



# 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

NAMED INSURED

AGENT

0009361

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

## EXISTING NUMBER

1  
2  
0  
0  
0  
0  
0  
0

NOTE  
CHANGES  
ON  
REVERSE  
SIDE

## 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

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
<del>Handwritten signature</del>			
Claude Simon	356097313	NY	3-5-56

## COMPLETE REVERSE SIDE INCLUDING SIGNATURE

### FOR COMPANY USE ONLY

\*UTER C UAUT \_\_\_\_\_ UREN \_\_\_\_\_ UADD \_\_\_\_\_ UOWN 1 UOCC \_\_\_\_\_ UBOT \_\_\_\_\_ UOBT \_\_\_\_\_ UMIL \_\_\_\_\_  
\*YEAR 15 UREC \_\_\_\_\_ UOFF \_\_\_\_\_ UBUS \_\_\_\_\_ CAUT \_\_\_\_\_ UUMO \_\_\_\_\_ H950 \_\_\_\_\_ H145 \_\_\_\_\_ UOP1 \_\_\_\_\_  
\*UOP2 \_\_\_\_\_ UOP3 \_\_\_\_\_ UOP4 \_\_\_\_\_ UOP5 \_\_\_\_\_ UOP6 \_\_\_\_\_ U145 \_\_\_\_\_ MVR \_\_\_\_\_  
UINF \_\_\_\_\_ UXCL \_\_\_\_\_ SDIP \_\_\_\_\_



INSURED COPY

UQ8IN NY (07/09)

List all Automobiles &amp; 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
2010 Nissan Sentra	State Farm	1228578E1032A	500/500K 500K
1996 Subaru 900	State Farm	YS3DF58N2T2036190	500/500 500K

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.