

Name of Insured NAME	Marital Status	Policy No.
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1 Your Occupation	Employer	Type of Business	How long Employed? YRS
Spouse's Occupation	Employer	Type of Business	How long Employed? YRS

2 Do you carry, at least, the required minimum limits listed on the SCHEDULE OF UNDERLYING INSURANCE?  
 YES  
 NO If no, explain in the Remarks section below.

3 Does SAFECO insure all automobiles owned, leased or regularly used by you or any member of your household?  
 YES If yes, indicate policy number(s) \_\_\_\_\_  
 NO If no, complete Part A of the Supplemental Statement

4 Does SAFECO insure all of your home(s)?  
 YES If yes, indicate policy number(s) \_\_\_\_\_  
 NO If no, complete Part B of the Supplemental Statement

5 Does SAFECO insure for Premises Liability all residences owned and leased or rented to others by you or any member of your household?  
 NONE  YES If yes, indicate policy number(s) \_\_\_\_\_  
 NO If no, complete Part C of the Supplemental Statement

6 Does SAFECO insure all recreational or other motorized vehicles owned, leased or regularly used by you or any member of your household?  
 NONE  YES If yes, indicate policy number(s) \_\_\_\_\_  
 NO If no, complete Part D of the Supplemental Statement

7 Does SAFECO insure all watercraft owned, leased or regularly used by you or any member of your household?  
 NONE  YES If yes, indicate policy number(s) \_\_\_\_\_ Type of boat \_\_\_\_\_ Length \_\_\_\_\_ Horsepower \_\_\_\_\_  
 NO If no, complete Part E of the Supplemental Statement

8 Are there any specific exclusions or restrictive endorsements included in any primary or underlying insurance?  
 NO  YES If yes, explain in the Remarks section below.

9 In the past five (5) years, has any liability claim or lawsuit been filed against you or any member of your household? Consider automobile, boat or recreational vehicle accidents, personal or premises liability, libel, slander, etc.  
 NO  YES If yes, explain in the Remarks section below.

10 Do you presently, or have you in the past, carried an umbrella policy?  
 NO  YES If yes, indicate company and when active \_\_\_\_\_

11 Names, ages and relationship to you of all members of your household: \_\_\_\_\_

12 Do you own or engage in any type of farming operation?  
 NO  YES If yes, explain in the Remarks section below.

13 Do you hold any non-remunerative positions?  
 NO  YES If yes, explain in the Remarks section below.

14 Are any business and/or professional activities included in the primary policies?  
 NO  YES If yes, explain in the Remarks section below.

15 Are there any premises, vehicles, or watercraft used for business?  
 NO  YES If yes, explain in the Remarks section below.

16 REMARKS

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READ CAREFULLY BEFORE SIGNING

I have read this application and agree to comply with the provisions stated in Item 7. SCHEDULE OF UNDERLYING INSURANCE of the Declarations. All statements made in this application are true to the best of my knowledge.

Signature of Insured \_\_\_\_\_

Date \_\_\_\_\_

Signature of Insured \_\_\_\_\_

Date \_\_\_\_\_