Type/Breed _____ ? YES
 - 3.A. Have there been any prior acts of aggression or biting incidents? YES
 4. Is there a trampoline on any residence listed on the reverse side of this form? YES
 5. Is there a pool on any residence listed on the reverse side of this form? YES
 - 5.A. Is it inground? Y/N If so, is it fenced? Y/N

NO
NO
NO
NO
NO
NO

List all Members of the Household who are licensed to operate a motor vehicle

Driver Name	License #	State	D/O/B
John			
claude Simon	356097313	NY	3-5-56

COMPLETE REVERSE SIDE INCLUDING SIGNATURE

FOR COMPANY USE ONLY



INSURED COPY

UQ8IN NY (07/09)

List all Automobiles & Motorcycles Owned by, Leased by or available for Regular Use (including commercial) for a driver listed on the reverse side

Vehicle Information Make/Model	Primary Policy Information Insurance Company	Policy #	Optional Bodily Injury/Personal Damage \$250/500K BI/\$100K PD or \$300K CSL Minimum Required
NY/VA 2010 NISSON SENTRA	State Farm	1228578E108-2A	500/500K 500K
1996 SAAB 900	State Farm	YS3DF58N2T2036190	500/500 500

MINIMUM UNDERLYING INSURANCE REQUIRED - \$250,000/\$500,000/\$100,000 OR \$300,000 COMBINED SINGLE LIMIT/PROPERTY DAMAGE

List all Owner Occupied Real Estate owned by you or any member of your household

Property Address	# Fam.	Insurance Company	Policy #	Liability
6 EDWARDS LN GLEN COVE NY 11542	1	MERRIMACK MUTUAL	HP0278061	500,000
409 CAMBRIDGE CT GLEN COVE NY	1	NATIONWIDE INS	56-EQ-5426-0	1,000,000

MINIMUM UNDERLYING INSURANCE REQUIRED - \$300,000

List all Rented One or Two Family Dwellings owned by you or any member of your household

Property Address	# Fam.	Insurance Company	Policy #	Liability	Personal Injury
					Y/N
					Y/N
					Y/N

MINIMUM UNDERLYING INSURANCE REQUIRED - \$300,000/ * CIRCLE YES (Y) OR NO (N) IF PERSONAL INJURY APPLIES

List all Rented Condominium Units owned by you or any member of your household

Property Address	Insurance Company	Policy #	Liability	Personal Injury
				Y/N
				Y/N
				Y/N

MINIMUM UNDERLYING INSURANCE REQUIRED - \$300,000/ * CIRCLE YES (Y) OR NO (N) IF PERSONAL INJURY APPLIES

List all Watercraft Owned by, Leased by, or available for Regular Use by you or any member of your household

Model	Lgth	HP	MPH	Insurance Company	Policy #	Liability

MINIMUM UNDERLYING INSURANCE REQUIRED - \$300,000

List all Recreational Vehicles Owned by, Leased by, or available for Regular Use by you or any member of your household

Description	CC's	Insurance Company	Policy #	Liability

MINIMUM UNDERLYING INSURANCE REQUIRED - \$300,000

IT IS IMPERATIVE THAT THE MINIMUM UNDERLYING INSURANCE REQUIRED BE KEPT IN FORCE. ANY LOWER LIMITS WILL RESULT IN GAPS IN YOUR LIABILITY COVERAGE.

Remarks _____

SICK & SIMONE 9-16-15
Insured Signature Date

NO COVERAGE IS PROVIDED BY THIS QUESTIONNAIRE NOR CAN IT BE CONSTRUED TO REPLACE ANY PROVISIONS OF YOUR POLICY. YOU SHOULD READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES YOU ARE PROVIDED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS QUESTIONNAIRE, THE PROVISIONS OF THE POLICY SHALL PREVAIL.