

With \$1 Million Uninsured Motorist / Underinsured Motorist (UM/UIM)

Select Coverage Limit

- \$1 Million \$451*
 \$2 Million \$653*
 \$3 Million \$814*
 \$5 Million \$1087*

*Annual premium quoted for April 1, 2020 to March 31, 2021. Prorate premium billed based on effective date. Premiums billed will include an additional surplus line tax of 3% and a stamping fee of .04%. Coverage is effective the first of the month after application approval. Annual policy period is April to April and billing is prorate for mid-term issuance.

Applicant Information

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PLEASE NOTE: The association member is ineligible for this coverage if the member or relative of the member living in the member's household had a DUI, DWI or a suspended license in the past three years. Student members are not eligible.

Operator Information (List all household members who operate a motor vehicle or are 15 years of age or older.)

No.	First	MI	Last Name	Date of Birth	Gender
1.)					
2.)					
3.)					
4.)					

Sheet is attached for additional drivers.

General Information (Please explain a "Yes" response in Remarks. Include the date, operator and a description of each violation.)

Has any operator been convicted of any moving traffic violations during the past 36 months? Yes No

Remarks _____

Sheet is attached with additional information.

Uninsured/Underinsured Motorists Coverage (UMC) Notice - UMC is insurance for possible injury to you caused in an automobile accident by someone who has no insurance or inadequate insurance. Personal umbrella insurance covers your liability to others. I have read the UMC Notice and I understand that the policy will include a \$1 million Uninsured / Underinsured limit and the minimum UMC required underlying limits for this policy to provide this coverage. I agree to this on behalf of all who are to be covered by this policy.

Applicant Statement: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true. (Kansas: This does not constitute a warranty.)

FRAUD WARNING - NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

I hereby apply as an ABA member under the ABA Group Personal Umbrella Plan for which I am eligible and agree to the minimum required underlying insurance limits as indicated on the back of the application.

I understand that the premium/limit quoted is based on group rating and before final acceptance by the insurer. I acknowledge reading the application and the minimum required underlying limits. Important notice regarding the Fair Credit Reporting Act: as a part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Applicant's Signature _____	Email Address _____	Daytime Telephone No. _____	Date _____
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Personal Liability (Homeowners) for personal injury and property damage in the minimum amount of \$300,000 each occurrence.

Registered vehicles in the minimum amount of \$250,000/\$500,000 bodily injury and \$100,000 property damage; \$300,000/\$300,000 bodily injury and \$100,000 property damage; \$300,000 single limit each occurrence.

Unregistered vehicles in the minimum amount of \$300,000 bodily injury and property damage each occurrence.

Registered vehicles with less than four wheels and motorhomes in the minimum amount of \$250,000/\$500,000 bodily injury and \$100,000 property damage; \$300,000/\$300,000 bodily injury and \$100,000 property damage; \$300,000 single limit each occurrence.

Watercraft less than 26 feet and 50 engine rated horsepower or less for bodily injury and damage in the minimum amount of \$300,000 each occurrence.

Watercraft 26 feet or longer or more than 50 engine rated horsepower for bodily injury and property damage in the minimum amount of \$500,000 each occurrence.

Uninsured/underinsured motorists protection in the minimum amount of \$250,000/\$500,000 bodily injury and \$100,000 property damage; \$300,000/\$300,000 bodily injury and \$100,000 property damage; \$300,000 single limit each occurrence.

It is also a requirement that all participants insured with Chubb for their underlying coverage reduce their individual limits to no more than \$1,000,000 for all underlying liability coverage.

American Bar Association Insurance is administered by USI Affinity. Solicitation is paid for and provided by USI Affinity. Insurance is brokered and underwritten by third party brokers and insurance companies who determine eligibility and scope of coverage. All questions should be directed to the appropriate broker or insurer. The ABA receives revenue for its sponsored member insurance programs and the funds are applied to offset the cost of program oversight, support member benefits and subsidize approved programs.

Aon Affinity is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc. (TX 13695), (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493); Aon Direct Insurance Administrators and Berkely Insurance Agency; and in NY, AIS Affinity Insurance Agency.

One or more of the Chubb Insurance Company provides the products and/or services described. This information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Only the relevant insurance policy can provide the actual terms, coverage, amounts, conditions, exclusions and required underlying insurance for an insured.

Questions?

To request coverage, please complete the application and return to:

Affinity Insurance Services, Inc. • 1100 Virginia Drive, Suite 250, Fort Washington, PA 19034
Tel. 1.800.453.4033 • Fax 1.800.701.1596 • Email: ABA.Umbrella@aon.com • www.abainsurance.com
