

HUDSON INSURANCE COMPANY HUDSON SPECIALTY INSURANCE COMPANY HUDSON EXCESS INSURANCE COMPANY

PERSONAL UMBRELLA APPLICATION

Last										
Last		First		Middle			Producer			
NAI	ME									
	DRESS	Number & Street City		State		Zip				
GAI		G ADDRESS (if different) mber & Street City		State		Zip	Address			
							City		StateZip_	
POI	LICY	From:	To):	R	enewal Policy	E-Mail			
PEF	RIOD	/ /20	/	/20		Number:	Tel:		Fax:	
		UMBRELLA	COVERAG	ES			Tel.	RETA	AIL AGENT	
		Application for	PERSONAL U	MBRELLA			Patail			
		Policy Amount								
		Folicy Alliount	Limits of \$6,000	,000 to \$10,000,00)() ara avai	ilahla an	Retail Age	nt Code		
				rms only with exc			Agt/Brkr I	ic. #		
		Retention	NONE				Address			
		Increased UM	NO	\$1,000,000		\$2,000,000	Git	G ₄	ate Zip_	
		ID Theft Coverage	NONE	\$25,000						
		Personal Cyber Liability*	NONE	\$25,000		\$50,000	E-Mail			
		*Not Available in CA					Tel:		Fax:	
PR	IMAR'	Y POLICY INFORMATION:								
OD	EDAT	OR INFORMATION: LIST ALL ME	ADEDS OF HOL	ISELIOI D AND	ALL ODE	EDATODS OF VE	THE FEAT	ATEDODA	ET	
	EKAI	OK INFORMATION: LIST ALL ME	MBEKS OF HOU	SCHULD AND A						
-11		NAME	DRIVERS	S LICENSE		DATE OF	Major	Minor	Accidents	Non-Chargeable
#		NAME			STATE					Non-Chargeable Violations*** (3 Yrs)
1		NAME		S LICENSE		DATE OF	Major Violations*	Minor Violations**	Accidents (note fault)	Violations***
		NAME		S LICENSE		DATE OF	Major Violations*	Minor Violations**	Accidents (note fault)	Violations***
1		NAME		S LICENSE		DATE OF	Major Violations*	Minor Violations**	Accidents (note fault)	Violations***
1 2		NAME		S LICENSE		DATE OF	Major Violations*	Minor Violations**	Accidents (note fault)	Violations***
1 2 3 4		NAME		S LICENSE		DATE OF	Major Violations*	Minor Violations**	Accidents (note fault)	Violations***
1 2 3 4 5	PLOY			S LICENSE		DATE OF	Major Violations*	Minor Violations**	Accidents (note fault)	Violations***
1 2 3 4 5 EM	IPLOY CUPATI	YMENT	NUM	S LICENSE	STATE	DATE OF	Major Violations*	Minor Violations**	Accidents (note fault)	Violations***
1 2 3 4 5 EM	CUPAT	YMENT	NUM	S LICENSE MBER YERS NAME & AD	STATE DRESS:	DATE OF BIRTH	Major Violations* (3 Yrs)	Minor Violations**	Accidents (note fault)	Violations***
1 2 3 4 5 EM OCC	CUPAT	VMENT ION: /OTHER'S	NUM	S LICENSE MBER YERS NAME & AD	STATE DRESS:	DATE OF	Major Violations* (3 Yrs)	Minor Violations**	Accidents (note fault)	Violations***
1 2 3 4 5 EM OCC SPO OCC	CUPATI DUSE'S/ CCUPAT	VMENT ION: /OTHER'S	EMPLOY EMPLOY	S LICENSE MBER YERS NAME & AD YERS NAME & AD	DRESS:	DATE OF BIRTH	Major Violations* (3 Yrs)	Minor Violations** (3 Yrs)	Accidents (note fault)	Violations***
1 2 3 4 5 EM OCC SPO OCC	CUPATI DUSE'S/ CCUPAT	YMENT ION: /OTHER'S TION: STATE: LIST ALL OWNED, LEASED	EMPLOY EMPLOY	S LICENSE MBER YERS NAME & AD YERS NAME & AD	DRESS:	DATE OF BIRTH	Major Violations* (3 Yrs)	Minor Violations** (3 Yrs)	Accidents (note fault)	Violations***
1 2 3 4 5 EM OCCC SPOOL OCC	CUPATI DUSE'S/ CCUPAT	YMENT ION: /OTHER'S TION: STATE: LIST ALL OWNED, LEASED	EMPLOY EMPLOY	S LICENSE MBER YERS NAME & AD YERS NAME & AD	DRESS:	DATE OF BIRTH	Major Violations* (3 Yrs)	Minor Violations** (3 Yrs)	Accidents (note fault) (3 Yrs)	Violations*** (3 Yrs) OCCUPANCY
1 2 3 4 5 EM OCC SPO OC RE. #	CUPATI DUSE'S/ CCUPAT	YMENT ION: /OTHER'S TION: STATE: LIST ALL OWNED, LEASED	EMPLOY EMPLOY	S LICENSE MBER YERS NAME & AD YERS NAME & AD	DRESS:	DATE OF BIRTH	Major Violations* (3 Yrs)	Minor Violations** (3 Yrs)	Accidents (note fault) (3 Yrs)	Violations*** (3 Yrs) OCCUPANCY
1 2 3 4 5 EM OCC SPO OCC RE. # 1	CUPATI DUSE'S/ CCUPAT	YMENT ION: /OTHER'S TION: STATE: LIST ALL OWNED, LEASED	EMPLOY EMPLOY	S LICENSE MBER YERS NAME & AD YERS NAME & AD	DRESS:	DATE OF BIRTH	Major Violations* (3 Yrs)	Minor Violations** (3 Yrs)	Accidents (note fault) (3 Yrs)	Violations*** (3 Yrs) OCCUPANCY
1 2 3 4 5 EM OCC SPO OCC RE. # 1 1 2	CUPATI DUSE'S/ CCUPAT	YMENT ION: /OTHER'S TION: STATE: LIST ALL OWNED, LEASED	EMPLOY EMPLOY	S LICENSE MBER YERS NAME & AD YERS NAME & AD	DRESS:	DATE OF BIRTH	Major Violations* (3 Yrs)	Minor Violations** (3 Yrs)	Accidents (note fault) (3 Yrs)	Violations*** (3 Yrs) OCCUPANCY

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^{*}MAJOR VIOLATIONS (including but not limited to): DUI, Hit & Run, Reckless/Negligent Driving, Speeding more than 25 MPH over posted limit (excessive speeding), Evading Police, Driving on Suspended License, Voluntary/Involuntary Manslaughter, School Bus Violations

^{**}MINOR VIOLATIONS (including but not limited to): Failure to Stop, Failure to Yield, Speeding less than 25 MPH over posted limit, Careless Driving, Following too close, Impeding Traffic, Illegal Turn, Other Moving Violations

^{***}NON-CHARGEABLE VIOLATIONS (including but not limited to): Cell Phone Violations, Seat Belt Violations, Carpool Violations, Equipment Violations (such as tinted windows or nonworking head or tail light).

		LES AND RECREATIONAL LES, DUNE BUGGIES, MINI				OR LE	ASED	AUTOMOBI	LES, MOTO	RHOMES, MOTORCYCL	ES,			
#	YEAR	MAKE	DIKES, GC	MODEL		VEHIC	LETY		ERLYING RRIER	UNDERLYING LIABILITY LIMITS		ERLYI JIM LIM		
1														
2														
3														
4														
5														
WA	TERCRA	FT: LIST ALL WATERCRA	FT OWNE	D, LEASED, CH	ARTER	ED OR	FURN	ISHED FOR	REGULAR U	JSE.				
#	YEAR	TYPE, MANUF	ACTURER,	MODEL		LNG	TH:	H.P.	MAX SPEED	UNDERLYING CARRIER		DERLYII LITY LII		
1							FT.							
2							FT.							
3							FT.							
4							FT.							
5														
DD	IOR EXPE	DIENCE.		PRIOR CARRI	ED & DO	OLICV#	FT.							
		ING LITIGATION, OPEN OR CI	OSED CLA				S POLI	CY EXCEEDI	NG \$25 000 D	URING THE LAST 5 YEARS	19			
	NO	YES (EXPLAIN)							,,		· ·			
	GENERA	L INFORMATION: EXPLA	AIN ALL "	YES" RESPONS	SES IN	REMA	RKS							
		C 11 1 1 1 1	6 1 1	C 1 0	YES	NO		ъ .	1. 1	1 11 1/2 01/11	1.5	YES	NO	
1		aft owned, leased, chartered or in policy jacket)	r turnisnea	for regular use?			11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?						
2	-	er convicted for any traffic vio					12	(Last 5 years)					
3		icant considered a high professional athletes? (ch as politicians,			13	included in the	he primary po		. 1			
4		nises, vehicles, watercraft, airc					14	from your re	sidence or pre	s (including daycare) conductives (excluded in policy)	jacket)			
5		nises, vehicles (including moto t, owned, hired, leased or regu- policies?					15	,		nold? Please list below incl g or security training, if	luding			
6	Do you e	mploy any residence employee	es?				16	Any land use	ed for hunting	?				
7	Any appli Felony (re	icant convicted of insurance freferral)?	aud (inelig	ible) or a			17	Any swimmi diving board	0 1	ease specify fenced or unfer	nced,			
8	operation	er with mental/physical impa of a motorized vehicle int ich as dementia, Alzheimer's, s	ended for	use on land or			18	·		he primary policy?				
9		pplicants currently insured wi f so, please provide the policy					19		derwriting in ould be aware	formation of which				
10		tions owned by an LLC or Tru					20	Do you hold	any non-remu	unerative positions?				
RE	10 Any locations owned by an LLC or Trust? 20 Do you hold any non-remunerative positions? REMARKS:													

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				Scheduled	d Items (Cont.)	_				
#	Location	ons:			Units/Acres	U	nderlying Carrier	Underly limit	ying t	Occupancy Type
6	200002									-7F-
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
AUI MO	OMOBIL FORCYCL	ES AND RECREA ES, SNOWMOBIL	ATIONAL VEHIC LES, DUNE BUGG	LES: LIST AL IES, MINIBIKI	L OWNED OR LI ES, GOLFCARTS,	EASEI ETC.	D AUTOMOBIL	ES, MOTO	ORHO	MES,
#	YEAR	MAKE	MODEL	VEHICLE TYPE	UNDERLYIN CARRIER	G	UNDERL' LIABILITY			NDERLYING I/UIM LIMITS
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

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ACCEPTANCE OR REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE
I would like to purchase, at an additional charge, (\$25,000 is included), increased Uninsured/Underinsured Motorists coverage as part of my Personal
Umbrella policy. I understand that for the policy to provide Uninsured/Underinsured motorists coverage that I must have underlying
Uninsured/Underinsured motorist's coverage equal to the primary Automobile limits as indicated on the application.
I hereby REJECT the opportunity to purchase increased Uninsured/Underinsured Motorists coverage as part of my Personal Umbrella policy.
IF YOU REJECT THE UNINSURED/UNDERINSURED MOTORIST COVERAGE YOU ARE ELECTING NOT TO PURCHASE CERTAIN
VALUABLE COVERAGE WHICH PROTECTS YOU AND YOU'RE FAMILY OR YOU ARE PURCHASING
UNINSURED/UNDERINSURED MOTORISTS LIMITS LESS THAN YOUR LIMITS OF LIABILITY WHEN YOU SIGN THIS FORM.
Applicant's Signature
REPRESENTATIONS TO INSURED AND AGENT

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.

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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:	

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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 Investmen	8 1	es					
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	Usage / Occupancy
	Owned	Occupancy