



PERSONAL UMBRELLA APPLICATION

Last Name	First Name	Middle Initial	Producer _____
Primary Residence Address Number & Street Name			Producer Code/Ref. Number _____
City State Zip Code			Agt/Brkr Lic. # _____
Mailing Address (if different) Number & Street Name			Address _____
City State Zip Code			City _____ State _____ Zip _____
POLICY PERIOD	From: / /20	To: / /20	Renewal Policy Number: _____
			E-Mail _____
			Tel: _____ Fax: _____

UMBRELLA COVERAGES				RETAIL AGENT	
Application for	PERSONAL UMBRELLA			Retail	_____
Policy Amount				Retail Agent Code	_____
				Agt/Brkr Lic. #	_____
Retention	NONE			Address	_____
Increased UM	NO	\$1,000,000	\$2,000,000	City	_____ State _____ Zip _____
ID Theft Coverage	NONE	\$25,000		E-Mail	_____
Personal Cyber Liability	NONE	\$25,000	\$50,000	Tel:	_____ Fax: _____

OPERATOR INFORMATION: LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT

#	NAME	EXCLUDE DRIVER	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	Major Violations* (3 Yrs)	Minor Violations** (3 Yrs)	Accidents (note fault) (3 Yrs)	Non-Chargeable Violations*** (3 Yrs)
1									
2									
3									
4									
5									

EMPLOYMENT: PRIOR OCCUPATION IF RETIRED; BUSINESS NAME IF SELF-EMPLOYED

OCCUPATION:	EMPLOYERS NAME & ADDRESS:
SPOUSE'S/OTHER'S OCCUPATION:	EMPLOYERS NAME & ADDRESS (If not employed, so indicate):

REAL ESTATE: LIST ALL OWNED, LEASED, OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC.

#	LOCATION	# UNITS	# ACRES	Underlying Carrier	Underlying Limit	Occupancy Type
1						
2						
3						
4						
5						

*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).

AUTOMOBILES AND RECREATIONAL VEHICLES: LIST ALL OWNED, LEASED AUTOMOBILES, MOTORHOMES, MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, GOLFCARTS, OR OTHER VEHICLES FURNISHED FOR REGULAR USE.

#	YEAR	MAKE	MODEL	VEHICLE TYPE	UNDERLYING CARRIER	UNDERLYING LIABILITY LIMITS BI(PP)/BI(PO)/PD OR CSL	UNDERLYING UM/UIM LIMITS
1							
2							
3							
4							
5							

WATERCRAFT: LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE.

#	YEAR	TYPE, MANUFACTURER, MODEL	LENGTH:	H.P.	MAX SPEED	UNDERLYING CARRIER	UNDERLYING LIABILITY LIMITS
1			FT.				
2			FT.				
3			FT.				
4			FT.				
5			FT.				

PRIOR EXPERIENCE: PRIOR CARRIER, POLICY # & LIMIT

GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS

		YES	NO			YES	NO
1	Is the applicant or any resident of the applicant's household currently or have they at any time had an occupation as an elected or appointed federal or state political figure, professional athlete or coach, entertainer, media personality or a senior executive officer of a publicly traded company?			12	Any undomesticated animals in the household or animals with bite history, security training/fighting or aggressive tendencies?		
2	Any applicant or household member convicted of insurance fraud (Ineligible) and or a Felony (referral)? Provide explanation			13	Any daycare on premise for which compensation is received?		
3	Any driver convicted for any traffic violations. (Last 5 years) provide description and year of violation			14	Any business activities or special events conducted on premise?		
4	Are any applicants currently insured with Hudson Insurance Group? If so, please provide the policy number(s).			15	Any locations with unfenced pools or reduced limits of coverage for pools, diving boards or slides?		
5	Any driver with mental/physical impairments that may affect operation of a motorized vehicle intended for use on land or water? Such as dementia, Alzheimer's, seizures or Parkinson's.			16	Any farming or farming activities at any location?		
6	Any excluded operators on the primary policies?			17	Any land used for hunting?		
7	Any unlisted employees who have access to watercrafts or auto? If so, please provide explanation.			18	Any pending litigation, open claims or closed claims exceeding \$25,000, during the last 5 years? If Yes, please provide date, claim status, paid/reserve amount and description of the claim.		
8	Any premises, vehicles (including motorcycles, mopeds, ATV's) or watercrafts which are owned, hired, leased, or regularly used by applicant and not covered by primary policies?			19	In the past 5 years, has any coverage been declined, canceled or non-renewed? Provide explanation.		
9	Any co-owned properties, vehicles or watercrafts with non-household members?			20	Any other underwriting information or exposures that may increase liability? Ex: trampolines, boat docks, vineyards, student housing etc?		
10	Does any primary policy have reduced limits of liability (sublimit) or eliminate coverage for specific exposures?			21	Any other underwriting information the company should be aware of?		
11	Any locations owned by an LLC or Trust?						

REMARKS:

Scheduled Items (Cont.)

#	Locations:	Units/Acres	Underlying Carrier	Underlying limit	Occupancy Type
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

AUTOMOBILES AND RECREATIONAL VEHICLES: LIST ALL OWNED OR LEASED AUTOMOBILES, MOTORHOMES, MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, GOLFCARTS OR OTHER VEHICLES FURNISHED FOR REGULAR USE .

#	YEAR	MAKE	MODEL	VEHICLE TYPE	UNDERLYING CARRIER	UNDERLYING LIABILITY LIMITS	UNDERLYING UM/UIM LIMITS
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

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 California Applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 insurance company, files a statement of claim 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: _____