



**HUDSON INSURANCE COMPANY
PRIMARY PERSONAL UMBRELLA APPLICATION – SUPPLEMENTAL**

**UNINSURED/UNDERINSURED MOTORIST COVERAGE ACCEPTANCE/REJECTION
FORM**

State law requires that we offer **Uninsured/Underinsured (UM/UIM) Coverage** to you in excess of your underlying auto's "bodily injury" limit. **UM/UIM Coverage** is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased **UM/UIM Coverage** can provide compensation for the described loss.

If you have underlying **UM/UIM** coverage this policy will include a standard \$25,000 of **UM/UIM Coverage** unless you request otherwise. If you select higher **UM/UIM** an additional premium will be charged. In order to purchase a higher **UM/UIM** limit your underlying bodily injury liability limits and **UM/UIM** limits on your auto policy must match. You should discuss **UM/UIM Coverage** with your agent/producer if you have any questions.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

Please initial only one option below:

_____ FULL SELECTION:

I select UM/UIM Coverage in excess of my underlying "bodily injury" coverages. By selecting this option I understand an additional premium will be charged.

Please Select a desired limit:

\$1,000,000 \$2,000,000 (where available)

_____ STANDARD LIMIT:

I select the standard UM/UIM Coverage (\$25,000) that comes with my Umbrella Policy. By selecting this option I understand that there is no additional premium.

Signature: _____ Date: _____

Last	First	Middle	Producer _____	
NAME			Producer Code _____	
ADDRESS Number & Street City State, Zip			Agt/Brkr Lic # _____	
GARAGING ADDRESS (if different)			Address _____ City _____ E-Mail _____	
POLICY From: _____ To: _____		Renuws Policy Number _____		Tel: _____ Fax: _____
PERIOD / /20 / /20				
UMBRELLA COVERAGES		PREMIUMS		Retail Agent
Application for Primary Umbrella <input type="checkbox"/>		BASIC	\$	Retail _____
Application for Excess Umbrella <input type="checkbox"/>		RESIDENCES	\$	Retail Agent Code _____
POLICY AMOUNT	RETENTION	AUTOMOBILES		Agt/Brkr Lic # _____
\$ MILLION	NONE	RECREATIONAL VEHICLES		Address _____
INCREASED UM: \$1,000,000 or \$2,000,000		WATERCRAFT		City _____
ID THEFT COVERAGE: Y or N		OTHER		E-Mail _____
		TOTAL	\$	

PRIMARY UMBRELLA INFORMATION:

Underlying Umbrella Carrier: _____ Underlying Umbrella Limit: \$ _____

PRIMARY POLICY INFORMATION:
OPERATOR INFORMATION: LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT

#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	Majors (3 Yrs)	MINOR (3 Yrs)	Accidents (note fault) (3 Yrs)	Non-Chargeable violations (3 Yrs)
1								
2								
3								
4								
5								

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	# UNITS/ACRES	Underlying Carrier	Underlying Limit	OCCUPANCY Type
1					
2					
3					
4					
5					

AUTOMOBILES AND RECREATIONAL VEHICLES: LIST ALL OWNED OR LEASED AUTOMOBILES, MOTORHOMES, MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, GOLFCARTS, ETC.

#	YEAR	MAKE & MODEL	VEHICLE TYPE	UNDERLYING CARRIER	UNDERLYING LIABILITY LIMITS	UNDERLYING UM/UIM LIMITS
1						
2						
3						
4						
5						

WATERCRAFT: LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE.

#	YEAR	TYPE, MANUFACTURER, MODEL	LNTH:	H.P.	MAX SPEED	UNDERLYING CARRIER	UNDERLYING LIABILITY LIMITS
1			FT.				
2			FT.				
3			FT.				
4			FT.				
5			FT.				

PRIOR EXPERIENCE:

PRIOR CARRIER & POLICY #

ANY PENDING LITIGATION, OPEN OR CLOSED CLAIM ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING \$25,000, 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"/>	10	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"/>	11	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"/>	12	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"/>	13	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"/>	14	Any animals in the household? Please list b including breed, bite history, fighting or security training, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you employ any residence employees?	<input type="checkbox"/>	<input type="checkbox"/>	15	Any land used for hunting?	<input type="checkbox"/>	<input type="checkbox"/>
7	Any applicant convicted of insurance fraud (ineligible) or a Felony (referral)?	<input type="checkbox"/>	<input type="checkbox"/>	16	Any swimming pools? Please specify fenced or unfenced, diving boards or slides	<input type="checkbox"/>	<input type="checkbox"/>
8	Any applicant considered a high profile risk such as politicians, entertainers and professional athletes? (Referral)	<input type="checkbox"/>	<input type="checkbox"/>	17	Any excluded drivers on the primary policy?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any applicants currently insured with Hudson Insurance Group? If so, please provide the policy number(s).	<input type="checkbox"/>	<input type="checkbox"/>	18	Any other underwriting information of which Company should be aware?	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:				19	Do you hold any non-remunerative positions?	<input type="checkbox"/>	<input type="checkbox"/>

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.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant's Signature _____ Time: _____ Date: _____

Agent/Broker Signature _____ Date: _____

Scheduled Items (Cont.)

#	Locations:	Units/Acres	Underlying Carrier	Underlying limit	Occupancy Type
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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#	YEAR	MAKE & MODEL	VEHICLE TYPE	UNDERLYING CARRIER	UNDERLYING LIABILITY LIMITS	UNDERLYING UM/UIIM LIMITS
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						