



**Surplus
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P O Box 749

South Bend IN 46624-0749



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
	INDICATE SECTIONS ATTACHED	EQUIPMENT FLOATER	GARAGE AND DEALERS	
PHONE (A/C, No, Ext):	PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
FAX (A/C, No):	GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	
E-MAIL ADDRESS:	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
CODE:	CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	
AGENCY CUSTOMER ID:	TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER		

STATUS OF TRANSACTION**PACKAGE POLICY INFORMATION**

QUOTE <input type="checkbox"/>	ISSUE POLICY <input type="checkbox"/>	RENEW <input type="checkbox"/>	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.		
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN
CHANGE	DATE	TIME			DIRECT BILL
CANCEL					AGENCY BILL
					AUDIT

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
		PHONE (A/C, No, Ext):				
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):		
INDIVIDUAL <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	SUBCHAPTER "S" CORPORATION <input type="checkbox"/>	LLC <input type="checkbox"/>	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
PARTNERSHIP <input type="checkbox"/>	JOINT VENTURE <input type="checkbox"/>	NOT FOR PROFIT ORG <input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS			
INSPECTION CONTACT			ACCOUNTING RECORDS CONTACT			
PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	PART OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)					

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



DATE (MM/DD/YY)

UMBRELLA / EXCESS SECTION

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/> DIRECT BILL	PAYMENT PLAN	AUDIT
	FAX (A/C, No):				<input type="checkbox"/> AGENCY BILL		
CODE:	SUBCODE	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID:							

POLICY INFORMATION

TRANSACTION TYPE			LIMIT OF LIABILITY		RETAINED LIMIT
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	\$	EACH OCCURRENCE	\$
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE			
EXPIRING POL #:			RETROACTIVE DATE		
			PROPOSED	CURRENT	
			\$		FIRST DOLLAR DEFENSE <input type="checkbox"/> YES <input type="checkbox"/> NO

PRIMARY LOCATION AND SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL

UNDERLYING INSURANCE

LIST ALL LIABILITY/COMPENSATION POLICES IN FORCE TO APPLY AS UNDERLYING INSURANCE

TYPE	CARRIER/POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RE-NEWAL PREMIUM	+ RATING MOD
AUTOMOBILE LIABILITY				CSL EA. ACC. \$	\$	
				BI EA. ACC. \$	\$	
				BI EA. PER. \$	\$	
				PD EA. ACC. \$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$	PREM/OPS	
				GENERAL AGGR \$	\$	
				PROD & COMP OPS AGGREGATE \$	PRODUCTS	
				PERSONAL & ADV INJURY \$	\$	
				DAMAGE TO RENTED PREMISES \$	OTHER	
				MEDICAL EXPENSE \$	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT \$	\$	
				DISEASE EACH EMPLOYEE \$		
				DISEASE POLICY LIMIT \$		

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1	ARE DEFENSE COSTS: <input type="checkbox"/> WITHIN AGGREGATE LIMITS? <input type="checkbox"/> A SEPARATE LIMIT? <input type="checkbox"/> UNLIMITED?
2	INDICATE THE EDITION DATE OF THE ISO SIMPLIFIED FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:
3	HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
4	FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:
5	FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:
6	FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? <input type="checkbox"/> YES, EFFECTIVE DATE: <input type="checkbox"/> NO

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/> ANY AUTO (SYMBOL 1)	<input type="checkbox"/> CARE, CUSTODY, CONTROL	<input type="checkbox"/>	<input type="checkbox"/> PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/> CGL - CLAIMS MADE	<input type="checkbox"/> EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	<input type="checkbox"/> VENDORS LIABILITY	<input type="checkbox"/>
<input type="checkbox"/> CGL - OCCURRENCE	<input type="checkbox"/> FOREIGN LIABILITY/TRAVEL	<input type="checkbox"/>	<input type="checkbox"/> WATERCRAFT LIABILITY	<input type="checkbox"/>
COVERAGE	<input type="checkbox"/> GARAGEKEEPERS LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPOSURE	<input type="checkbox"/> INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AIRCRAFT LIABILITY	<input type="checkbox"/> LIQUOR LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	<input type="checkbox"/> POLLUTION LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ADDITIONAL INTERESTS		<input type="checkbox"/>		<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; E.G. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE - ATTACH SEPARATE SHEET IF NECESSARY)

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST 5 YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING - ATTACH SEPARATE SHEET IF NECESSARY)

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC	OCCUPANCY/DESCRIPTION OF PERSONAL PROPERTY
	<input type="checkbox"/> REAL <input type="checkbox"/> PERSONAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE. [B] HAS A WAIVER OF SUBROGATION. [C] IS A NAMED INSURED IN THE FIRE POLICY . [D] OTHER (specify)								

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES. PROVIDE OTHER INFORMATION REQUIRED	YES	NO	EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	YES	NO	
ADVERTISERS LIABILITY			POLLUTION LIABILITY EPA#:			
1. MEDIA USED: ANNUAL COST: \$			20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS	<input type="checkbox"/>	<input type="checkbox"/>	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	<input type="checkbox"/>	<input type="checkbox"/>	21. INDICATE THE COVERAGES CARRIED: <input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION <input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY <input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT <input type="checkbox"/> SEPARATE POLLUTION COVERAGE			
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	<input type="checkbox"/>	<input type="checkbox"/>				
AIRCRAFT LIABILITY				PRODUCT LIABILITY		
4. DOES APPLICANT OWN/LEASE/OPERATE AIRCRAFT?	<input type="checkbox"/>	<input type="checkbox"/>		22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED/INSTALLED IN AIRCRAFT?	<input type="checkbox"/>	<input type="checkbox"/>
AUTO LIABILITY			23. ARE FOREIGN PRODUCTS DISTRIBUTED IN U.S.?			
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	<input type="checkbox"/>	<input type="checkbox"/>	24. ARE U.S. PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?	<input type="checkbox"/>	<input type="checkbox"/>	
6. ARE PASSENGERS CARRIED FOR A FEE?	<input type="checkbox"/>	<input type="checkbox"/>	25. PRODUCT LIABILITY LOSS IN PAST 3 YEARS? (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	<input type="checkbox"/>	<input type="checkbox"/>	26. GROSS SALES FROM EACH OF LAST 3 YEARS: \$ \$ \$			
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	PROTECTIVE LIABILITY			
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>	27. DESCRIBE INDEPENDENT CONTRACTORS (ATTACH SEPARATE SHEETS):			
CONTRACTORS LIABILITY			WATERCRAFT LIABILITY			
10. IS BRIDGE, DAM OR MARINE WORK PERFORMED?	<input type="checkbox"/>	<input type="checkbox"/>	28. DOES APPLICANT OWN OR LEASE WATERCRAFT?	<input type="checkbox"/>	<input type="checkbox"/>	
11. DESCRIBE TYPICAL JOBS PERFORMED (ATTACH SEPARATE SHEETS):			# OWNED	LENGTH	HORSEPOWER	
12. DESCRIBE AGREEMENT (ATTACH SEPARATE SHEETS):			APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS			
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	<input type="checkbox"/>	<input type="checkbox"/>	# STORIES	# UNITS	# SWIMMING POOLS	
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	<input type="checkbox"/>	<input type="checkbox"/>			# DIVING BOARDS	
EMPLOYERS LIABILITY			19. INDICATE # OF DOCTORS: NURSES: BEDS:			
15. IS APPLICANT SELF-INSURED IN ANY STATE?						
16. SUBJECT TO: <input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:						
INCIDENTAL MALPRACTICE LIABILITY						

REMARKS

VEHICLES

	TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 200 MI
	PRIVATE PASSENGER							
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX. HEAVY							
TRUCKS/TRACTORS	HEAVY							
	EX. HEAVY							
	BUSES							

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA insurance benefits may also be denied).

APPLICABLE ONLY IN INDIANA, LOUISIANA AND NEW HAMPSHIRE: OTHER STATE: _____

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) [AND UNDERINSURED MOTORISTS (UIM) IN INDIANA] COVERAGE IN MY STATE, I ACKNOWLEDGE THAT (UM) [AND UIM IN INDIANA] COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM OR UIM [IN] LIMITS EQUAL TO MY LIABILITY LIMITS, UM OR UIM [IN] LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM OR UIM [IN] COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. _____ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

APPLICABLE ONLY IN INDIANA:

1. I SELECT UM LIMITS INDICATED ON THIS APPLICATION. _____ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

APPLICABLE ONLY IN VERMONT:

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UM COVERAGE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

APPLICANT'S SIGNATURE	DATE
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