

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza • Columbus, Ohio 43215
 Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675 • Fax (480) 483-6752

Personal Umbrella Policy Renewal Questionnaire

Applicant's Name: _____
 Primary Residence: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

REQUESTED EFFECTIVE DATE: _____ **TO** _____ **Renewal of Policy No.:** _____

Please mark all changes since last renewal and explain below.

- Changes in exposure (drivers, vehicles, recreational vehicles, residences owned, property owned, and watercraft).
 Explain in detail: _____

- Any claims, accidents or motor vehicle citations (auto, property or liability).

Claims Date	Description	Bodily Injury and/or Physical Damage	Amount Paid or Reserved	Citation(s) Issued

- Changes in the primary insurance carriers or coverages.

Coverage	Carrier Name	Policy Number	Underwriting Limits

- Underinsured / Uninsured Motorists coverage. Check if desired (**available in FL, LA, NH, OH, AND VT only**).
 Issue renewal same as expiring (**Do not check box if there are any changes noted above**).

Comments / Changes: _____

Producing Agent Signature: _____ **Date:** _____

General Agent Signature: _____ **Date:** _____