

CHRIS-LEEF GENERAL AGENCY, INC
 PO BOX 3747, SHAWNEE MISSION, KS 66203 (913) 631-1232 PHONE (913) 631-1128 FAX
 (800) 548-0491 PHONE (800) 383-1235 FAX
 PERSONALLINES@CHRIS-LEEF.COM

PERSONAL LIABILITY APPLICATION

Date: _____

Producer's Name, Address and Phone Number _____ _____ _____ _____ CODE _____ POLICY _____ TERM _____ Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.) Years _____	Applicant's Name and Mailing Address (include county & ZIP) _____ _____ _____ _____ _____ NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> PREV POL #- _____
PREVIOUS ADDRESS (if less than 3 years) _____ _____ _____	Location of property if different from above (include county & ZIP) _____ _____ _____

APPLICANT INFORMATION	Applicant's Occupation	Applicant's Employer Name	Yr. Employ	Marital Status	Date of Birth
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Co-Applicant's Occupation	Co-Applicant's Employer Name	Yr. Employ	Marital Status	Date of Birth
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Residences Location	Description	SQ FT

COVERAGE/ LIMITS OF LIABILITY Personal Each Occurrence	DEDUCTIBLE \$250
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RATING/UNDERWRITING					
Yr Built	Structure Type	Usage Type	#Families	# Weeks Rented	# Apts
	<input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op	<input type="checkbox"/> Primary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal			

General Information Explain all "Yes" responses in remarks	Yes	No	General Information Explain all "Yes" responses in remarks	Yes	No
1. ANY BUSINESS CONDUCTED ON PREMISES (including day (child care)?	<input type="checkbox"/>	<input type="checkbox"/>	6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy #)	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY FULL-TIME RESIDENCE EMPLOYEES? (No. of employee)	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY ANIMALS OWNED? (How many & breed)	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY OTHER EMPLOYEES- DESCRIBE?	<input type="checkbox"/>	<input type="checkbox"/>	8. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING LAST 3 YEARS? (not applicable in DC, MO, OR OH)	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY FLOOD, BRUSH HAZARD, LANDSLIDE, ECT.?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY POOLS OR SPAS AT ANY LOCATIONS? If yes, are they fenced?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	<input type="checkbox"/>	<input type="checkbox"/>			

PLEASE COMPLETE NEXT PAGE

LOSS HISTORY	ANY LOSSES DURING THE LAST 5 YEARS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IF YES, INDICATE BELOW	AMOUNT
Date	Type	Description of Loss			

PRIOR COVERAGE		
Prior Carrier	Prior Policy Number	Amount of Coverage

REMARKS

APPLICANT'S STATEMENT; I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEVED ALL OF THE FOREGOING STATEMENTS ARE TRUE: (Kansas: This does not constitute a warranty.)

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATION CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OR LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

APPLICANT'S SIGNATURE _____ DATE (MM/DDIYY) _____ AGENT'S /BROKER'S SIGNATURE _____