HUDSON SPECIALTY INSURANCE COMPANY

COMPREHENSIVE EXCESS PERSONAL LIABILITY APPLICATION

Date:

Producer's Name, Address and Phone Number	Applicant's Name and Mailing Address (include county & ZIP)
CODE_____	
POLICY TERM → _____ _____ _____ Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr. Years	NEW ☐ RENEWAL ☐ PREV POL #: _____
PREVIOUS ADDRESS (If less than 3 years)	Location of property if different from above (include county & ZIP)

APPLICANT INFORMATION

Applicant's Occupation	Applicant's Employer Name	Yr. Employ	Marital Status	Date of Birth
Co-Applicant's Occupation	Co-Applicant's Employer Name	Yr. Employ	Marital Status	Date of Birth

Residences

Location	Description	SQ FT
1.		
2.		
3.		

UNDERLYING CARRIER_____POL #: _____ LIMITS: _____

COVERAGES/LIMITS OF LIABILITY (Each Occurrence):	IDENTITY THEFT COVERAGE ($25,000):	DEDUCTIBLE
☐$100,000 ☐$200,000 ☐$300,000 ☐$500,000 ☐$1,000,000 ☐$2,000,000 ☐$3,000,000 ☐$4,000,000 ☐$5,000,000	☐YES ☐NO	*$250*

RATING/UNDERWRITING

Yr Built	Structure Type	Usage Type	#Families	# Weeks Rented	# Apts
_____	☐Dwelling ☐ Townhouse ☐ Apartment ☐ Rowhouse ☐ Condo ☐ Co-Op	☐Primary ☐ Rental ☐Secondary ☐Seasonal	_____	_____	_____

General Information Explain all "Yes" responses in remarks	Yes	No	General Information Explain all "Yes" responses in remarks	Yes	No
1. ANY BUSINESS CONDUCTED ON PREMISES (including day/child care)?	☐	☐	6. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy #)	☐	☐
2. ANY FULL-TIME RESIDENCE EMPLOYEES? (No. of employee)	☐	☐	7. ANY ANIMALS OWNED? (How many & breed)	☐	☐

3. ANY OTHER EMPLOYEES- DESCRIBE?	☐	☐	8. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING LAST 3 YEARS? (not applicable in DC, MO, OR OH)	☐	☐
4. ANY FLOOD, BRUSH HAZARD, LANDSLIDE, ECT.?	☐	☐	9. ANY POOLS OR SPAS AT ANY LOCATIONS? If yes, are they fenced?	☐	☐
5. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?	☐	☐			

LOSS HISTORY	ANY LOSSES DURING THE LAST 5 YEARS? ☐ Yes ☐ No	IF YES, INDICATE BELOW	AMOUNT
Date	Type	Description of Loss	

PRIOR COVERAGE		
Prior Carrier	Prior Policy Number	Amount of Coverage

REMARKS	
ADDITIONAL LOCATIONS:	

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)

APPLICANT'S STATEMENT; I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIED ALL OF THE FOREGOING STATEMENTS ARE TRUE: (Kansas: This does not constitute a warranty.)

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: IN MAKING THIS APPLICATION FOR INSURANCE IT IS UNDERSTOOD THAT AS PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATION CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH YOUR NEIGHBORS, FRIENDS OR OTHERS WITH WHOM YOU ARE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OR LIVING. IF AN INVESTIGATION IS MADE, YOU CAN BE ASSURED THAT IT WILL BE HANDLED IN THE STRICTEST OF CONFIDENCE. IF YOU WISH INFORMATION ON THE NATURE AND SCOPE OF THE CONSUMER REPORT WHICH MAY BE REQUESTED, ASK YOUR AGENT FOR THE ADDRESS OF THE COMPANY HANDLING YOUR ACCOUNT.

APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	AGENT'S/BROKER'S SIGNATURE