



HUDSON INSURANCE COMPANY
100 WILLIAM STREET, 5TH FLOOR
NEW YORK, NY 1004
PERSONAL UMBRELLA APPLICATION

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

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:	\$1,000,000	OTHER		
ID THEFT COVERAGE :	Y or 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

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)	<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 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. I understand that by signing this application that if I choose to cancel my policy, the return premium will be calculated on a short rate basis (.90 x Pro-Rate).

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	DOB	State & License #	Acc.	Major	Minor
1						
2						
3						
4						
5						