Reset

HUDSON INSURANCE GROUP®

Quote Date:

COMPREHENSIVE PERSONAL LIABILITY APPLICATION

Producer's Information **Producer Reference #** **Email** **Telephone** **Fax**	**Retail Agent's Information** **Email** **Telephone** **Fax**
Insured Name	**Mailing Address**
Policy Term	
From:	To:

Requested Limit Of Liability (Each Occurrence):		**Identity Theft Coverage:**	**Medical Payments:**	**Personal Cyber Liability:**
☐ $100,000	☐ $2,000,000	☐ None	☐ $1,000	☐ None
☐ $300,000	☐ $3,000,000	☐ $25,000	☐ $2,000	☐ $25,000
☐ $500,000	☐ $4,000,000		☐ $5,000	☐ $50,000
☐ $1,000,000	☐ $5,000,000			

***Number of in servants - works inside the home (CA Admitted Only):**	***Number of out servants - works outside the home (CA Admitted Only):**

* "Residence Employee" is covered if during the ninety (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 fifty-two (52) hours; and
2. earned no less than one hundred dollars ($100) in wages.

EMPLOYMENT	
Occupation*:	
Employers Name:	
Spouse's/Other's occupation*:	
Employers Name:	

*Prior Occupation If Retired/If Self Employed Name Of Business

SCHEDULED LOCATIONS			
Residence Schedules (Insured/Applicant Occupied Only) Location Address	Usage Primary, Secondary, Seasonal,	Owner/ Applicant Occupied (Y/N)	Pool? (Y/N)

Rental Schedules (Non-Owner Occupied regardless of rent collected) Location Address	Number of Units	Pool? (Y/N)

Land Schedules Location Address	Number of Acres	Number of Parcels	Pool? (Y/N)

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, author, artist, TV/Movie producer 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 (referral)? 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?	☐	☐	

GENERAL INFORMATION Explain all "Yes" responses in remarks				
		Yes	**No**	**Explanation for "Yes" response**
8.	Any land used for hunting?	☐	☐	
9.	Any other underwriting information or exposures that may increase liability including but not limited to vineyards, zip lines, skateboard ramps, broken railings, student housing?	☐	☐	
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 for their operation.	☐	☐	
11.	Any locations undergoing construction or plans for construction?	☐	☐	
12.	Any locations owned by an LLC or Trust?	☐	☐	
13.	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, or any closed non-auto liability claim regardless of payout.	☐	☐	
14.	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 market place, carrier becoming insolvent, or no longer offering coverage due to brush clearance?	☐	☐	

GENERAL INFORMATION Explain all "Yes" responses in remarks				
		Yes	**No**	**Explanation for "Yes" response**
15.	Any other underwriting information of which the Company should be aware?	☐	☐	
16.	Any locations which are 6,000 to 10,000 square feet?	☐	☐	
17.	Any locations which are 10,001 or more square feet?	☐	☐	
18.	Any of the Owner Occupied Location(s) have a Boat Dock?	☐	☐	
19.	Any Long Term Rental location(s) with a boat dock?	☐	☐	
20.	Any Short Term Rental(s) with a boat dock only?	☐	☐	
21.	Any Vacant Land with boat dock?	☐	☐	

GENERAL INFORMATION Explain all “Yes” responses in remarks				
		Yes	**No**	**Explanation for “Yes” response**
22.	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 in a 90 day period? (California only)	☐	☐	
23.	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 and punishment for insurance fraud 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.

Notice To Oregon 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which may be 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.

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:	Date
Agent/Broker Signature	Date