



Hudson Excess Insurance Company
100 William Street, 5th Floor
New York, NY 10038

Clear Form

PERSONAL UMBRELLA LIABILITY APPLICATION

Producer's Information Producer Reference Number: Email: Telephone: Fax:	Retail Agent's Information Email: Telephone: Fax:
Insured Name	Policy Term From: To:
Primary Location Address 	
Mailing Address (if different): 	

UMBRELLA COVERAGES			
Application for:			
Policy Amount:	Select Limit		
Retention:			
Increased UM:	☐ \$25,000	☐ \$1,000,000	☐ \$2,000,000
ID Theft Coverage:	☐ NONE	☐ \$25,000	
Cyber Limit:	☐ NONE	☐ \$25,000	☐ \$50,000

OPERATOR INFORMATION								
List all member of household and all operators of vehicles/watercraft								
Name	Exclude Driver	Driver License Number	State	Date Of Birth	*Major (3 years)	**Minor (3 years)	Accidents (note fault) (3 years)	***Non-Chargeable Violations (3 years)

*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).

EMPLOYMENT	
Occupation:	
Employers Name & Address:	
Spouse's/Other's occupation:	
Employers Name & Address:	

*Prior occupation if retired / if Self Employed Name of Business

REAL ESTATE				
List all owned, leased, or occupied residences, buildings, farms, vacant land, etc.				
Location	# Units/ Acres	Underlying Carrier	Underlying Limit	Occupancy Type

Which of the following MINIMUM REQUIRED LIMITS OF AUTOMOBILE LIABILITY do all drivers agree to maintain as a condition of coverage for all automobiles that are owned (titled or registered to), leased, rented, operated or acquired during the policy period by you or any member of your household? If you elect to purchase Excess Uninsured/Underinsured Motorist (UM/UIM) coverage, the Required Basic UM/UIM policy limits must be equal to the liability limits for the required Basic Automobile Liability Policy. You agree that this condition applies equally to personal use of an automobile covered under a Commercial Automobile Liability Policy.

☐	☐	☐
Option A	Option B	Option C
\$250,000 Bodily Injury per person/ \$500,000 Bodily Injury per occurrence/ \$100,000 Property Damage per occurrence For Antique Autos & ATVs/UTVs ONLY: \$300,000 Combined Single Limit	\$500,000 Bodily Injury per person/ \$500,000 Bodily Injury per occurrence/ \$100,000 Property Damage per occurrence - OR - \$500,000 Combined Single Limit	\$1,000,000 Bodily Injury per person/ \$1,000,000 Bodily Injury per occurrence/ \$100,000 Property Damage per occurrence - OR - \$1,000,000 Combined Single Limit

Total Count by Vehicle Type			
Auto/Motorcycle	Antique Auto	ATV	Motorhome

Vehicles to be excluded (if any):		
Year	Make	Model

WATERCRAFT						
List all watercraft owned, leased, chartered or furnished for regular use.						
Year	Type, Manufacturer, Model	Length	H.P.	Max Speed	Underlying Carrier	Underlying Liability Limits

PRIOR EXPERIENCE			
Prior Carrier Name:		Prior Policy Number:	

General Information			
Explain all "Yes" responses in remarks			
	Yes	No	Explanation for "Yes" response
Do you have a signed Hudson application?	☐	☐	
Is the applicant or any resident of the applicant's household currently or have they at any time had an occupation as an elected or appointed federal or state political figure, professional athlete or coach, entertainer, media personality, author, artist, tv/ movie producer or a senior executive officer of a publicly traded company?	☐	☐	
Any applicant or household member convicted of insurance fraud and /or a felony?	☐	☐	
For any non-weather related claims in the last 5 years which meet the below criteria, provide claim description, date of loss, claim status, and paid/reserve amount: Pending litigation, open claims, auto related closed claims with payout greater than \$25,000 or any closed non-auto liability claim regardless of payout.	☐	☐	
Have any household members or regular use drivers been arrested, cited or had their license suspended for driving under the influence of alcohol/ drugs, driving while intoxicated and/or any other alcohol/drug related incidents in the last 5 years? (DUI OWI)	☐	☐	
Are any applicants currently insured with Hudson insurance group?	☐	☐	

Any driver with mental/ physical impairments that may affect operation of a motorized vehicle intended for use on land or water (such as dementia, Alzheimer's, seizures, or Parkinson's)?	☐	☐	
Any excluded operators on the primary policies?	☐	☐	
Any unlisted driver or employee who has access to watercrafts or auto?	☐	☐	
Any premises, vehicles (including motorcycles, mopeds, ATV's) or watercraft which are owned, hired, leased or regularly used by applicant and not covered by primary policies?	☐	☐	
Any co-owned properties, vehicles or watercrafts with non- household members?	☐	☐	
Are there any primary policies with reduced liability limits (sublimit), exclusions for specific exposures or written on a commercial policy?	☐	☐	
Any locations owned by an LLC, trust, or estate?	☐	☐	
Any undomesticated animals in the household or animals with a bite history, security training/fighting or aggressive tendencies?	☐	☐	
Any daycare on premise for which compensation is received?	☐	☐	

Any business activities or special events conducted on premise?	☐	☐	
Any locations with unfenced pools or reduced limits of coverage for pools, diving boards or slides?	☐	☐	
Any farming or farming activities at any location?	☐	☐	
Any land used for hunting?	☐	☐	
In the past 5 years, has any coverage been declined, cancelled or non-renewed for any reason? Please answer no if the reasons are any of the following: carrier leaving the marketplace, carrier becoming insolvent, or no longer offering coverage due to brush clearance? Not Applicable to Missouri Applicants	☐	☐	
Any other underwriting information or exposures that may increase liability? Ex: vineyards, zip lines, skateboard ramps, broken railings, student housing etc?	☐	☐	
Any other underwriting information of which the company should be aware?	☐	☐	

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 California Applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 Kentucky Applicants: 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.

Notice to Maine, Tennessee, Virginia and Washington Applicants: 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 Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 New York Applicants (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Notice to New York Applicants (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation."

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he 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.

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 Oregon 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 may be guilty of a crime and may be subject to fine and confinement in prison.

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.

Notice to Pennsylvania Applicants (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.

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 stop 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:

Time

Date

Agent/Broker Signature

Date

Send to Arlington/Roe

Save Application

Reset Application

Print Application