

HUDSON SPECIALTY INSURANCE COMPANY

COMPREHENSIVE EXCESS PERSONAL LIABILITY APPLICATION

Date: _____

Producer's Name, Address and Phone Number _____ _____ _____ _____ CODE _____ POLICY TERM → _____ Inception (Mo, Day, Yr.) Expiration (Mo, Day, Yr.) Years		Applicant's Name and Mailing Address (include county & ZIP) _____ _____ _____ _____ _____ 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.			
4.			
5.			
UNDERLYING CARRIER _____		POL #: _____ LIMITS: _____	
COVERAGES/LIMITS OF LIABILITY Personal Each Occurrence \$ _____		DEDUCTIBLE \$250	
RATING/UNDERWRITING Yr Built Structure Type Usage Type #Families # Weeks Rented # Apts			
General Information Explain all "Yes" responses in remarks		General Information Explain all "Yes" responses in remarks	
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?			

PLEASE COMPLETE NEXT PAGE

LOSS HISTORY Date	ANY LOSSES DURING THE LAST 5 YEARS? Type	<input type="checkbox"/> Yes <input type="checkbox"/> No Description of Loss	IF YES, INDICATE BELOW	AMOUNT
----------------------	---	---	------------------------	--------

--	--	--	--	--

PRIOR COVERAGE		Prior Policy Number	Amount of Coverage
----------------	--	---------------------	--------------------

REMARKS

APPLICANT'S STATEMENT; I HAVE READ THE ABOVE APPLICATION AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF 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