

HUDSON SPECIALTY INSURANCE COMPANY 100 WILLIAM STREET, 5TH FLOOR NEW YORK, NY 10038

PERSONAL UMBRELLA APPLICATION

Last			First		Middl	e					
								Producer _			
	NAME						Producer C	ode			
ADI	ORES	S Number & Street	City		Sta	ite	Zip	Agt/Brkr I	ic. #		
G 1 7		NG ADDRESS (C. UCC.									
GAI		NG ADDRESS (if different) lumber & Street	City		Sta	te	Zip				
								City		StateZip_	
POI	LICY	From:		То	:	I	Renewal Policy	E-Mail			
PEF	RIOD	/ /20		/	/ 20		Number:	m 1		F.	
			UMBRELI	A COVER	AGES			Tel:	RETA	Fax: IL AGENT	
				PERSONAL							
			Policy Amount	TERESTATE	CIVIDICEELI	•		Retail			
			·	Limits of \$6,0	00 000 to \$10) 000 000 are		Retail Age	nt Code		
				available on N				Agt/Brkr I	ic.#		
			Retention	NONE				-			
			Increased UM	Yes	No	Full	Exclude Auto Liability	Address			
			UM					City	S	tate Zip_	
			ID Theft Coverage	NONE	\$25,000	٠		E-Mail			
		Pers	onal Cyber Liability	NONE	\$25,000	\$50,000					
								Tel:		Fax:	
PR	[MA]	RY POLICY INFORMA	ATION:								
OP	ERA	TOR INFORMATION:	LIST ALL MEMBI			ND ALL OP					
#		NAME			LICENSE IBER	STATE	DATE OF BIRTH	Major Violations* (3 Yrs)	Minor Violations** (3 Yrs)	Accidents (note fault) (3 Yrs)	Non-Chargeable Violations*** (3 Yrs)
1								(3 118)	(3 118)	(3 118)	(3 118)
2											
3											
4											
5											
	DI O	OYMENT									
		TION:		EMPL OV	FRS NAME &	ADDRESS:					
				EMPLOYERS NAME & ADDRESS:							
SPOUSE'S/OTHER'S OCCUPATION:			EMPLOY	ERS NAME &	ADDRESS (I	f not employed, so indic	cate):				
RE.	AL E	ESTATE: LIST ALL OW	NED, LEASED, OI	R OCCUPIED	RESIDENC	ES, BUILD	INGS, FARMS, VA	CANT LA	ND, ETC.		
# LOCATIO			ON			# UNITES/ACRES	Underlying	Carrier	Underlying Limit	OCCUPANCY Type	
1											21.
2											
3											
4											
5											
_	1										

HUD-PUMB APP (01/19) Page 1 of 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).

		LES AND RECREATIONAL LES, DUNE BUGGIES, MINI				OR LE	ASED	AUTOMOBI	LES, MOTO	RHOMES, MOTORCYCL	ES,		
#	YEAR	MAKE	DIKES, C	MODEL MODEL	C.	VEHIC	CLETY		ERLYING RRIER	UNDERLYING LIABILITY LIMITS		DERLYI JIM LIM	
1								Cri	KKKILK	ENGLIT ENTIS	CIVI/ C	JIVI LIIV	1115
1													
2													
2													
3													
4													
5													
WA	TERCRA	FT: LIST ALL WATERCRA	FT OWN	ED, LEASED, CH	ARTER	ED OR	FURN	IISHED FOR I	REGULAR U	JSE.			
#	YEAR	TYPE, MANUF	ACTURER	R, MODEL		LNG	TH:	H.P.	MAX SPEED	UNDERLYING CARRIER		DERLYII LITY LII	
1							FT.						
2							FT.						
3							1.1.						
3							FT.						
4							FT.						
5							FT.						
PR	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)											
	GENERA	L INFORMATION: EXPLA	IN ALL	"YES" RESPON	SES IN	REMA	RKS						
					YES	NO						YES	NO
1	Any aircraft owned, leased, chartered or furnished for regular use? (excluded in policy jacket)						11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?					
2	Any drive	er convicted for any traffic vio	lations? (l	Last 3 years)			12	Was any coverage declined, cancelled non-renewed? (Last 5 years)					
3	Any driver with mental/physical impairments?						13		Any non-owned business and/professional activities included in the primary policies?				
4	Any premises, vehicles, watercraft, aircraft used for business?					14			s (including daycare) conductive conductive (excluded in policy)				
5	Any premises, vehicles (including motorcycles, mopeds, ATV's), watercraft, owned, hired, leased or regularly used, not covered by				15	Any animals breed, bite hi	in the househ	nold? Please list below inc.					
6	primary policies? Do you employ any residence employees?					16	applicable. Any land use	d for hunting	?				
7	Any appl	icant convicted of insurance fr		gible) or a			17	Any swimmi	ng pools? Ple	ease specify fenced or unfer	nced,		
/	Felony (re	eferral)?					1/	diving boards					
8	entertainers and professional athletes? (Referral)						18	Ĭ		he primary policy?			
9	Are any applicants currently insured with Hudson Insurance Group? If so, please provide the policy number(s).						19	Any other un Company sho		formation of which			
10		tions owned by an LLC or Tru					20	Do you hold	any non-remu	unerative positions?			
RE	MARKS:												

HUD-PUMB APP (01/19) Page 2 of 5

				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 1/UIM LIMITS
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

HUD-PUMB APP (01/19) Page 3 of 5

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.

HUD-PUMB APP (01/19) Page 4 of 5

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	Γ	Date:

HUD-PUMB APP (01/19) Page 5 of 5

^{*}Once the form is signed electronically, no further edits or additions can be made.

HUDSON SPECIALTY INSURANCE COMPANY PRIMARY PERSONAL UMBRELLA APPLICATION – SUPPLEMENTAL

STATE OF LOUISIANA

This form was promulgated pursuant to LSA-R.S 22-680. This may not be altered or modified.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured/underinsured Motorists Bodily Injury Coverage, referred to as "**UMBI**" in this form, is insurance which pays persons Insured by your policy who are injured in an accident caused by an owner or operator of uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic Losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral Expenses, lost wages and out of pocket expenses.

NON-ECONOMIC LOSSES are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your bodily injury liability coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic – only UMBI Coverage, you must complete this form and return it to your agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "N.A.")

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may se	elect one of the following UMBI coverage op	tions (initial only one option)):
1 Initials	I Select UMBI Coverage which provides co losses with limits lower than the Bodily In each person \$ each accident/occurrence	jury Liability Coverage limits i OR \$	
2. N.A. Initials	I Select Economic-Only UMBI Coverage w losses with the same limits as the Bodily II		
3. N.A. Initials	I Select Economic-Only UMBI Coverage when with limits lower than the Bodily Injury Liases \$each person \$each accident/occurrence	ability Coverage indicated on	
4 Initials	I do not want UMBI Coverage. I understan for losses arising from an accident caused	-	_
to the mot all reinstat	e I made by my initials on this form will apply tor vehicles described in the policy and to an tement, substitute, or amend policies until a or UMBI Coverage.	y replacement vehicles, to all	I renewals of this policy, and to
Signature (of Insured or Legal Representative		HUDSON INSURANCE GROUP®
	Print Name		

HUB-PUMB003 (3/13) LA

Date



Applicant information

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.

Name(s):									
Entity 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:									
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	YES	NO							
not identified on the application?									
3) In the past five years, has the entity been the subject of any kind of	VEC	NO							
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