



PERSONAL UMBRELLA APPLICATION

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

UMBRELLA COVERAGES		PREMIUMS		WORKSHEET
Application for Primary Umbrella	<input type="checkbox"/>	BASIC	\$	
Application for Excess Umbrella	<input type="checkbox"/>	RESIDENCES	\$	
POLICY AMOUNT	RETENTION	AUTOMOBILES	\$	
\$ MILLION	NONE	RECREATIONAL VEHICLES	\$	
		WATERCRAFT	\$	
INCREASED UM: Y__N__		OTHER		
ID THEFT COVERAGE: Y__N__		TOTAL	\$	

PRIMARY POLICY INFORMATION				
TYPE OF POLICY	COMPANY/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
			BODILY INJURY	P. DAMAGE
AUTOMOBILE				
UM/UIM COVERAGE				
PERSONAL LIABILITY				
WATERCRAFT				
RECREATIONAL VEHICLE				

OPERATOR INFORMATION: LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT								
#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	VEHICLE, CRAFT, % USE, ETC.	MINOR (3 Yrs)	MAJOR (3 Yrs)	ACCD (3 Yrs)
1								
2								
3								
4								

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	DESCRIPTION	# UNITES/ACRES	YEAR BUILT	OCCUPANCY
1					
2					
3					

AUTOMOBILES: LIST ALL AUTOS OWNED, LEASED			RECREATIONAL VEHICLES: MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC.		
#	YEAR	MAKE & MODEL	#	YEAR	MAKE & MODEL
1			1		
2			2		
3			3		
4			4		

WATERCRAFT: LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE.							
#	YEAR	TYPE, MANUFACTURER, MODEL	LNTH:	H.P.	MAX SPEED	COST NEW	WATERS NAVIGATED
1			FT.				
2			FT.				
3			FT.				

PRIOR EXPERIENCE:	PRIOR CARRIER & POLICY #
HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING \$5,000, DURING THE LAST 5 YEARS	
<input type="checkbox"/> NO <input type="checkbox"/> 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)	<input type="checkbox"/>	<input type="checkbox"/>	7	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?	<input type="checkbox"/>	<input type="checkbox"/>
2	Any driver convicted for any traffic violations? (Last 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	8	Was any coverage declined, cancelled non-renewed? (Last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
3	Any driver with mental/physical impairments?	<input type="checkbox"/>	<input type="checkbox"/>	9	Any non-owned business and/professional activities included in the primary policies?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any premises, vehicles, watercraft, aircraft used for business?	<input type="checkbox"/>	<input type="checkbox"/>	10	Are any business activities (including daycare) conducted from your residence or premises (excluded in policy jacket)	<input type="checkbox"/>	<input type="checkbox"/>
5	Any premises, vehicles (including motorcycles, mopeds, ATV's), watercraft, owned, hired, leased or regularly used, not covered by primary policies?	<input type="checkbox"/>	<input type="checkbox"/>	11	Do you hold any non-remunerative positions?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you employ any residence employees?	<input type="checkbox"/>	<input type="checkbox"/>	12	Any other underwriting information of which Company should be aware?	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

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 of \$1 million 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: In some states, any person who knowingly, and with the 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 in many states.

Colorado

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. (CO)

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. (DC)

Florida

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 (FL).

Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. (HI)

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (KY)

Louisiana

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. (LA)

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

New Mexico

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 civil fines and criminal penalties. (NM)

New York

Any person who knowingly and with intent to defraud any insurance company or any other person files an application or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any other 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.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (OH)

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. (OK)

Pennsylvania

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 act, which is a crime, and subjects such person to criminal and civil penalties. (PA)

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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 in many states.

Tennessee

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. (TN)

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. (VA)

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:		Description	Units/Acres	Yr Built	Type
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Vehicles:				Watercraft:		
	Year	Make	Model	Year	Make & Model	HP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Driver Information					
	Full Name	License #	Acc.	Major	Minor
1					
2					
3					
4					
5					

HUDSON SPECIALTY INS. COMPANY

SELECTION OR REJECTION OF UNINSURED/UNDERINSURED MOTORIST COVERAGE FOR THE PERSONAL UMBRELLA LIABILITY POLICY COVERAGE ELECTION SECTION

The following item(s) identified below with an "x" in the corresponding box apply(ies)

- I am electing not to make changes upon renewal of my policy.
- I hereby reject the Uninsured/Underinsured Motorist coverage.
- I understand that I am electing not to purchase a valuable coverage which would protect me or my family in the event of damages caused by owners or operators of uninsured or underinsured motor vehicles.

Note:

A rejection of coverage does not remove the minimal limit of uninsured/underinsured motorist coverage included in some policies. Please contact your agent for additional information.

- I select coverage, **at an additional charge**, for \$1,000,000 Bodily Injury Uninsured/Underinsured Motorist coverage in my personal liability umbrella insurance policy.
- I select coverage, **at an additional charge**, for \$1,000,000 Bodily Injury and Property Damage Uninsured/Underinsured Motorist coverage in my personal liability umbrella insurance policy.

Note:

I have purchased Uninsured/Underinsured Motorist coverage on all of my motor vehicles for the full automobile insurance policy limits of my underlying Automobile Liability or primary Umbrella insurance policy more fully described in my application for personal umbrella liability insurance.

Selection of an uninsured/underinsured motorist coverage limit above supersedes any other limit for uninsured/underinsured motorist coverage found in the policy.

I understand that my selection or rejection of coverage is valid and binding on all insureds under the policy:

Policy Number

Applicant's Name

Applicant's Signature

Date

Agent's Name

Date