

HUDSON EXCESS INSURANCE COMPANY

PERSONAL UMBRELLA APPLICATION

Last N	Jame		First Name		Midd	lle Initial							
									Producer _				
D :			C:				7.	G 1	Producer Code/Ref. Number				
Primary Residence Address Number & Street Name				City	State	Zip	Code	Agt/Brkr L	ic. #				
Mailii	ng Ad	ldress (if different)Number &	& Street Name		City	State	Zip	Code	Address				
									City		State Zip		
POI	LICY	From:		Т	o:	R	enewal Po		E-Mail				
PEF	RIOD	/ /20		/	/ /20			:	Tel: Fax:				
			UMBRELLA	COVERAG	EES				RETAIL AGENT				
			Application for	PERSONAL U	PERSONAL UMBRELLA				Retail				
			Policy Amount						Retail Age	nt Code			
			Increased UM		,000 \$1,000,0		2,000,000						
			Retention	NONE	\$3,000,000 \$4,000,000 \$5,000,000								
		n	D Theft Coverage	NO	\$25,000				Address				
			al Cyber Liability	NONE	\$25,000	•	\$50,000		City State Zip				
		1 010011	m cycer Zimemiy		110112 \$25,000 \$50,000				E-Mail				
									Tel:		Fax:		
OP	ERA	TOR INFORMATION				ALL OPI					Accidents	No. Charachla	
#		NAME	EXCLUD DRIVER		S LICENSE MBER	STATE	DATI BIR		Major Violations* (3 Yrs)	Minor Violations** (3 Yrs)	(note fault) (3 Yrs)	Non-Chargeable Violations*** (3 Yrs)	
1		_											
2													
3													
4													
5													
EM	PLO	YMENT: PRIOR OCC	CUPATION IF R	ETIRED; BUSI	NESS NAME IF	SELF-EM	PLOYED)					
OCCUPATION:				EMPLOYER	EMPLOYERS NAME & ADDRESS:								
SPOUSE'S/OTHER'S OCCUPATION:				EMPLOYER	EMPLOYERS NAME & ADDRESS (If not employed, so indicate):								
RE	AL E	ESTATE: LIST ALL O	WNED, LEASEI	O, OR OCCUPIE	D RESIDENCES	S, BUILDI	INGS, FA	RMS, VA	CANT LA	ND, ETC.			
#			LOC	ATION			# UNITS	# 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).

		LES AND RECREATIONAL ES, DUNE BUGGIES, MINI								,		
#	YEAR	MAKE	MODEL		EHICLETY		UNDE	RLYING RRIER	UNDERLYING LIABILITY LIMITS BI(PP)/BI(PO) /PD OR CSL		ERLYI IM LIM	
1							CH	KKILK	BI(PP)/BI(PO)/PD OR CSL	0141/0	ANT LIN	1115
1												
2												
_												
3												
4												
5												
WA	TERCRA	FT: LIST ALL WATERCRA	FT OWNED, LEASED, CHA	RTEREI	OR FURN	ISHED	FOR R	REGULAR U	JSE.			
#	YEAR	TYPE, MANUF	ACTURER, MODEL		LENGTH:	H.	P.	MAX SPEED	UNDERLYING CARRIER		DERLYIN	
1					FT.							
2					FT.							
3					FT.							
4					FT.							
5												
PRIOR EXPERIENCE: PRIOR CARRIER, POLICY # & LIMIT												
	GENERA	L INFORMATION: EXPLA	IN ALL "YES" RESPONSI	ES IN RI	EMARKS							
				YES	NO						YES	NO
1	have they a	cant or any resident of the applicant any time had an occupation as an eal figure, professional athlete or co or a senior executive officer of a p	elected or appointed federal or bach, entertainer, media		12				n the household or animals withing or aggressive tendencies?	h bite		
2		ant or household member convicte and or a Felony (referral)? Provid			13	Any daycare on premise for which compensation is received?						
3		convicted for any traffic violations. and year of violation	(Last 5 years) provide		14	Any business activities or special events conducted on premise?						
4	Are any applicants currently insured with Hudson Insurance Group? If so, please provide the policy number(s).				15	Any locations with unfenced pools or reduced limits of coverage for pools, diving boards or slides?						
5	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.				16	Any farming or farming activities at any location?						
6					17	Any land used for hunting?						
7	Any unlisted employees who have access to watercrafts or auto? If so, please provide explanation.				18	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.						
8	Any premises, vehicles (including motorcycles, mopeds, ATV's) or watercrafts which are owned, hired, leased, or regularly used by applicant and not covered by primary policies?				19	In the past 5 years, has any coverage been declined, canceled or non-renewed? Provide explanation.						
9	Any as average manageries, vahiolog on vistament for with non-hayashald					Any other underwriting information or exposures that may increase liability? Ex. trampolines, boat docks, vineyards, student housing etc?						
10					21	Any oth	er under	writing inform	nation the company should be a	ware of?		
11												
REM	ARKS:											

Scheduled Items (Cont.)									
#	Location	onc•			Units/Acres	Underlying Carrier	Underly	ying t	Occupancy Type
6	Locati	OHS.			CHILS/ / ICIOS	Currier		<u>.</u>	Турс
7									
8									
9									
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17									
18									
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20									
AUT MOT	OMOBIL ORCYCLE	ES AND RECREA	ATIONAL VEHICES, DUNE BUGGIES,	LES: LIST AL MINIBIKES, C	L OWNED OR LEAGOLFCARTS OR O	ASED AUTOMOBIL THER VEHICLES F	ES, MOTORH JRNISHED F	OMES OR RE	, GULAR USE .
#	YEAR	MAKE	MODEL	VEHICLE TYPE	UNDERLYIN CARRIER	G UNDEF LIABILIT	LYING Y LIMITS		NDERLYING M/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.
Offinishied/Officerinishied motorist's coverage equal to the primary Automobile mints as indicated on the apprication.
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
- Application of Section 1
DEDDEGENE A TRONG TO INCLIDED AND A CENT
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 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 presentedor 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 insurancefraud 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:

HUDSON EXCESS 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 s	select one of the following UMBI coverage option	ns (initial only one option):
1 Initials	I Select UMBI Coverage which provides composite losses with limits lower than the Bodily Injury \$each person \$each accident/occurrence	ensation for economic and non-economic Liability Coverage limits indicated on the policy: OR \$each accident /occurrence
	I Select Economic-Only UMBI Coverage which losses with the same limits as the Bodily Injury	
3N.A Initials	I Select Economic-Only UMBI Coverage whice with limits lower than the Bodily Injury Liabil \$each person \$each accident/occurrence	·
4 Initials	_ I do not want UMBI Coverage. I understand the for losses arising from an accident caused by a	at I will not be compensated through UMBI coverage n uninsured/underinsured motorist.
to the mo all reinsta	e I made by my initials on this form will apply to obtor vehicles described in the policy and to any re	NATURE all persons insured under my policy. My choice shall apply placement vehicles, to all renewals of this policy, and to tten request for a change in my Bodily Injury Liability
Signature	of Insured or Legal Representative	HUDSON INSURANCE GROUP®
	Print Name	

Date