



HUDSON INSURANCE COMPANY
100 WILLIAM STREET, 5TH FLOOR
NEW YORK, NY 10038
PERSONAL UMBRELLA APPLICATION

Last		First		Middle		Producer _____		
NAME								
ADDRESS		Number & Street		City		State, Zip		
PRODUCER CODE _____		AGT/BRKR LIC. # _____		ADDRESS _____		CITY _____		
GARAGING ADDRESS (if different)		E-MAIL _____		POLICY FROM: _____ TO: _____		RENEWALS POLICY NUMBER _____		
PERIOD / /20		/ /20		TEL: _____		FAX: _____		
UMBRELLA COVERAGES		PREMIUMS		Retail Agent				
Application for Primary Umbrella <input type="checkbox"/>		BASIC		\$		Retail _____		
Application for Excess Umbrella <input type="checkbox"/>		RESIDENCES		\$		Retail Agent Code _____		
POLICY AMOUNT		RETENTION		AUTOMOBILES		AGT/BRKR LIC. # _____		
\$ MILLION		NONE		RECREATIONAL VEHICLES		ADDRESS _____		
INCREASED UM: \$1,000,000 or \$2,000,000				WATERCRAFT		CITY _____		
ID THEFT COVERAGE: Y or N				OTHER		E-MAIL _____		
				TOTAL		\$		
PRIMARY UMBRELLA INFORMATION:								
Underlying Umbrella Carrier:				Underlying Umbrella Limit: \$				
PRIMARY POLICY INFORMATION:								
OPERATOR INFORMATION: LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT								
#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	Majors (3 Yrs)	MINOR (3 Yrs)	Accidents (note fault) (3 Yrs)	Non-Chargeable violations (3 Yrs)
1								
2								
3								
4								
5								
EMPLOYMENT								
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	# UNITES/ACRES	Underlying Carrier	Underlying Limit	OCCUPANCY Type			
1								
2								
3								
4								
5								

AUTOMOBILES AND RECREATIONAL VEHICLES: LIST ALL OWNED OR LEASED AUTOMOBILES, MOTORHOMES, MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, GOLFCARTS, ETC.

#	YEAR	MAKE & MODEL	VEHICLE TYPE	UNDERLYING CARRIER	UNDERLYING LIABILITY LIMITS	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	LNGTH:	H.P.	MAX SPEED	UNDERLYING CARRIER	UNDERLYING LIABILITY LIMITS
1			FT.				
2			FT.				
3			FT.				
4			FT.				
5			FT.				

PRIOR EXPERIENCE: PRIOR CARRIER & POLICY #

ANY PENDING LITIGATION, OPEN OR CLOSED CLAIM ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING \$25,000, DURING THE LAST 5 YEARS?
 NO YES (EXPLAIN)

GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS

	YES	NO		YES	NO
1	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:			19	<input type="checkbox"/>	<input type="checkbox"/>

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 Warnings

Various state regulations require us to inform you of fraud warnings.

To insureds in:

Alaska, Arkansas, Alabama, Arizona, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Maryland, Michigan, Missouri, Mississippi, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, Wisconsin, West Virginia, Wyoming:

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.

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.

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: _____

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					

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