

Personal Excess Liability Supplemental Questionnaire (Required For All New Business)			
Insured			
Policy Number	Effective Date		
The information requested below is needed to clarify questions answered under the 'General Information' section of the ACORD Personal Umbrella Application.			
	ool or trampoline exposure, please confirm Inclosed 5' fence and self-locking gate.	_ N/A Yes	
2. If you answered yes to Questio operation, acreage, gross incor	n #7 regarding farming operations, please des me and animal exposures.	scribe the	
3. If 'Yes' to Question #8, please p whether it entails hiring or firing	provide details of the non-compensated positic J.	on and	
	ing business activities, please indicate the occ	upation and	

Mutual of Enumclaw 1460 Wells Street, Enumclaw, WA 98022			
Please answer these additional questions about possible exposures to our Excess Policy.			
5. Does any member of the household have an occupation as a professional entertainer or athlete, media personality or an appointed or elected federal or state political figure? If so, please describe.	No 🗌		
 6. Please list primary and secondary premises locations. Indicate if any are rented on a daily, weekly or monthly basis. Also, please indicate if any of these are located outside of Idaho, Oregon, Utah or Washington. 	No 🗌		
 Please indicate the number of rental units owned individually by all household members and if rented on a daily, weekly or monthly basis. Also, please indicate if any of these are located outside of Idaho, Oregon, Utah or Washington. 	🗌 N/A		
8. Please list any owned motor vehicles not insured with Enumclaw Insurance Group, where these vehicle are insured and their garaging state.	□ N/A		
 Please list all recreational vehicles, including boats, jet-skis, snowmobiles, ATV's – include make, model, length and horsepower / CCs. 	□ N/A		