



# 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 NOT FOR PROFIT ORG <input type="checkbox"/>	LLC <input type="checkbox"/>	CR BUREAU NAME	ID NUMBER
PARTNERSHIP <input type="checkbox"/>	JOINT VENTURE <input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS			DATE BUS STARTED
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	
<b>GENERAL LIABILITY</b>	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																	
<b>AUTOMOBILE</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	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

<b>REMARKS</b>	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	<b>ATTACHMENTS</b>
		STATE SUPPLEMENT(S) (If applicable)

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.



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	FAX (A/C, No):					
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
AGENCY CUSTOMER ID:		FOR COMPANY USE ONLY				

**COVERAGES****LIMITS**

<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (each occurrence) \$ MEDICAL EXPENSE (Any one person) \$ EMPLOYEE BENEFITS \$	PREMIUMS PREMISES/OPERATIONS PRODUCTS OTHER TOTAL
<b>DEDUCTIBLES</b> PROPERTY DAMAGE \$ BODILY INJURY \$ PER CLAIM PER OCCURRENCE			
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)			

**SCHEDULE OF HAZARDS**

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

**RATING AND PREMIUM BASIS**  
 (S) GROSS SALES - PER \$1,000/SALES    (P) PAYROLL - PER \$1,000/PAY    (C) TOTAL COST - PER \$1,000/COST    (U) UNIT - PER UNIT  
 (A) AREA - PER 1,000/SQ FT    (M) ADMISSIONS - PER 1,000/ADM    (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)****EMPLOYEE BENEFITS LIABILITY**

1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:
REMARKS	REMARKS

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:		

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							

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).



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**P R O D U C T   L I A B I L I T Y   Q U E S T I O N N A I R E**

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<b>PRODUCER:</b> _____
<b>APPLICANT:</b> _____

<b>TYPE OF ENTITY:</b> (Please select one)	
<b>Manufacturer:</b> <input type="checkbox"/> (Manufacturing/creation of some or all component parts/ingredients)	<b>Assembler:</b> <input type="checkbox"/> (Assembly of modular component parts manufactured/created by others)
<b>Re-label Only:</b> <input type="checkbox"/> (Applicant does not manufacture, create, assemble or re-package product)	<b>Re-package Only:</b> <input type="checkbox"/> (Applicant does not manufacture, create or assemble product)
<b>Other:</b> <input type="checkbox"/> Please describe "Other": _____	<b>Distribution Only:</b> <input type="checkbox"/> (Applicant does not manufacture, create, assemble, re-label or re-package product)

<b>PRODUCT INFORMATION</b>	
<b>Product Name and Brief Description:</b> _____	
<b>Intended Purpose/Use:</b> _____	
<b>Anticipated Useful Life:</b> _____	
<b>Component</b> (in another product) <input type="checkbox"/>	<b>End-Product</b> (ready for consumption/utilization) <input type="checkbox"/>
<b>If component, please describe role in final product.</b>	
<b>If end-product, please describe its major component parts</b> (Type; purpose; supplier; foreign or domestic US origin; testing; record-keeping; Applicant's contractual protections/recourse against supplier; supplier's insurance):	
<b>Does Applicant DESIGN product?</b> (If yes, please describe)    Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
<b>End-User of Product:</b>	
Consumer: <input type="checkbox"/>	Commercial: <input type="checkbox"/>
Scientific: <input type="checkbox"/>	Charity: <input type="checkbox"/>
Industrial: <input type="checkbox"/>	Government: <input type="checkbox"/>
	Military: <input type="checkbox"/>

<b>Sales:</b>							
Current Year:	\$	_____	Units	1 <sup>st</sup> Prior Year:	\$	_____	Units
Projected:	\$	_____	Units	2 <sup>nd</sup> Prior Year:	\$	_____	Units
				3 <sup>rd</sup> Prior Year:	\$	_____	Units
% Domestic:		_____		4 <sup>th</sup> Prior Year:	\$	_____	Units
% Foreign:		_____		5 <sup>th</sup> Prior Year:	\$	_____	Units

<b>Please Fully Describe:</b>	
<b>Any possible use in aircraft, vehicles, medical field, diagnostics, security, military:</b>	
_____	
<b>Awareness of Any Known Defects:</b>	
_____	
<b>Any Product Recalls:</b>	
_____	
<b>Any Product Tampering:</b>	
_____	
<b>Flammability / Combustibility / Radioactivity:</b>	
_____	
<b>Ingested or Invasive to the Body:</b>	
_____	
<b>Prescription Required:</b>	
_____	
<b>Certifications / Evaluations:</b>	
_____	
<b>Certification Denied / Negative Evaluations:</b>	
_____	
<b>Guarantees and Warranties:</b>	
_____	
<b>Warning Labels:</b>	
_____	
<b>Instructions:</b>	
_____	
_____	



<b><u>INSURANCE COVERAGE</u></b>				
<b>Policy Period</b>	<b>Prior Carrier</b>	<b>Occ. - C/M</b>	<b>Limits</b>	<b>Terms</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Please Fully Describe:</b>				
<b>Insurance of Others that may be Accessed in Event of a Claim:</b> _____				
<b>Vendors Coverage Requested:</b> _____				

<b><u>LOSS AVOIDANCE &amp; CONTROL</u></b>	
<b>Please Fully Describe:</b>	
<b>Applicant's Safety Plans:</b>	_____
<b>Defective or Damaged Product Procedures:</b> _____	
<b>Component Part Procedures:</b> _____	
<b>Record Retention for All Aspects of the Applicant's Operations:</b> _____	

<b><u>ADDITIONAL INFORMATION</u></b>	
<b>Is Applicant now, or was Applicant ever part of a joint venture for product design, manufacture, assembly, packaging, or labeling?</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>If Yes, Please Fully Describe:</b>	
<b>Please Fully Describe:</b>	
<b>Any prior Products Marketed / Discontinued:</b> _____	
<b>Any Named Insured Inter-party / Inter-Company Sales:</b> _____	
<b>Merger / Acquisition Activity:</b> _____	

ANY PERSON WHO KNOWINGLY SUBMITS A QUESTIONNAIRE FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS ANY MATERIAL FACT PERTINENT TO THE INSURANCE THAT IS THE SUBJECT OF THIS QUESTIONNAIRE COMMITS A FRAUDULENT ACT WHICH COULD LEAD TO DENIAL OF INSURANCE PROTECTION AND SEVERE CRIMINAL AND CIVIL PENALTIES.

I attest that I understand the above statement and that this Questionnaire has been completed as accurately as possible.

Applicant's Signature: \_\_\_\_\_  
 Name & Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_  
 Name & Title: \_\_\_\_\_  
 Date: \_\_\_\_\_