

# Group Personal Excess Liability Insurance from Chubb



## Enrollment Form

Please complete and return this form to:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

I choose to purchase **Group Personal Excess Liability Insurance from Chubb** and the **Excess Uninsured/Underinsured Motorist Protection (UM/UIM) coverage\*** in the amount selected below.

\* Not available to Arizona or Vermont residents.

Excess Liability (must select one)			Excess UM/UIM (must select one)		
Excess Liability Limit	Annual Premium	Choice	UM/UIM Limit	Annual Premium	Choice
\$1 million		<input type="checkbox"/>	\$1 million	Included	
\$2 million		<input type="checkbox"/>	\$2 million		<input type="checkbox"/>
\$3 million		<input type="checkbox"/>	\$3 million		<input type="checkbox"/>
\$5 million		<input type="checkbox"/>	\$5 million		<input type="checkbox"/>
\$10 million		<input type="checkbox"/>			
\$15 million		<input type="checkbox"/>			
\$20 million		<input type="checkbox"/>			
\$25 million		<input type="checkbox"/>			
\$50 million		<input type="checkbox"/>			

**Note:** To calculate your total annual premium, add the premium charge for the selected Excess Liability limit to the premium charge for the selected UM/UIM limit. The UM/UIM limit must be less than or equal to the Excess Liability limit chosen.

**Total Annual Premium \$** \_\_\_\_\_

**To finish the enrollment process:**

1. Complete and sign this form.
2. Enclose your check, made payable to \_\_\_\_\_ for the full annual premium amount corresponding with your selected limit of Excess Liability and Excess UM/UIM coverage.
3. Mail this form and remittance to \_\_\_\_\_ at the address shown above by \_\_\_\_\_.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Chubb. Insured.<sup>SM</sup>

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [new.chubb.com](http://new.chubb.com). Insurance provided by U.S. based Chubb underwriting companies. All products may not be available in all states. Coverage is subject to the language of the policies as actually issued. Surplus lines insurance sold only through licensed surplus lines producers. Chubb Personal Risk Services, P.O. Box 1600, Whitehouse Station, NJ 08889-1600  
Form 06-01-0035 (Rev. 2/16)