

Farmers

Economy Fire & Casualty Company  
Policy Number: Personal Umbrella  
U7992540410

RACHEL SANSOM  
GLEN SANSOM  
337 16th St  
New Cumberland PA 17070-1316

## Insurance Information Page

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### Why we're contacting you

Important information about your Personal Umbrella insurance policy package is provided below.

### What you need to know

Your policy coverages, limits, forms and/or endorsements are enclosed. Please refer to your Declarations, policy, and endorsements for the coverage provided by the policy, the applicable limits, and deductibles. You should carefully review your policy to assure yourself that you have purchased sufficient coverage from us.

### We're here to help

Below is our Customer Service and Claim Contact information. Se dispone de representantes de lenguaje en Español. Other language translations are also available.

<b>Claims:</b>	<ul style="list-style-type: none"><li>To report a Claim call 800-854-6011. We're here to assist you anytime, day or night.</li><li>If you suspect someone has intentionally filed a false claim, please call our fraud hotline at 800-922-FRAUD (800-922-3728).</li><li>If you think your identity has been stolen or compromised please call 866-305-7216 or visit <a href="http://www.cyberscout-idtheft.com">www.cyberscout-idtheft.com</a>.</li></ul>
<b>Email:</b>	<a href="mailto:autoandhomerequest@farmersinsurance.com">autoandhomerequest@farmersinsurance.com</a> Please include your name and policy number.
<b>U.S. Mail:</b>	SUZANNE KOPITSKY 559 MILL ST DANVILLE PA 17821-1069 Please do not send payment to this address.
<b>Send in Documents:</b>	Website: <a href="http://www.farmers.com/autohomelogin">www.farmers.com/autohomelogin</a> Click on Documents tab to upload to your policy. Fax: 866-743-4891 Please include your name and policy number.
<b>Payments:</b>	Farmers PO Box 70221 Philadelphia, PA 19176-0221
<b>Phone:</b>	<b>Customer Service:</b> 570-580-4845

**!** For coverage limits and premiums, please refer to the Declarations Page and policies.

## Umbrella Coverage Summary

**Insured Name and Address**  
RACHEL SANSOM  
GLEN SANSOM  
337 16TH ST  
NEW CUMBERLAND,PA 17070-1316

**Coverage Summary Date**  
06/17/2022

**Policy Number**  
U7992540410

**24/7 Claims Service**  
To report a claim, please contact us at:  
**1-800-854-6011**

**Policy Period**  
06/22/2022 - 06/22/2023

## Policy Coverage and Limits

Coverage	Limit	Additional Coverages For a complete listing of coverages, including limits and premiums, please refer to your Declarations Page.
<b>Coverage:</b>		
Personal Umbrella Liability Limit	\$1,000,000	
Retained Limit	\$1,000	

**Total Premium: \$350.00**

This coverage summary does not constitute part of the insurance policy or binder of insurance and should not be construed to replace your Declarations Page or any provision of the policy itself. In the event of any conflict between the policy and this summary, the provisions of the policy should prevail. It is therefore important that you read your policy and your Declarations Page carefully for complete details. Our policies have exclusions, limitations, reductions of benefits, and terms under which the policies may be continued in force or discontinued. For complete details of the coverage, visit us online, click to chat, or contact the company.

Thank you for insuring with us.

**Farmers**

 **Your immediate attention is required.**

## **Insurance Policy Documents Enclosed – Please review**

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### **Why we're contacting you**

Enclosed are your Insurance documents.

### **What you need to know**

These documents may include:

- Signing forms required for automatic payment authorization (if applicable).
- Signing forms required by state law (if applicable).

### **What you need to do**

Please respond promptly where applicable.

**Thank you for your business!**



If you want to designate another individual to receive information from us regarding your insurance you need to read, complete, sign and return this form as shown below.

## Notice of Right to Authorize Another Individual to Receive Important Insurance Documents

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### Why we're contacting you

You may be able to have another person, in addition to yourself, receive information from us regarding your insurance policy.

### What you need to know

If you are the named insured of your policy, you can have another person, in addition to yourself, receive information from us regarding your insurance policy. If you choose for another person to receive information from us, copies of any notices about a conditional renewal, nonrenewal, or cancellation of your policy will also be sent to the other person. This additional person, if you chose one, is known as a third party designee or designee.

If you have already chosen another person to receive information from us, you do not need to do anything at this time, unless you would like to make a change to the person designated to receive the information.

### What you need to do

If you wish to designate a person, in addition to you, to receive notices about conditional renewals, nonrenewals, or cancellations regarding your insurance policy, you will need to complete the enclosed Third-Party Notification Form and return it to us.

If you have already designated another person to receive copies of notices from us, please do not complete the enclosed Third-Party Notification Form unless you wish to make a change. If you wish to make a change to or remove the person designated to receive copies of notices, please complete the enclosed Third-Party Notification Form and return it to us.

**The enclosed Third-Party Notification Form must be completed in its entirety, including your signature and the other person's signature, and returned to us before we can send notices to the other person.** Submitting a response is easy! You may return your answers directly to us or to your local agent using any of the following ways you find most convenient.

- **Upload to your account**
- **E-mail**
- **Fax**
- **Mail**

### We're here to help

If you have any questions, please see the "Insurance Information page - We're here to help" in the front of your policy package for your choice of contact options.

Thank you for insuring with us.

THIS PAGE IS INTENTIONALLY LEFT BLANK

# THIRD-PARTY NOTIFICATION FORM

## Customer Information (Please print clearly)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Please indicate which policy(ies) you would like to designate the additional person listed below to receive a copy of any conditional renewal, renewal or cancellation notices.

- Automobile       Homeowners       Landlord's Rental Dwelling       Boatowners  
 Motorcycle       Condominium       Landlord's Rental Condominium  
 Recreational Vehicle       Renters       Umbrella

My signature authorizes copies of notices to be sent to the third party designee listed below at the address shown. I understand and agree that this will apply to the insurance policy(ies) indicated above. It also applies to future renewals or replacements of such policy(ies), unless I or the designee notify Farmers in writing.

Named Insured's Signature	
<b>Sign Here</b>	Signature _____
	Date _____

## Third-Party Designee Information (Please print clearly)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ (Check this box if you prefer documents to be delivered by email)

My signature indicates that I agree to be a third-party designee to receive copies of any conditional renewal, nonrenewal or cancellation notices for the person and insurance policies listed above. I understand and agree that this will apply to the insurance policy(ies) indicated above. It also applies to future renewals or replacements of such policy(ies), unless I or the person listed above notify Farmers in writing.


Third-Party Designee's Signature	
<b>Sign Here</b>	Signature _____
	Date _____

## Discontinuation of Third-Party Designee

I wish to discontinue having a third-party designee receive copies of conditional renewal, nonrenewal and cancellation notices for my policies.

Named Insured's Signature	
<b>Sign Here</b>	Signature _____
	Date _____




 You must read, sign, and return this form as shown below.

## Telephone Consumer Protection Act Consent

Do you agree that Farmers Property and Casualty Insurance Company, acting on our behalves, may contact you at the number(s) provided using an auto dialer, and/or to deliver prerecorded or artificial voice messages, or to deliver by fax and text message for telemarketing and other reasons?

PHONE NUMBER	CONSENT FOR CALLS	CONSENT FOR TEXT

Agreeing to receive such calls is not a condition of purchasing any property, goods, or services from us.

<b>Signature</b>	
 Signature	Date (mm/dd/yyyy)

Mail this form to:  
SUZANNE KOPITSKY  
559 MILL ST  
DANVILLE PA 17821-1069

## Opting Out of Information Sharing

To submit an “opt out” request for yourself, please complete this information and check the applicable boxes below:

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### SECTION 1: Contact information

First name	Middle name	Last Name	
Date of birth (mm/dd/yyyy)		Last 4 Digits of Social Security Number	
Mailing address	City	State	ZIP
Policy number(s):			

### Federal law gives you the right to limit how Farmers GroupSelect<sup>SM</sup> shares your personal information for marketing purposes among our family of companies.

“Personal information” includes information about your income, policy history, and credit worthiness.

You may opt out of the sharing of your personal information by Farmers GroupSelect companies: 1) with companies with which they are affiliated, but which are outside of the Farmers GroupSelect collective, yet still within The Farmers Insurance Group of Companies<sup>®</sup> for a marketing purpose and/or 2) with unaffiliated joint marketing partners. NOTE: The brand Farmers GroupSelect includes: Farmers Property and Casualty Insurance Company, Economy Fire & Casualty Company, Economy Premier Assurance Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company, Farmers Direct Property and Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, and Farmers Lloyds Insurance Company of Texas. These companies are part of The Farmers Insurance Group of Companies<sup>®</sup> and affiliated with other personal lines companies.

#### Select your preferences:

- I do not want my Farmers GroupSelect policy provider to share my personal information with affiliates in The Farmers Group of Companies<sup>®</sup> outside of the companies within the Farmers GroupSelect collective, so they could market their own products to me.
- I do not want the Farmers GroupSelect companies to share my personal information with companies with which they have joint marketing arrangements so those companies could market their own products to me.

By opting out, you are instructing Farmers GroupSelect companies to not share your personal information with their affiliates, as described above, nor with unaffiliated business partners as part of joint marketing arrangements for marketing purposes. If your Farmers GroupSelect policy or account is jointly owned with one or more other people, with their permission, you may opt out for one or all of them.

Even if you opt out, however, any Farmers GroupSelect company fortunate enough to have you as a customer may continue to send you information about products or services offered by any of our affiliated or unaffiliated companies. Your agent may also continue to tell you about other products or services that may help you achieve your financial goals.



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## SECTION 2: How to submit this form

### Mail:

Farmers GroupSelect  
Customer Privacy Center  
Attn: Opt Out Form  
PO Box 6060  
Scranton, PA 18505-6060

<b>We're here to help</b>
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If you have any questions visit <a href="http://www.farmers.com/privacy-center">www.farmers.com/privacy-center</a> .
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We will honor your opt out choices, unless you instruct us to change them. So, if you already opted out, you do not need to act again.

**If your policy is jointly owned, and you want to opt out for one or all of the joint owners with their permission, please complete the below section. For additional joint owners, please copy the below information on a separate piece of paper and attach to this form.**

First name	Middle name	Last Name	
Date of birth ( <i>mm/dd/yyyy</i> )	Last 4 Digits of Social Security Number		
Mailing address	City	State	ZIP
Policy number(s):			

**Farmers**

 **Please keep for your permanent records.**

## **Insurance Policy Documents Enclosed – Please review**

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### **Why we're contacting you**

Enclosed are your Insurance documents.

### **What you need to know**

These documents may include:

- Your Declarations. This page lists the coverages and limits being provided. Please review to ensure that it accurately reflects what you have requested.
- Important disclosures and notices required by state law.
- Your policy.
- Endorsements to your policy.

### **What you need to do**

Please store these in a safe place. Each renewal, you will receive new or revised documents to add to your records. Do not destroy prior versions unless instructed to do so by us.

**Thank you for your business!**

Farmers

# Economy Fire & Casualty Company

**Personal Umbrella Insurance Declarations Page Policy Number: U7992540410**

 Named Insured: RACHEL SANSOM  
 GLEN SANSOM

 Mailing Address: 337 16TH ST  
 NEW CUMBERLAND, PA 17070-1316

Email address: sansomrk@gmail.com

 Policy Term: June 22, 2022 through June 22, 2023  
 at 12:01 a.m. standard time

 New Policy Effective Date: June 22, 2022  
 Payment Method: Bank Account

**Total Annual Premium** \$ **350.00**

A Payment Plan discount applies.

## Coverages and Limits

**Personal Umbrella Liability Limit**  
**\$1,000,000**
**Self Insured Retention**  
**\$1,000**

## Required Minimum Underlying Insurance

You agree that insurance shall be in force insuring each:

1. automobile, motorcycle, recreational vehicle, and watercraft owned or leased by or furnished or available for the regular use by the named insured or any relatives; and
2. premises owned or leased by the named insured or any relatives.

### Underlying Policy Type

### Required Minimum Underlying Liability Limit

**Automobile and/or Motorcycle Liability**

Bodily Injury	\$ 250,000 Each Person / \$ 500,000 Each Accident or \$ 500,000 Single Limit
Property Damage	\$ 100,000 Each Accident

**Recreational Vehicle Liability**

Bodily Injury	\$ 250,000 Each Person / \$ 500,000 Each Accident or \$ 500,000 Single Limit
Property Damage	\$ 100,000 Each Accident

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## Continued: Required Minimum Underlying Insurance

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Underlying Policy Type	Required Minimum Underlying Liability Limit
<b>Watercraft Liability</b> Bodily Injury	\$ 250,000 Each Person / \$ 500,000 Each Accident or \$ 300,000 Single Limit
<b>Homeowners Liability</b>	\$ 300,000
<b>Dwelling Fire, Landlord Liability</b>	\$ 300,000
<b>Business Liability</b>	\$ 300,000

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## Property Locations

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337 16TH ST  
NEW CUMBERLAND, PA, 17070-1316

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## Policy Forms and Endorsements

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UA10PA 0118 Umbrella Application	UD10PA 0118 Personal Umbrella Declarations Page
UP1000 0118 Personal Umbrella Table of Contents	UP1100 0118 Personal Umbrella Policy
UE70PA 0118 Pennsylvania Amendatory	UE71PA 0118 Pennsylvania Umbrella Policy Termination Conditions

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## Messages

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This policy does not provide protection against damages caused by Uninsured Motorists in excess of that provided by the underlying policies.

This policy does not provide protection against damages caused by Underinsured Motorists in excess of that provided by the underlying policies.

Economy Fire & Casualty Company  
700 Quaker Lane, Suite 300  
Warwick, RI 02886

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You should carefully review your policy to assure yourself that you have purchased sufficient coverage from us. It is your responsibility to know and understand the amount of insurance you have purchased. If you believe anything on your policy declarations or rating information is incorrect, please contact us.

The cost of any coverage indicated as "included" is included in the basic coverages premium amount.

If you have any questions, visit [www.farmers.com/autohomellogin](http://www.farmers.com/autohomellogin). Through our website, you can also send us e-mails, pay your premium, upload a document, submit a photo, or service your personal account.

For policy questions, changes, billing or other customer service needs contact us at 570-580-4845.

Your representative is SUZANNE KOPITSKY J05E7LD  
559 MILL ST  
DANVILLE PA 17821-1069

# FARMERS U.S. CONSUMER PRIVACY NOTICE - INDIVIDUAL PRODUCTS

<b>Facts:</b>	<b>What Do the Farmers Companies Do With Your Personal Information?</b>
<b>Why?</b>	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>• Social Security number and employment information</li> <li>• credit information and other consumer report information</li> <li>• medical information and insurance history</li> <li>• information about any business you have with us, our affiliates, or other companies</li> <li>• income and assets</li> <li>• driving record</li> </ul>
<b>How Does Farmers Get Your Information?</b>	<p>We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions, and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don't control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including:</p> <ul style="list-style-type: none"> <li>• reputation</li> <li>• work history</li> <li>• driving record</li> <li>• finances</li> <li>• hobbies and dangerous activities</li> </ul> <p>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.</p>
<b>How Does Farmers Use Your Information?</b>	<p>We collect personal information to help decide if you're eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to:</p> <ul style="list-style-type: none"> <li>• administer your products and services</li> <li>• confirm or correct your information</li> <li>• help us run our business</li> <li>• market new products to you</li> <li>• process claims and other transactions</li> <li>• perform business research</li> <li>• comply with applicable laws</li> </ul>
<b>How Does Farmers Protect Your Information?</b>	<p>We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.</p>
<b>Reasons Farmers Shares Your Information</b>	<p>All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have Farmers products because of your relationship with an employer, association, or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Farmers chooses to share; and whether you can limit this sharing.</p>

<b>Reasons We Can Share Your Personal Information</b>		<b>Does Farmers share?*</b>	<b>Can you limit this sharing?</b>
<b>For our everyday business purposes</b> – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		<b>Yes</b>	<b>No</b>
<b>For our marketing purposes</b> – with service providers we use to offer our products and services to you		<b>Yes</b>	<b>No</b>
<b>For joint marketing with other financial companies</b>		<b>Yes</b>	<b>Yes</b>
<b>For our affiliates' everyday business purposes</b> – information about your transactions and experiences		<b>Yes</b>	<b>No</b>
<b>For our affiliates' everyday business purposes</b> – information about your creditworthiness		<b>No</b>	<b>Not Applicable</b>
<b>For our affiliates to market to you</b>		<b>Yes</b>	<b>Yes</b>
<b>For non-affiliates to market to you</b>		<b>No</b>	<b>Not Applicable</b>
<b>How Can You Opt Out of Certain Information Sharing?</b>			
<b>Affiliate Sharing/ Joint Marketing</b>	<p>You may tell us not to share your information with our affiliates for their own marketing purposes or unaffiliated business partners as part of a joint marketing arrangement. Even if you don't opt out, we will not share your information with unaffiliated companies for their own marketing purposes without a joint marketing arrangement.</p> <p>We will give you an opt-out form when we first issue your policy. You can also opt out anytime by contacting us at the address below. You do not need to opt out if you only have dental, vision, long-term care, or medical coverage with us.</p>		
<b>What Happens When I Limit Sharing for an Account I Hold Jointly with Someone Else?</b>	<p>If you hold a policy or account jointly with someone else, we will accept instructions from either of you, and apply them to the entire policy or account.</p>		
<b>Definitions:</b>			
<b>Affiliates</b>	<p>Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and securities broker-dealer. In the future, we may have affiliates in other businesses.</p>		
<b>Non-affiliates</b>	<p>Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. Farmers does not share personal information with non-affiliates for their marketing purposes.</p>		
<b>Joint Marketing</b>	<p>A formal agreement between non-affiliated financial companies that together market financial products or services to you. Our joint marketing partners include financial services companies.</p>		
<b>How Can I Access and Correct Information?</b>			
<p>You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably locatable and retrievable. You must make your request in writing and provide the account or policy number associated with the information you wish to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.</p> <p>If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing. We will include your statement whenever we give your disputed information to anyone outside Farmers.</p>			

<b>Who is Providing This Notice?</b>	Farmers Property and Casualty Insurance Company; Farmers Casualty Insurance Company;- Farmers Group Property and Casualty Insurance Company; Economy Fire & Casualty Company; Economy Preferred Insurance Company; Farmers Lloyds Insurance Company of Texas; Economy Premier Assurance Company; Farmers Direct Property and Casualty Insurance Company; Farmers General Insurance Agency, Inc.
<b>How Will I Know if This Privacy Notice is Changed?</b>	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.
<b>Questions?</b>	Send privacy questions to: Farmers Privacy Office, PO Box 6060, Scranton, PA 18505-6060; or go to <a href="http://www.farmers.com/privacy-center">www.farmers.com/privacy-center</a> .

## Farmers Countrywide Compensation Disclosure Notice

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### Why we're contacting you

Consistent with industry practice, when you purchase a product from a carrier that is a part of the Farmers Insurance Group of Companies® - including Farmers®, Foremost®, or Bristol West® carriers - the applicable Farmers Insurance Group® entity may pay the insurance professional for their services to you.

### What you need to know

The services provided to you may include gathering relevant information about your insurance needs; discussing the benefits; terms and conditions of insurance contracts; offering applicable insurance products; selling insurance; and obtaining insurance for consumers. Any transaction typically involves one or more of these activities.

If you purchase an applicable insurance product through an independent contractor agent, we may pay your agent a commission, as well as other forms of compensation for the sale and renewal of the insurance product. This compensation may vary from product to product and by the dollar amount of payments made by you. In addition, some agents may be eligible for various forms of incentive compensation, including cash and non-cash awards (such as conferences and sales support services), based on a variety of factors. Those factors may include the agent's overall sales of applicable products, profitability, or other performance measures we may set in connection with the sale and renewal of our products. Your agent may also receive fees for servicing our products.

If you purchased an insurance product through our group or affinity insurance program, we may also pay an agent or broker representing the employer or organization participating in the program for the sale and renewal of applicable products. We may also pay your employer or association or a third party acting on their or our behalf for the administration and service they provide related to the program. Administration and services may include payroll administration.

If you purchased an insurance product from our call center, the call center representative is an employee, with hourly pay and benefits, of a Farmers Insurance Group entity. Call center representatives are authorized to offer and sell products to you that are issued by Farmers Insurance Exchange and/or its affiliated insurance companies. The call center representative is compensated for the sale of applicable products. This compensation includes commissions and other forms of compensation that may vary from product to product and by the amount of the purchase payment made by you. You should be aware that the amount of the call center representative's compensation may increase in part based upon the relative amount of Farmers Insurance Group or certain non-Farmers Insurance Group products the call center representative sells during a set period. The call center representative also is eligible for additional compensation, including non-cash compensation (such as conferences), based on sales of Farmers Insurance Group, certain non-Farmers Insurance Group products, and overall sales and productivity. In some instances, we may also pay for expenses incurred by call center representatives in connection with events for customers and prospects, training and education opportunities, and other miscellaneous expenses.

Agents and call center representatives may also receive compensation for the sale, renewal and/or servicing of authorized non-Farmers Insurance Group products directly from the issuing company. Non-Farmers Insurance Group products may be sold through Farmers General Insurance Agency, Inc. (FGIA) or Kraft Lake Insurance Agency, Inc. (KLIA).

There may be circumstances where an FGIA or KLIA sales agent is involved in the sale or renewal of a Farmers Insurance Group product. These sales agents will receive commission and may receive other forms of compensation for the sale and/or renewal of the insurance product. This compensation may vary from product to product and by the dollar amount of payments made by you. In addition, the sales agent may receive additional incentive compensation based on a variety of



## **What you need to know - continued**

factors. Those factors may include the overall sales of products sold through FGIA and/or KLIA, or other performance measures we may set. Your agent acts on behalf of the applicable Farmers Insurance Group insurer in connection with the offer and sale of Farmers Insurance products. If your agent sells you a non-Farmers Insurance Group product, your agent acts on behalf of that other company in connection with the offer and sale of that non-Farmers Insurance Group product. Any compensation paid from that company to your agent may be different from that paid by Farmers Insurance.

We appreciate the importance of keeping our customers informed. This information is for your information only and does not require any action from you.


Again, thank you for your business. We look forward to offering you our broad array of products in the years to come.


For Arkansas or New York Customers: You may request additional information from your agent or call center representative about the compensation he or she expects to receive because of the sale of a Farmers Insurance Group or non-Farmers Insurance Group product. Farmers Insurance Group insurers and producers conducting business in New York or for New York consumers or risks are licensed to conduct business in New York.

### **Additional information**

\* For a list of all insurers in the Farmers Insurance Group of Companies®, please refer to [www.farmers.com](http://www.farmers.com). Not all insurers are authorized in all states. Not all products, coverages or discounts are available in every state and may vary by state. Restrictions, exclusions, limits and conditions apply.

June 17, 2022

 For more information, visit us online at [www.farmers.com/autohomelogin](http://www.farmers.com/autohomelogin).

 Please include your name and policy number on all correspondence.

## Umbrella Premium Surcharge Notice

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### Why we're contacting you

Many factors on your umbrella policy affect the cost and/or acceptability of your umbrella insurance. These factors may also result in the amount of down payment you may be required to submit for a new policy. The cost of your umbrella insurance and eligibility for an insurance policy can be affected by an accident and moving violations, such as:

- License suspensions.
- Conviction of a minor traffic offense. This includes failure to stop at a stop sign or speeding in excess of the posted speed limit.
- Conviction of a major traffic offense. This includes driving while intoxicated, manslaughter or driving without a valid license.

### What you need to know

Your policy premium and/or acceptability is affected in part by loss information we obtained from a consumer report. The name, address, and toll-free number of the consumer reporting agency that prepared the consumer report are listed below.

Please be advised that the organization(s) listed below simply provided us with the consumer report. They did not make the adverse decision and cannot explain why the decision was made.

### What you need to do

If you question the accuracy of the information provided by the consumer reporting agency, you have the right to dispute it directly with them.

### We're here to help

If you have any questions, visit [www.farmers.com/autohomelogin](http://www.farmers.com/autohomelogin). Through our website, you can also send us e-mails, pay your premium, upload a document, submit a photo, or service your personal account.

Thank you for choosing Farmers for your insurance needs.

## **What you need to know - continued**

### **Consumer Reporting Agency**

LexisNexis Consumer Service Center

P.O. Box 105108

Atlanta, GA 30348-5108

800-456-6004

[www.consumerdisclosure.com](http://www.consumerdisclosure.com)

Your policy premium is affected by:

Your vehicle hit another vehicle or object on 11/21/2017

## **PENNSYLVANIA PERSONAL UMBRELLA POLICY**

Economy Fire & Casualty Company  
Administrative Office: 700 Quaker Lane, Suite 300, Warwick, Rhode Island 02886

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## Umbrella Coverage

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### Insurance Agreement

This policy is a legal contract between **you** and **us**. The policy is made up by the application, Declarations, policy forms, and all endorsements that apply. The coverage provided is subject to all of the terms, conditions, coverages, and limitations found in this policy. **READ YOUR POLICY CAREFULLY.**

This policy is issued and renewed by **us** based upon the truth and accuracy of the information provided by **you** or on **your** behalf. When **you** accept this policy, **you** agree to the accuracy of the information provided.

In return for the payment of premium, **we** agree to provide insurance subject to all of the terms of this policy.

### General Definitions

Certain words and phrases are defined for use in this policy. These words and phrases have the same meaning, whether in singular, plural, or possessive form. Each coverage may define words and phrases that are used only with that coverage. Defined words and phrases appear in boldface type.

1. **AUTO** means a **motor vehicle** of the private passenger, pick-up truck, low speed vehicle, or van type, which is designed and intended for use mainly on public roads. This includes any autonomous or semi-autonomous makes or models of these vehicles.
2. **BODILY INJURY** or **BI** means any physical harm to a person and any resulting sickness, disease or death. This includes any resulting:
  - A. required care;
  - B. emotional distress;
  - C. loss of services; or
  - D. death.
3. **BUSINESS** or **BUSINESS PURPOSES** means:
  - A. a trade, profession, or occupation engaged in on a full-time, part-time or occasional basis;
  - B. any activity of any kind engaged in for money or other compensation; or
  - C. the rental or holding for rental of property to others. The property rented or held for rental includes any property, **autos, motorcycles, recreational vehicles**, or watercraft owned by or in the care of **you** or a **relative**.

**Business** or **business purposes** does not include:

- A. an **auto, motorcycle, motor home, recreational vehicle**, or watercraft while it is used:
    1. to carry people or property for a fee or compensation; or
    2. in a shared expense car pool or arrangement;
  - B. any civic, political, volunteer or charitable activities for which reimbursement for normal operating expenses may be paid to **you** or a **relative**.
  - C. providing home day care services for which no compensation is received, other than the mutual exchange of services; or
  - D. providing home day care services for persons who are related to **you** or a **relative** by blood or marriage.
4. **FUEL SYSTEM** means:
    - A. one or more containers, tanks, or vessels which have a total combined storage capacity of 100 or more U.S. gallons of liquid fuel; and
      1. are, or were, located on any single location covered by **underlying insurance**; and
      2. are, or were, used to hold liquid fuel that is intended to be used solely for one or more of the following:
        - a. to heat or cool a building;

- b. to heat water;
- c. to cook food; or
- d. to power:
  - 1) motorized land conveyances, including but not limited to **autos, motorcycles, motor homes, recreational vehicles**, farm equipment; or
  - 2) watercraft, owned or used by **you** or a **relative**;
- B. any pumping apparatus, which includes the motor, gauge, nozzle, hose or pipes that are, or were, connected to one or more containers, tanks, or vessels described in A. above;
- C. filler pipes and flues connected to one or more containers, tanks, or vessels described in A. above;
- D. a boiler, furnace, or a water heater, the liquid fuel for which is stored in a container, tank, or vessel described in A. above;
- E. fittings and pipes connecting the boiler, furnace, or water heater to one or more containers, tanks, or vessels described in A. above; or
- F. a structure that is specifically designed and built to hold the liquid fuel that escapes from one or more containers, tanks, or vessels described in A. above.
- 5. **FUNGUS AND MOLD** means any fungi, mold, mushrooms, bacteria, mildew, wet rot or dry rot. This includes any mycotoxins, spores, scents, or by-products produced by any of these.
- 6. **INSURED** means:
  - A. **you**;
  - B. a **relative**;
  - C. any other person using, **your** or a **relative's auto, motorcycle, motor home, recreational vehicle**, or watercraft. The **auto, motorcycle, motor home, recreational vehicle**, or watercraft must be:
    - 1. owned or leased by; or
    - 2. furnished or available for the regular use by, **you** or a **relative** and covered under this policy. The use must be within the scope of the permission given by **you** or a **relative**;
  - D. any other person or organization if liable due to the acts or omissions of any person described in A. or B. above. This provision does not apply:
    - 1. to an **auto, motorcycle, motor home, recreational vehicle**, or watercraft owned or hired by the person or organization; or
    - 2. to the United States of America or any of its agencies; or
  - E. any other person or organization if liable due to the actions of any animals owned by **you**, or a **relative**. This provision does not apply if the person or organization is using or has custody of the animals:
    - 1. in the course of any **business**; or
    - 2. without **your** or a **relative's** consent.
- 7. **LEAD** means lead, lead pigment, lead compounds, or lead in any form which is or was contained in or incorporated into any material or substance. This includes but is not limited to paint, putty, pipes, or the soil.
- 8. **MOTOR HOME** means a **motor vehicle** which:
  - A. has built-in cooking, sleeping and other living quarters;
  - B. is designed and primarily used for recreational purposes; and
  - C. is not used as a place of business or for public display.
- 9. **MOTORCYCLE** means a motorized motorcycle, motorbike, moped or motor scooter. **Motorcycles** may have two, three or four wheels. **Motorcycle** includes an attached sidecar or trailer.
- 10. **MOTOR VEHICLE** means a motorized land vehicle designed for use mainly on public roads and not used primarily as a place of business.
- 11. **NUCLEAR ACTION** means nuclear reaction, nuclear discharge, radiation or radioactive contamination. This includes any cleanup, decontamination or containment activities regardless of how the reaction, discharge or contamination occurred.
- 12. **OCCURRENCE** means:

- A. an accident, including continuous or repeated exposure to substantially the same general harmful conditions, resulting in **BI** or **PD** during the policy term. Continuous or repeated exposure to the same conditions is considered to be one **occurrence**; or
  - B. an act or offense committed during the policy term resulting in **PI**. A series of related acts or offenses are considered to be one **occurrence**.
13. **PERSONAL INJURY** or **PI** means any injury arising out of:
- A. false arrest, false imprisonment, or wrongful detention;
  - B. malicious prosecution;
  - C. wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling, or premises that a person occupies. This includes actions committed by or in on behalf of its owner, landlord or lessor; or
  - D. oral statements or publication of writings or pictures:
    - 1. that slanders or libels a person or organization;
    - 2. that falsely disparages a person's or organization's values, goods, products, or services; or
    - 3. that violates a person's right of privacy.
14. **POLLUTANT** means:
- A. any liquid, solid, gaseous or thermal contaminant;
  - B. asbestos or any materials containing asbestos;
  - C. radon;
  - D. formaldehyde or any materials containing formaldehyde;
  - E. carbon monoxide;
  - F. pathogenic or poisonous biological materials;
  - G. acids, alkalis or chemicals; or
  - H. any other irritant or contaminant, including waste, vapor, fumes, or odors.
- Waste includes materials to be reconditioned, reclaimed or recycled.
15. **PROFESSIONAL SERVICES** means any services of professional nature, including but not limited to architectural, engineering health care, veterinary, cosmetic, hairstyling or barber services.
16. **PROPERTY DAMAGE** or **PD** means physical damage to, destruction of, or loss of use of tangible property.
17. **RACING** means preparing, practicing, competing or driving in any organized or prearranged:
- A. race;
  - B. speed contest;
  - C. high speed driving, boating or flying;
  - D. stunting;
  - E. demolition; or
  - F. other similar organized exhibition or demonstration, on a closed course.
18. **RECREATIONAL VEHICLE** means a vehicle of the dune buggy, motorized scooter, motorized cart, personal transporter, all-terrain vehicle, snowmobile, or golf cart type. The vehicle must be designed mainly for use off public roads.
19. **RELATIVE** means a person, other than **you**, who is a resident of **your** household, and is related to **you** by blood, marriage, civil union, registered domestic partnership, or adoption. This includes a ward, stepchild, foster-child, or **your** children that are residents of **your** household who are living elsewhere. This also includes any other person under the age of 21 residing in **your** household and in the care of **you** or another **relative**. **We** may require reasonable proof that a person resides in **your** household.
20. **RETAINED LIMIT** means either:
- A. the sum of the limits of liability for any **underlying insurance** and any other insurance that applies to the **occurrence** which:
    - 1. are available to an **insured**; or
    - 2. would have been available except for the bankruptcy or insolvency of an insurer providing the **underlying insurance**; or
  - B. the Self Insured Retention amount shown in the Declarations, if the **occurrence**:

1. is covered by this Policy; and
  2. is not covered by the **underlying insurance** or any other insurance.
21. **UNDERLYING INSURANCE** means any policy providing an **insured** with primary liability insurance covering one or more of the types of liability listed in the Declarations. The limits provided by these policies can not be less than the Required Limits shown in the Declarations.
22. **WAR** means a state of conflict including:
- A. war, declared or undeclared;
  - B. civil war;
  - C. insurrection;
  - D. rebellion;
  - E. revolution; or
  - F. warlike actions by a military force or personnel.
23. **WE, US, OUR** and **COMPANY** mean the company named in the Declarations.
24. **YOU** and **YOUR** mean the named insured or named insureds shown in the Declarations and that person's:
- A. spouse; or
  - B. partner in a civil union, registered domestic partnership or other similar union.

The spouse or partner must be a resident of the same household as the named insured.

## Coverage

### Insuring Agreement

1. **We** will pay damages in excess of the **retained limit** for **BI, PI, and PD** to others for which the law holds an **insured** responsible due to an **occurrence** to which this insurance applies.
2. The most **we** will pay for all damages shall not be more than the amount determined by the **Limit of Liability**.
3. Damages include prejudgment and post-judgment interest.
4. **We** will defend an **insured**, at **our** expense against any suit or claim seeking damages under this policy. **We** will defend the **insured** even if the suit or claim is groundless or fraudulent. **We** may use attorneys of **our** choice in any suit or claim. However, **we** are not obligated to defend any suit or claim which:
  - A. is covered by **underlying insurance**; or
  - B. would have been covered by **underlying insurance**, but is not due to **your** or a **relative's** failure to maintain the required **underlying insurance**.
5. **We** may join, at **our** expense, with the **insured** or any insurer providing **underlying insurance** in the investigation, defense, negotiation or settlement of any suit or claim which **we** believe may require payment under this policy.
6. **We** may pay any expense incurred for an **insured's** defense in any country where **we** cannot defend the **insured** because of laws or other reasons. **We** must give **our** written consent before the expense is incurred.
7. **Our** duty to defend ends when **we** deposit in court or pay any amount due under this policy.

### Supplemental Payments

In addition to the limits of liability, **we** will pay the following expenses incurred by an **insured** due to a claim or suit covered under this policy:

1. Premiums on:
  - A. appeal bonds in any suit **we** defend; or
  - B. bonds to release attachments in any suit **we** defend.

The total amount of the bonds must not exceed **our** limit of liability.
2. Court costs charged to an **insured**.
3. Wages an **insured** loses while attending a hearing or trial at **our** request. The most **we** will pay to any **insured** is up to \$250 per day. **We** will not pay for loss of other income.
4. **We** will pay up to \$5,000 for **your** or a **relative's** share of any loss assessment charged by an association of property owners. The assessment must be made as a result of an **occurrence** covered by this policy. This applies only to loss assessment charged against **you** or a **relative** as an owner or a tenant.
5. Other reasonable expenses incurred by an **insured** at **our** request.



## Exclusions

1. We do not cover **BI** or **PD** which:

- A. is reasonably expected or intended by an **insured** or at the direction of an **insured**; or
- B. is the result of an **insured's** malicious acts.

This exclusion applies even if:

- A. the **insured** lacked the mental capacity to govern their conduct;
- B. such **BI** or **PD** is of a different kind or degree than initially expected or intended;
- C. such **BI** or **PD** is sustained by a different person or entity than initially expected or intended; or
- D. no one is charged with or convicted of a crime.

However, this exclusion does not apply to **BI** or **PD** resulting from the use of reasonable force by **you** or a **relative** to:

- A. protect persons or property; or
- B. to prevent or eliminate danger in the operation or use of an **auto, motorcycle, motor home, recreational vehicle, or watercraft.**

2. We do not cover **PI** which:

- A. is reasonably expected or intended by an **insured** or at the direction of an **insured**;
- B. is the result of oral or written publication of material, if done by or at the direction of an **insured** with knowledge of its falsity;
- C. is the result of oral or written publication of material which was first published before the beginning of the policy term;
- D. arises out of a criminal act committed by or at the direction of an **insured**; or
- E. is sustained by any person as a result of an offense directly or indirectly related to the person's employment by an **insured.**

3. We do not cover **BI, PI, or PD** arising out of or in connection with a **business**:

- A. engaged in by an **insured**; or
- B. conducted on or from a premises or land owned by or rented to **you** or a **relative.**

This applies, but is not limited to, an act or omission of a service or duty due to the nature of the **business**. Such service or duty may be implied to be provided, promised, owed, or rendered. However, this exclusion does not apply to:

- A. a premises which is used as a residence by **you** or a **relative** and is shown in the Declarations when:
    - 1. a unit **you** or a **relative** do not occupy within a two-, three-, or four-family dwelling is rented to tenants for use as a residence;
    - 2. a portion of the unit **you** or a **relative** occupy is rented to the same one or two roomers or boarders for a period of time of at least 30 days and **you** or the **relative** remain an occupant during that time period;
    - 3. **you** or a **relative** rent the unit **you** or the **relative** occupy to tenants but not for more than 30 days within the policy term; or
    - 4. a portion is rented for use as a private garage;
  - B. any part of a one-, two-, three-, or four-family dwelling shown in the Declarations which is not **your** or a **relative's** residence, to the extent that personal liability coverage is provided by **underlying insurance**; or
  - C. a condominium, cooperative, or apartment unit shown in the Declarations which is not **your** or a **relative's** residence, to the extent that personal liability coverage is provided by **underlying insurance**; or
  - D. when an **auto** or **motorcycle** is used by **you** or a **relative** for **business purposes.**
4. We do not cover **BI** or **PD** caused by or resulting from an **auto, motorcycle, motor home, recreational vehicle, or watercraft** while it is:
- A. rented to any person or organization in any fashion; or
  - B. leased to any person or organization in any fashion.

This exclusion does not apply while the **auto, motorcycle, motor home, recreational vehicle, or watercraft** is:

- A. rented to or for **your** or a **relative's** use;
- B. leased to or for **your** or a **relative's** use;
- C. used by **you** or a **relative** in a shared expense car pool or arrangement; or

- D. being used for volunteer or charitable purposes for which reimbursement for normal expenses may be paid to **you** or a **relative**.
5. **We do not cover BI or PD** caused by or resulting from an **auto, motorcycle, motor home, recreational vehicle**, or watercraft while it is being used to carry people or property for a fee or compensation. This, includes, but is not limited to, the delivery of people, food or other products. This exclusion does not apply while the **auto, motorcycle, motor home, recreational vehicle**, or watercraft is being used:
    - A. by **you** or a **relative** in a shared expense car pool or arrangement;
    - B. for volunteer or charitable purposes for which reimbursement for normal expenses may be paid to **you** or a **relative**;  
or
    - C. by **you** or a **relative** and **you** or the **relative** is logged into an on-line-enabled application or platform designed to connect clients with drivers for the transportation or delivery of people or property and **you** or the **relative** have not accepted an assignment.
  6. **We do not cover BI, PI, or PD** arising out of **professional services** of any kind that **you** or a **relative** render or fail to render.
  7. **We do not cover BI** to any person who is eligible to receive any benefits voluntarily or required to be provided for the **BI** under any:
    - A. workers' compensation coverage or law;
    - B. non-occupational disability coverage or law, including privately contracted or purchased disability benefits;
    - C. occupational disease law;
    - D. pension code or pension plan payments providing coverage for injuries or disability, regardless of how the pension was funded and includes public and private pension plans, accounts, or trust funds; or
    - E. similar laws.
  8. **We do not cover BI or PD** caused directly or indirectly by **war**.
  9. **We do not cover any BI or PD** which is covered under an atomic or nuclear energy liability insurance policy. This includes any **BI or PD** or that would have been covered had that policy not been terminated due to the exhaustion of its limit of liability.
  10. **We do not cover any BI or PD** due to a **nuclear action**.
  11. **We do not cover PD** to property owned by an **insured**. This includes any costs or expenses incurred by an **insured** or others to repair, replace, enhance, restore or maintain the property to prevent injury to a person or damage to property of others.
  12. **We do not cover PD** to property occupied by, used by, rented to, in the care of, or under the control of, **you** or a **relative**. However, this exclusion does not apply to the extent that personal liability coverage is provided by **underlying insurance**.
  13. **We do not cover any awards or judgments** designated as punitive, exemplary, statutory multiple, or delay damages or awards.
  14. **We do not cover any BI or PI** to **you** or a **relative**. This includes any claim made or suit brought:
    - A. to repay; or
    - B. to share damages with;  
another person who may be obligated to pay damages because of **BI or PI** to **you** or a **relative**.
  15. **We do not cover BI or PD** caused by or resulting from any **auto, motor home, motorcycle, recreational vehicle**, or watercraft while **racing**.
  16. **We do not cover BI or PD** from the use of an **auto, motor home, motorcycle, recreational vehicle**, or watercraft for which the provisions of the Federal Tort Claims Act apply.
  17. **We do not cover any BI, PI, or PD** directly or indirectly caused by or resulting from:
    - A. the inhalation or ingestion of;
    - B. the existence or exposure to; or
    - C. **your** or a **relative's** failure to disclose the existence of,  
**fungus and mold**. This includes any costs or expenses incurred as a result of any request, requirement, or mandate to remove or, clean up the **fungus and mold**. This includes any costs to test, monitor, abate, contain, neutralize or treat the **fungus and mold**.

18. **We** do not cover **BI, PI, or PD** caused by or resulting from **your** or a **relative's** failure to disclose any condition of real estate property or personal property sold to a buyer. This includes the condition of any land, building, vehicle or watercraft.
19. **We** do not cover any **BI, PI, or PD** directly or indirectly caused by or resulting from **pollutants**. This includes any costs or expenses incurred as a result of any request, requirement, or mandate to remove or clean up the **pollutants**. This includes any costs to test, monitor, abate, contain, neutralize or treat **pollutants**.
20. **We** do not cover any **BI, PI, or PD** directly or indirectly caused by an **occurrence** involving the escape of fuel from a **fuel system**. This includes any costs or expenses incurred as a result of any request, requirement, or mandate to remove or clean up the escaped fuel. This includes any costs to test, monitor, abate, contain, neutralize or treat the escaped fuel.
21. **We** do not cover any **BI, PI, or PD** directly or indirectly caused by or resulting from an **occurrence** involving:
  - A. the absorption, inhalation or ingestion of **lead**;
  - B. the existence or exposure to **lead**; or
  - C. **your** or a **relative's** failure to disclose the existence of **lead**.

This includes any costs or expenses incurred as a result of any request, requirement, or mandate to remove or clean up the **lead**. This includes any costs to test, monitor, abate, contain, neutralize or treat the **lead**.

22. **We** do not cover **BI, PI, or PD** arising out of the:
  - A. ownership;
  - B. maintenance;
  - C. occupancy;
  - D. operation;
  - E. use; or
  - F. loading or unloading,of an aircraft or drone. Aircraft means any device used for or designed for flight, including a drone or glider. This exclusion does not apply to an unmanned hobby aircraft or drone which is not used to carry property for any fee or compensation.
23. **We** do not cover **BI, PI, or PD** arising out of the:
  - A. ownership;
  - B. maintenance;
  - C. occupancy;
  - D. operation;
  - E. use; or
  - F. loading or unloading,of any hovercraft, flarecraft or air cushion vehicle.
24. **We** do not cover **BI, PI, or PD** arising out of the:
  - A. ownership;
  - B. maintenance;
  - C. occupancy;
  - D. operation;
  - E. use; or
  - F. loading or unloading,of any watercraft.

This exclusion does not apply:

- A. to the extent that coverage is provided by **underlying insurance** at the time of the **occurrence**;
  - B. to any watercraft not owned by **you** or a **relative**; or
  - C. to an unmanned hobby watercraft which is not used to carry property for any fee or compensation.
25. **We** do not cover **BI, PI, or PD** arising out of the:
    - A. ownership;
    - B. maintenance;
    - C. occupancy;
    - D. operation;
    - E. use; or

F. loading or unloading,  
of any **recreational vehicle**.

This exclusion does not apply:

- A. to the extent that coverage is provided by **underlying insurance** at the time of the **occurrence**;
  - B. to any recreational vehicle not owned by **you** or a **relative**; or
  - C. to an unmanned hobby **recreational vehicle** which is not used to carry property for any fee or compensation.
26. **We** do not cover **BI, PI, or PD** caused by anyone **occupying** or using an **auto, motor home, motorcycle, recreational vehicle**, or watercraft without a reasonable belief that the person is entitled to do so. This exclusion does not apply to **you** or a **relative** occupying or using an **auto, motor home, motorcycle, recreational vehicle**, or watercraft **you** or a **relative** own.
27. **We** do not cover any amounts assessed against **you** or a **relative** by a corporation or association of property owners except as provided under Supplemental Payments item 4.
28. **We** do not cover any **BI, PI, or PD** arising out of an **insured** committing or attempting to commit a felony.
29. **We** do not cover **BI, PI, or PD** arising out of the:
- A. use;
  - B. sale;
  - C. manufacture;
  - D. delivery;
  - E. transfer; or
  - F. possession,  
of a Controlled Substance, as defined by the Federal Food, Drug and Cosmetic Act including any amendments.

Controlled Substance includes, but is not limited to

- A. cocaine;
- B. LSD;
- C. marijuana; and
- D. all narcotic or hallucinogenic drugs.

This exclusion does not apply to:

- A. the use of prescription drugs. This use must follow the lawful orders of a licensed health care professional; or
  - B. the legal:
    - 1. use;
    - 2. sale;
    - 3. manufacture;
    - 4. delivery;
    - 5. transfer; or
    - 6. possession,  
of a drug, substance, liquid, or plant.
30. **We** do not cover **BI, PI, or PD** arising out of or resulting from the transmission of:
- A. a disease;
  - B. bacteria;
  - C. parasites;
  - D. a virus; or
  - E. any other organism,  
by an **insured** to any other person.
31. **We** do not cover **BI, PI, or PD** caused by or resulting from the actual, alleged, or threatened:
- A. sexual molestation or contact;
  - B. corporal punishment; or
  - C. physical, mental, or emotional abuse,  
of a person.

This applies whether the **BI, PI, or PD** is inflicted by an **insured** or directed by an **insured** for another person to inflict upon a person.

32. **We** do not cover **BI, PI, or PD** arising out of an act or omission of **you** or a **relative** as an officer or member of a board of directors of a corporation or organization. This exclusion does not apply if the corporation or organization is not-for-profit and **you** or the **relative** does not receive any compensation other than reimbursement of expenses.
33. **We** do not cover **BI** or **PD** caused by or resulting from any person or animal that is excluded from coverage on any **underlying insurance**. This exclusion only applies to the extent that coverage is excluded for that person or animal under the **underlying insurance**.
34. **We** do not cover **BI, PI, or PD** caused by or resulting from the transmission, upload, or download of computer code, programs, or data. This applies regardless of whether the transmission, upload or download was intentional or not.
35. **We** do not provide any:
  - A. automobile no-fault or any similar coverage under this policy; or
  - B. uninsured motorists coverage, underinsured motorists coverage, or any similar coverage unless specifically endorsed to this policy.

## Limit of Liability

1. The limit of liability shown in the Declarations is the most **we** will pay for all damages resulting from one **occurrence**.
2. Damages include prejudgment and post-judgment interest awarded against an **insured**.
3. This is the most **we** will pay regardless of the number of:
  - A. insureds;
  - B. claims made;
  - C. persons injured; or
  - D. vehicles involved in an accident.

## Other Insurance

Any insurance **we** provide will be excess over any other insurance available to an **insured**. However, this policy will not be excess over any insurance written specifically to be excess over this policy.

## Policy Conditions

1. **Territory**

This policy applies to an **occurrence** that occurs anywhere in the world.
2. **Policy Term**

The policy term is as shown in the Declarations. This policy applies only to **occurrences** which happen during the policy term.
3. **Changes**
  - A. This policy contains all the agreements between **you** and **us**. Its terms may not be changed or waived except by an endorsement issued by **us**.
  - B. The premiums for this policy are computed using the rules, rates, rating plans, premiums and minimum premiums for the coverages provided. The premiums **we** charge are based on the information **we** received from **you** and from other sources. **You** agree to assist **us** in keeping this information complete and correct. **You** must inform **us** if any of the information is incorrect or incomplete. If any of the information changes during the policy term, **you** must notify **us** as soon as possible. If any of the information used to determine the premium is:
    1. incorrect, incomplete, or changes; or
    2. if **you** do not provide it to **us** when **we** ask, **we** may increase or decrease the premium during the policy term.

If a change requires results in a premium increase or decrease, **we** will revise the premium following **our** rules and rates. If the premium is increased, **you** must pay the amount on the date set by **us**.
  - C. **We** will automatically give **your** policy the benefits of any extension or broadening of coverage if **we** make a policy change that does not require additional premiums. The change will apply to **your** policy as of the date **we** make the change in **your** state. This will not apply to changes made with a general revision that includes both broadenings and restrictions in coverage. This applies whether that general revision is made through introduction of:
    1. a future edition of the policy; or
    2. an endorsement changing the policy.

D. If **we** offer to renew this policy, the renewal premium will be based upon the rates in effect at the time of the renewal.

4. **Payment of Premium**

If **your** initial premium payment for the first policy term is by check, draft, credit card, debit card, e-check, or electronic funds transfer and it is not honored by the financial institution, **we** may, at **our** option, deem this policy void from its inception. This means that **we** will not be liable under this policy for any claims that would otherwise have been covered had **your** payment been honored by the financial institution. **We** retain the right to void this policy, even if **we** contact the financial institution for payment more than once.

5. **Concealment, Fraud or Misrepresentation**

No coverage will be provided, and **your** policy will be void if, before or after an **occurrence**, **you**, a **relative**, or any other person:

- A. conceals or misrepresents any material fact or circumstance;
- B. makes any material fraudulent statement; or
- C. takes part in or attempts any fraudulent conduct; relating to this policy or any coverage sought.

6. **Duties After a Loss**

**We** do not provide coverage under this policy if the failure to comply with any of the following duties is prejudicial to **us** or results in additional damages.

A. **You** or someone on **your** behalf must notify **us** or **our** representative as soon as possible of any **occurrence**. **We** may require the notice in writing. The notice should include as many details as possible, including:

- 1. the time and place;
- 2. all details and circumstances;
- 3. the names and addresses of any:
  - a. injured persons;
  - b. claimants; and
  - c. witnesses, of the occurrence.

B. **You**, a **relative**, and anyone seeking any coverage must:

- 1. cooperate with **us** in the investigation, settlement, or defense of any claim or suit;
- 2. assist **us** in securing and making evidence available to **us**;
- 3. promptly send **us** copies of any notices, complaints, summons, or legal papers **you** or a **relative** received due to the **occurrence**;
- 4. attend hearings and trials at **our** request;
- 5. assist in finding and having witnesses participate in the investigation and settlement of claims;
- 6. submit to:
  - a. physical or mental exams by physicians of **our** choice as often as **we** require;
  - b. examinations under oath as often as **we** require; and
  - c. interviews and recorded statements without the need for **us** to conduct an examination under oath and
- 7. authorize **us** to obtain any:
  - a. medical, laboratory, or treatment reports, results, or tests related to **BI** which may have resulted from the **occurrence**;
  - b. pertinent records. These records include, but are not limited to, police, traffic, Coast Guard, fire department or emergency responder reports, and
  - c. vehicle, watercraft, or premises usage information contained in or transmitted by any device located in or on the:
    - 1) **auto, motorcycle, motor home, recreational vehicle**, or watercraft; or
    - 2) any other property owned by **you** or a **relative**.

C. No **insured** will voluntarily make any payment, assume any obligation, or incur any expense to others except at that **insured's** expense.

## 7. **Lawsuit Against Us**

No suit or action may be brought against **us** unless there is full compliance with all of the terms of this policy. In addition, legal action may not be brought against **us** until the amount of damages an **insured** is legally liable to pay has been finally determined by:

- A. judgment after an actual trial; or
- B. the written agreement of **you**, the claimant, and **us**.

No one will have any right to make **us** a party in a suit to find out legal liability.

## 8. **Appeal**

If an **insured** or any insurer providing **underlying insurance** elects not to appeal a judgment which exceeds the **retained limit**, **we** may do so at **our** own expense.

## 9. **Bankruptcy or Insolvency**

- A. **Your** or a **relative's** bankruptcy or insolvency will not:
  - 1. change or relieve **us** of any of **our** obligations under this policy; or
  - 2. cause this policy to become primary.
- B. The bankruptcy or insolvency of any insurer will not cause this policy to replace the **underlying insurance**. Coverage under this policy will remain as if the **underlying insurance** was valid and collectible.

## 10. **Our Recovery Right**

In the event of any payment under this policy, **we** are entitled to all of the rights of recovery of the person to whom, or on whose behalf, payment was made. That person must:

- A. hold in trust for **us** all rights of recovery;
- B. sign and deliver to **us** any legal papers relating to the recovery;
- C. help **us** exercise **our** rights; and
- D. do nothing after the **loss** to prejudice **our** rights.

In the event of recovery, any amount recovered will go to **us** first to repay for all of the amounts paid out by **us** plus any related collection expenses. **We** will enforce this provision only in the manner and to the extent permitted under all the applicable state laws.

## 11. **Assignment**

No one may assign or transfer this policy to another person unless **we** give **our** written consent.

## 12. **Death**

If any person listed as a named insured in the Declarations dies, this policy continues until the end of the policy term for:

- A. the surviving:
  - 1. spouse; or
  - 2. partner in a civil union, registered domestic partnership or other similar union, if a resident of the same household at the time of death;
- B. any **relative** who was covered at the time of death.
- C. the legal representative of the deceased, but only with respect to the responsibility to maintain or use property of the deceased covered by this policy at the time of death.

## 13. **Conformity to Law**

Any terms of this policy that conflict with the laws of the state for which this policy has been issued are amended to conform to those laws.

## 14. **Maintenance of Underlying Insurance**

**You** and any **relatives** must maintain the **underlying insurance** at the limits shown in the Declarations. If any **underlying insurance** is cancelled, not renewed, or replaced, **you** must notify **us** at once.

If **you** or a **relative** do not maintain the **underlying insurance**, **we** will not be liable under this policy for more than **we** would have been liable for if that **underlying insurance** was in effect.

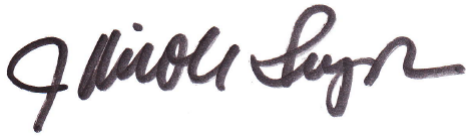
## 15. **Severability of Insurance**

This insurance applies separately to each **insured**. This will not increase **our** limit of liability for any one **occurrence**.

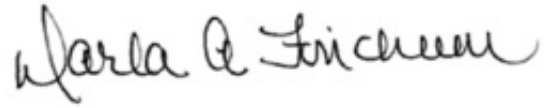
## 16. **Termination**

See Personal Umbrella Policy Termination Conditions Endorsement

IN WITNESS WHEREOF, **we** have caused this policy to be signed by its President and its Secretary at Warwick, Rhode Island. In the event that the President or Secretary who signed this contract cease to be **our** officers either before or after the contract is issued, the contract may be issued with the same effect as if they were still **our** officers.

A handwritten signature in dark ink, appearing to read "John S. Lynn".

Secretary

A handwritten signature in dark ink, appearing to read "Marla A. Friceman".

President



## Pennsylvania Amendatory

Please review for important updates to **your** policy.

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1. Under **Coverage, Supplemental Payments**, the following is added:

Prejudgment interest awarded against the **insured** on the part of the judgement **we** pay, will be in addition to the limits of liability. Any prejudgment interest awarded against the **insured** is subject to the applicable Pennsylvania Rules of Civil Procedure.

All other policy terms and conditions apply.

## Pennsylvania Personal Umbrella Policy Termination Conditions

Please review for important updates to **your** policy.

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Under **Policy Conditions**, item 16. **Termination** is replaced by:

### 16. **Termination**

#### A. **Cancellation**

1. **How You May Cancel.** **You** may cancel this policy by informing **us** on what future date **you** wish to stop coverage.
2. **How We May Cancel.** **We** may cancel this policy by sending notice to **you** at **your** last known address shown on **our** records. The notice will state the date the cancellation will be effective. This notice will be sent to **you**:
  - a. at least 15 days prior to the effective date of cancellation if:
    - 1) the premium is not paid when due, or
    - 2) this policy:
      - a) has been in effect less than 60 days at the time notice of cancellation is mailed; and
      - b) is not a renewal or continuation policy.
  - b. at least 30 days prior to the effective date of cancellation in all other cases.
3. **Cancellation Refund.** If **you** or **we** cancel the policy, any premium refund will be computed on a pro-rata basis. Any premium refund will be rounded to the nearest dollar. If **you** are entitled to a refund, it will be sent to **you**. However, **our** making or offering a refund is not a condition of cancellation.

- #### B. **Nonrenewal.** **We** may nonrenew this policy by giving notice to **you** at **your** last known address shown on **our** records. **We** will send written notice at least 30 days prior to the effective date of nonrenewal.

#### C. **Automatic termination**

If **we** offer to renew or continue this policy and **you** or **your** representative does not accept, this policy will automatically terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due will mean that **you** have not accepted **our** offer.

#### D. **Other Termination Provisions**

1. The effective date of cancellation as stated in the cancellation notice shall become the end of the policy period.
2. In case of termination of this policy by **us**, **our** proof of mailing, including electronic mail where permitted by law, will be proof of notice. **Our** proof of mailing will comply with the laws of **your** state.
3. If at the time this policy is issued or continued the law in effect in **your** state requires or permits:
  - a. a longer notice period;
  - b. a special form or procedure for giving notice;
  - c. a change to any of the stated termination reasons shown above; or
  - d. an added termination reason,**we** will comply with the law.

All other policy terms and conditions apply.