



SCOTTSDALE INSURANCE COMPANY®

C/O MACNEILL GROUP

PO BOX 45-9003 • SUNRISE, FL 33345

TEL # 1-800-432-3072 FAX # 1-954-837-4393

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:** _____