



**PERSONAL UMBRELLA APPLICATION**

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

UMBRELLA COVERAGES				RETAIL AGENT			
Application for	PERSONAL UMBRELLA			Retail	_____		
Policy Amount				Retail Agent Code	_____		
	Limits of \$6,000,000 to \$10,000,000 are available on Non-Admitted terms only.			Agt/Brkr Lic. #	_____		
Retention	NONE			Address	_____		
Increased UM	Yes	No	Full	Exclude Auto Liability	_____		
UM				City	State	Zip	_____
ID Theft Coverage	NONE	\$25,000		E-Mail	_____		
Personal Cyber Liability	NONE	\$25,000	\$50,000	Tel:	Fax: _____		

**PRIMARY POLICY INFORMATION:**

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

#	NAME	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**

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					

\*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 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.				

<b>PRIOR EXPERIENCE:</b>		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	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 driver convicted for any traffic violations? (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	Are any business activities (including daycare) conducted from your residence or premises (excluded in policy jacket)		
5	Any premises, vehicles (including motorcycles, mopeds, ATV's), watercraft, owned, hired, leased or regularly used, not covered by primary policies?			15	Any animals in the household? Please list below including breed, bite history, fighting or security training, if applicable.		
6	Do you employ any residence employees?			16	Any land used for hunting?		
7	Any applicant convicted of insurance fraud (ineligible) or a Felony (referral)?			17	Any swimming pools? Please specify fenced or unfenced, diving boards or slides		
8	Any applicant considered a high profile risk such as politicians, entertainers and professional athletes? (Referral)			18	Any excluded drivers on the primary policy?		
9	Are any applicants currently insured with Hudson Insurance Group? If so, please provide the policy number(s).			19	Any other underwriting information of which Company should be aware?		
10	Any locations owned by an LLC or Trust?			20	Do you hold any non-remunerative positions?		

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, ETC.**

#	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 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: \_\_\_\_\_

\*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 select one of the following UMBI coverage options (initial only one option):

1. \_\_\_\_\_ **I Select UMBI Coverage** which provides compensation for economic and non-economic  
Initials losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:  
\$ \_\_\_\_\_ each person **OR** \$ \_\_\_\_\_ each accident /occurrence  
\$ \_\_\_\_\_ each accident/occurrence
2. N.A. **I Select Economic-Only UMBI Coverage** which provides compensation for economic  
Initials losses **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
3. N.A. **I Select Economic-Only UMBI Coverage** which provides compensation for economic losses  
Initials **with limits lower** than the Bodily Injury Liability Coverage indicated on the policy:  
\$ \_\_\_\_\_ each person **OR** \$ \_\_\_\_\_ each accident/occurrence  
\$ \_\_\_\_\_ each accident/occurrence
4. \_\_\_\_\_ **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI coverage**  
Initials for losses arising from an accident caused by an uninsured/underinsured motorist.

**SIGNATURE**

The choice I made by my initials on this form will apply to all personal insured under my policy. My choice shall apply to the motor vehicles described in the policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute, or amend policies until a written request for a change in my Bodily Injury Liability Coverage or UMBI Coverage.

\_\_\_\_\_  
Signature of Insured or Legal Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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.

<b>Applicant information</b>
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:

<b>Additional information</b>		
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?	???	N?
3) In the past five years, has the entity been the subject of any kind of litigation?	???	N?
4) Does the entity have any employees?	???	N?
5) Does the entity own any real estate, personal property or assets not listed on the application?	???	N?
Provide additional information to any "Yes" response(s):		

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