



**COMPREHENSIVE PERSONAL LIABILITY APPLICATION**

Date: \_\_\_\_\_

<p><b>Producer's Information</b></p> <p>Producer _____</p> <p>Producer Ref. Number _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>E-Mail _____</p> <p>Tel _____ Fax _____</p>	<p><b>Retail Agent's Information</b></p> <p>Retail Agent _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>E-Mail _____</p> <p>Tel _____ Fax _____</p>
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<p><b>Insured Name(s)</b></p> <p>Check if multiple named insureds: _____</p>	<p><b>Mailing Address:</b></p> <p>Address _____</p> <p>Suite/Apartment/Unit _____</p> <p>City _____ State _____ Zip _____</p>
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**Policy Term Date**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
 / /20 / /20

**APPLICANT INFORMATION : Prior Occupation if Retired; Business Name if Self-Employed**

Applicant's Occupation: _____	Co-Applicant's Occupation: _____
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REQUESTED LIMIT OF LIABILITY (Each occurrence):	IDENTITY THEFT COVERAGE:	MEDICAL PAYMENTS:	PERSONAL CYBER LIABILITY*:	
\$100,000	NONE	\$1,000	NONE	
\$2,000,000		\$2,000	\$25,000	
\$300,000		\$3,000,000	\$5,000	\$50,000
\$500,000		\$4,000,000		
\$1,000,000	\$5,000,000			

*Number of in servants - works inside the home (CA Only): _____	*Number of out servants - works outside the home (CA Only): _____
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\* "Residence Employee" is covered if during the 90 calendar days immediately before the date of injury the employee has:  
 1. actually been engaged in such employment by the "insured" for no less than 52 hours, and  
 2. earned no less than one hundred dollars (\$100) in wages.

**SCHEDULED LOCATIONS**

	<p align="center"><u>Location Address: Residence(s)/Vacant Land</u> (List only locations to be covered including complete address)</p>	<p align="center"><u>Usage</u> Primary, Secondary, Seasonal, Rental, Vacant Land</p>	<p align="center">Number of Units, Parcels, or Acres</p>	<p align="center">Owner/ Applicant Occupied (Y/N)</p>	<p align="center">Pool? (Y/N)</p>
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
23)					
24)					
25)					

**GENERAL INFORMATION: EXPLAIN ALL "YES" RESPONSES IN REMARKS**

		Yes	No	Explanation for yes response
1)	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 or a senior executive officer of a publicly traded company?			
2)	Any applicant or household member convicted of insurance fraud (ineligible) and or a Felony? Provide explanation			
3)	Are any applicants currently insured with Hudson Insurance Group? If so, please provide the policy number(s).			
4)	Any daycare on premise for which compensation is received?			
5)	Any business activities or special events conducted on premise?			
6)	Any undomesticated animals in the household or animals with a bite history, security training/fighting or aggressive tendencies?			
7)	Any locations with unfenced pools or reduced limits of coverage for pools diving boards or slides?			
8)	Any land used for hunting?			
9)	Any other underwriting information or exposures that may increase liability including but not limited to vineyards skateboard ramps, boat docks, broken railings, student housing or homes over 6,000 square feet etc.			
10)	Any farming at any locations? If farmed by insured risk is not eligible. If not farmed by insured, provide type of farming, and confirm person farming the land maintains \$1mil GL			
11)	Any locations undergoing construction or plans for construction?			
12)	Are any locations owned by an LLC or Trust?			
13)	In the past 5 years has any coverage been declined, canceled or non-renewed? Provide explanation.			

14)	Any pending litigation, open claims or closed claims exceeding \$25,000, during the last 5 years? If Yes, please provide date, claim status, paid/reserve amount and description of the claim.			
15)	Any other underwriting information of which the Company should be aware?			
16)	Do you currently employ or plan to hire within the next year any residence employee (gardener, housekeeper, nanny, etc) who works more than four hours per week or more than 52 hours (California Only)			
17)	Any open or closed Workmen's Compensation claims in the past 5 years? (California only)			

## 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 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

**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: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Signature: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_