



HUDSON
INSURANCE GROUP®

COMPREHENSIVE PERSONAL LIABILITY APPLICATION

Date:

Producer's Information Producer _____ Address _____ City _____ State _____ Zip _____ E-Mail _____ Tel _____ Fax _____		Retail Agent's Information Retail Agent _____ Address _____ City _____ State _____ Zip _____ E-Mail _____ Tel _____ Fax _____	
Insured Name(s) Check if multiple named insureds:		Mailing Address: Address _____ Suite/Apartment/Unit _____ City _____ State _____ Zip _____	
Policy Term Date From: _____ To: _____ / /20 / /20			
APPLICANT INFORMATION			
Applicant's Occupation:		Co-Applicant's Occupation:	
REQUESTED LIMIT OF LIABILITY (Each occurrence): \$100,000 \$2,000,000 * \$300,000 \$3,000,000 * \$500,000 \$4,000,000 * \$1,000,000 \$5,000,000 * * Not Available in CA	IDENTITY THEFT COVERAGE: NONE \$25,000	MEDICAL PAYMENTS: \$1,000 \$2,000 \$5,000	PERSONAL CYBER LIABILITY*: NONE \$25,000 \$50,000 * Not Available in CA
Number of resident employees (CA Only):		Number of non-resident employees (CA Only):	

SCHEDULED LOCATIONS

<div style="text-align: center;"> <u>Location Address:</u> Residence(s)/Vacant Land (List only locations to be covered) </div>	<div style="text-align: center;"> <u>Usage</u> (Primary, Secondary, Seasonal, Rental, Vacant Land) </div>	<div style="text-align: center;"> Number of Units (max 4) Or Parcels </div>	<div style="text-align: center;"> Owner/ Applicant Occupied (Y/N) </div>	<div style="text-align: center;"> Pool? (Y/N) CA Only </div>
1)				
2)				
3)				
4)				
5)				
6)				
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22)				
23)				
24)				
25)				

GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS

		Yes	No	Explanation for yes response
1)	Any applicant convicted of insurance fraud (ineligible) or a Felony (referral)?			
2)	Any applicant considered a high profile risk such as politicians, entertainers and professional athletes? (Referral)			
3)	Are any applicants currently insured with Hudson Insurance Group? If so, please provide the policy number(s).			
4)	Was any coverage declined, cancelled non-renewed in the last 5 years?			
5)	Are any business activities (including daycare) conducted from your residence or premises? (excluded in policy jacket)			
6)	Any animals in the household? Please list below including breed, bite history, fighting or security training, if applicable.			
7)	Any other underwriting information of which the Company should be aware?			
8)	Any swimming pools? Please specify fenced or unfenced, diving boards or slides			
9)	Any land used for Hunting? If so, by whom?			
10)	Any liability claims during the last 5 years? If Yes, please provide date, claim status, paid/reserve amount and description of the claim.			
11)	Are any locations owned by an LLC or Trust?			

FRAUD NOTICE

To All Prospective Insureds: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds In:

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and Louisiana Applicants: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice to Kansas Applicants: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Notice to Maine, Tennessee, Virginia and Washington Applications: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto,

commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied to me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant's Signature

X _____ Time: _____ Date: _____

Agent/Broker Signature

X _____ Date: _____



Named Insured / Additional Insured Supplemental Questionnaire

This form must be completed for all Personal Lines submissions when the Named Insured or Additional Insured is a Limited Liability Company (LLC), Trust or Estate.

Applicant information		
Applicant Name(s):		
Entity Name, if different than applicant name:		
Entity Mailing Address:		
Type of Entity (LLC, Trust or Estate):		
List all Entity Members, Trustees or Executors:		
Purpose of the formation of the entity: Tax Purposes Real Estate Investments Manage Properties Individual Asset Protection Other, explain: _____		
Additional information		
1) Has the purpose of the entity changed since its formation?	Yes	No
2) Within the past five years, has the entity engages in any form of business or owned any real estate for business purposes whether or not identified on the application?	Yes	No
3) In the past five years, has the entity been the subject of any kind of litigation?	Yes	No
4) Does the entity have any employees?	Yes	No
5) Does the entity own any real estate, personal property or assets not listed on the application?	Yes	No
Provide additional information to any "Yes" response(s):		

List all exposures owned, in whole or in part, by this entity	Percent Owned	Usage / Occupancy