

**HCC SPECIALTY UNDERWRITERS, INC.**

A SUBSIDIARY OF HCC INSURANCE HOLDINGS, INC.

401 Edgewater Place, Suite 400, Wakefield, Massachusetts 01880 Telephone: (781) 994-6000 Facsimile: (781) 994-6001 www.hccsu.com



**CRITICAL ASSET PROTECTION APPLICATION**

1. Name of Company applying for Insurance: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. What is the business of the Applicant and how long engaged therein?

\_\_\_\_\_

3. Name of person to be insured: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

5. Occupation of the proposed Insured Person: \_\_\_\_\_

6. Describe proposed Insured Person's responsibilities to the Applicant and attach a copy of the employment contract with the proposed Insured Person (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Period of coverage required: From: \_\_\_\_\_  
month day year

To: \_\_\_\_\_  
month day year

8. Amount of insurance desired: \$ \_\_\_\_\_

9. Attach justification of the amount of insurance desired and provide an explanation below of how the dollar amount was calculated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Does the Applicant currently have or plan to purchase any life or disability insurance on the proposed Insured Person? yes \_\_\_ no \_\_\_ If yes, provide name of insurer(s), details of coverage(s), benefit amounts(s) and policy term(s):

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11. Is the proposed Insured Person suffering from any physical, psychological or other medical conditions? Is the Insured Person undergoing any form of treatment, medical or otherwise? Is the Insured Person following any prescribed medical regime? yes \_\_\_ no \_\_\_ If answered yes to any of these questions, please provide full details:

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12. Within the past 2 years, has the proposed Insured Person had any injury or illness which has caused him or her discomfort or pain for which he or she sought medical advice or treatment? yes \_\_\_ no \_\_\_ If yes, provide details and please attach copy of most recent medical exam:

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13. Within the past 2 years, has the proposed Insured Person suffered any injury or illness which has caused him or her discomfort or pain for which he or she has not yet sought medical advice or treatment? yes \_\_\_ no \_\_\_ If yes, provide details:

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14. Has any Life, Health or Accident insurer ever cancelled, declined to accept an application or renewal, or only accepted, renewed or quoted on special rates, terms or conditions, any insurance on the proposed Insured Person? yes \_\_\_ no \_\_\_ If yes, provide reason(s) for declination, special terms and/or conditions:

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15. Has the proposed Insured Person ever made any claim(s) against an insurer for disability resulting from illness or injury? yes \_\_\_\_\_ no \_\_ If yes, provide the name of insurer(s), date of claim(s), nature of claim(s) and amount of benefit(s) received:

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16. Has the proposed Insured Person within the last 3 years participated in or does the proposed Insured Person intend to participate in scuba diving, piloting, parachuting, sky diving, skiing, any type of water sports, any form of motor racing or any other similar sport or activity? yes \_\_\_ no\_\_\_\_\_ If yes, provide details of activity and/or sport and frequency:

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17. Will the proposed Insured Person undertake foreign travel? yes \_\_\_ no \_\_\_ If yes, please provide details:

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18. Are there any other material facts or items of information with regard to the proposed Insured Person that should be disclosed?

A material fact is one likely to influence the company in determining:

- a. whether or not to accept the risk,
- b. the premium,
- c. any conditions, exclusions and limitations.

yes \_\_\_ no \_\_\_ If yes, please provide full details:

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I warrant that I do not know of any physical and/or medical impairment(s) which would affect the insurability of the proposed Insured Person, other than those noted in question numbers 11, 12, 13, 14 and 15 above and the proposed Insured Person is fit to engage in his or her Intended Occupation or Occupation and/or fulfill his or her contractual obligation to the Applicant. I have seen and understood the general conditions and exceptions pertaining to this Insurance.

To the best of my knowledge and belief the information provided in this Application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the insurance.

I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy. I agree to advise Underwriters of any change in the information detailed in this Application which takes place prior to inception of the Insurance.

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Signature of Applicant	Name and Title
Date: _____	Signed at: _____ City / State

Agent/Broker Signature: \_\_\_\_\_