



21. General Liability—Limits of Liability: \$ \_\_\_\_\_ per Occurrence (must be the same as the basic Homeowners).  
\$ \_\_\_\_\_ Aggregate

22. Medical Payments—Limits of Liability \$ \_\_\_\_\_ Each Person  
\$ \_\_\_\_\_ Aggregate

This questionnaire does not bind YOU nor US to complete the insurance, but it is agreed that the information herein shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain 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.