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

STATUS OF TRANSACTION

	QUOTE		ISSUE POLICY		RENEW
	BOUND (Give Date and/or Attach Copy):				
	CHANGE	DATE	TIME		AM
	CANCEL				PM

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		DIRECT BILL		
		AGENCY BILL		

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	CORPORATION	SUBCHAPTER "S" CORPORATION	LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
PARTNERSHIP	JOINT VENTURE	NOT FOR PROFIT ORG	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 OUTSIDE	OWNER TENANT				
			INSIDE OUTSIDE	OWNER TENANT				

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

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?					
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					
4. ANY CATASTROPHE EXPOSURE?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		

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

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					
COMMERCIAL GENERAL LIABILITY	CARRIER					
	POLICY NUMBER					
	POLICY TYPE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE	CLAIMS MADE / OCCURRENCE
	RETRO DATE					
	EFF-EXP DATE					
	LIMITS: GENERAL AGGREGATE					
	LIMITS: PRODUCTS COMP OP AGGREGATE					
	LIMITS: PERSONAL & ADV INJ					
	LIMITS: EACH OCCURRENCE					
	LIMITS: FIRE DAMAGE					
	LIMITS: MEDICAL EXPENSE					
	LIMITS: BODILY INJURY OCCURRENCE					
	LIMITS: BODILY INJURY AGGREGATE					
	LIMITS: PROPERTY DAMAGE OCCURRENCE					
	LIMITS: PROPERTY DAMAGE AGGREGATE					
	LIMITS: COMBINED SINGLE LIMIT					
	MODIFICATION FACTOR					
	TOTAL PREMIUM					
AUTOMOBILE LIABILITY	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
	EFF-EXP DATE					
	COMBINED SINGLE LIMIT					
	BODILY INJURY EA PERSON					
	BODILY INJURY 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					
	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) ☐ CHK HERE IF NONE ☐ SEE ATTACHED LOSS SUMMARY

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

☐ 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:	FOR COMPANY USE ONLY
AGENCY CUSTOMER ID:		

EFFECTIVE DATE	EXPIRATION DATE			PAYMENT PLAN	AUDIT
		☐	DIRECT BILL		
		☐	AGENCY BILL		

COVERAGES / LIMITS

☐	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	$
☐	☐ CLAIMS MADE ☐ OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$
☐	OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY	$
☐		EACH OCCURRENCE	$
	DEDUCTIBLES	DAMAGE TO RENTED PREMISES (each occurrence)	$
☐	PROPERTY DAMAGE $	MEDICAL EXPENSE (Any one person)	$
☐	BODILY INJURY $ ☐ PER CLAIM	EMPLOYEE BENEFITS	$
☐	$ ☐ PER OCCURRENCE		

PREMIUMS	
PREMISES/OPERATIONS	
PRODUCTS	
OTHER	
TOTAL	

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
(A) AREA - PER 1,000/SQ FT
(C) TOTAL COST - PER $1,000/COST
(M) ADMISSIONS - PER 1,000/ADM
(U) UNIT - PER UNIT
(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

	YES	NO
1. PROPOSED RETROACTIVE DATE:		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?		
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		

REMARKS

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: $
2. NUMBER OF EMPLOYEES:
3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. RETROACTIVE DATE:

REMARKS

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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 INSUREDS?		

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?		
			13. ANY DEMOLITION EXPOSURE CONTEMPLATED?		
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?		
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)			15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		
			16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?		
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?			17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?			18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?					
7. ANY PARKING FACILITIES OWNED/RENTED?			19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?		
8. IS A FEE CHARGED FOR PARKING?					
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).

Surplus Insurance Brokers Agency Inc.

Call 800-342-5706
Fax 800-578-7758 ▪ www.surplusins.com
Email quotes: submit@surplusins.com
P O Box 749, South Bend IN 46624-0749

SCHOOLS—PRIVATE, TECHNICAL, TRADE AND VOCATIONAL SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. **Type of School:**
   - ☐ Private Grade School
   - ☐ Private Middle School
   - ☐ Private High School
   - ☐ Technical
   - ☐ Trade
   - ☐ Vocational
   - ☐ Alternative/Reform
   - ☐ Charter
   - ☐ Correspondence
   - ☐ Dental
   - ☐ Preschool
   - ☐ Medical
   - ☐ Military
   - ☐ Public

   If technical, trade or vocational, what trades are taught? _____

2. **Total number of students enrolled:** _____ Students' ages range from _____ to _____
   Average daily attendance: _____ Percentage of students physically or mentally impaired: _____

3. **Annual gross receipts from all operations** (include tuition fees, food receipts, clothing, equipment sales, etc.): _____

4. **Teachers Errors and Omissions limits:** (Limits may be provided up to the GL limits)
   $_____ Each Claim $_____ Aggregate Total number of Teachers: _____

5. **Month(s) and Hour(s) of operation(s):** _____

6. **Indicate if instruction, training or certification is provided for any of the following:**
   - ☐ Aviation
   - ☐ Cheerleading
   - ☐ Cosmetology
   - ☐ Dance
   - ☐ Driving
   - ☐ Firearm
   - ☐ Gymnastic
   - ☐ Other: _____
   - ☐ Hazardous Material
   - ☐ Martial Arts
   - ☐ Safety
   - ☐ Scuba and Skin Diving
   - ☐ Sports or Recreation
   - ☐ Swimming and/or Diving

7. **Describe all operations on premises (wood shop, metalworking, shop, gymnasium, athletic facilities and grandstands):** _____

8. **Cosmetology schools: Identify all operations taught:** _____

9. **Identify protective equipment used for any of the above activities/operations:** _____

10. **Describe any school sponsored sports teams or sporting events:** _____

11. **Are students or their parents required to sign liability waivers?** ..... ☐ Yes ☐ No
    If yes, please attach a copy of the waiver wording that is used.

12. **Any buildings over six stories?** ..... ☐ Yes ☐ No
    If yes, advise: _____

13. **Any prior losses due to mold?** ..... ☐ Yes ☐ No
    If yes, has one hundred percent (100%) remediation occurred? ..... ☐ Yes ☐ No

14. **Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?** ..... ☐ Yes ☐ No

15. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** ..... ☐ Yes ☐ No
    If yes, describe: _____

SCHOOL SPONSORED ACTIVITIES

16. **Describe any school sponsored exhibitions (an exhibition for this purpose is an event sponsored by you, open to the public, where the participants are limited to members of the school or club):** _____

17. **Describe any off-site activities:** _____

SCHOOL POLICIES/SECURITY

18. **Are all teachers properly licensed/registered per state regulations?** ..... ☐ Yes ☐ No
    If no, please explain: _____

19. **Are background checks completed for all teachers and employees in compliance with state regulations?** ..... ☐ Yes ☐ No
    If no, please explain: _____

20. **Does the school have a formal discipline program for students?** ..... ☐ Yes ☐ No
    If yes, please provide a copy of the program.

21. **Does the school have a "zero tolerance" policy regarding violent behavior?** ..... ☐ Yes ☐ No
    If yes, please provide a copy of any written policy.

22. **Does the school have a policy regarding visitors to school premises?** ..... ☐ Yes ☐ No
    If yes, please provide a copy of any written policy.

23. **Do school security systems include any of the following:**
    - ☐ doorbell at main entrance
    - ☐ remote release mechanism to open door(s)
    - ☐ security cameras
    - ☐ self-locking door(s)
    - ☐ video monitors
    - ☐ presence of security guards

24. Is there a security guard on premises? ..... ☐ Yes ☐ No

If yes:

a. How many guards are employees of the school? _____

Are employed guards armed? ..... ☐ Yes ☐ No

b. How many guards contracted through a security firm? *_____

Are contracted guards armed? ..... ☐ Yes ☐ No

*For contracted security guards, a certificate of insurance and applicant named as an Additional Insured is required. If these requirements are not met, security guards are rated as employees at the appropriate security guard rate.

c. Are guards licensed and employee background checks done as required by state or federal agencies? ..... ☐ Yes ☐ No

d. Are armed guards certified for use of firearms by the appropriate state agency or firearms certification school? ..... ☐ Yes ☐ No

e. Explain the security guard's legal powers and restrictions as respects arrests, searches and use of weapons**.**

_____

_____

_____

f. Does the security guard work in conjunction with **local police** during their shift when apprehending fugitives? ..... ☐ Yes ☐ No

NON-SCHOOL BUSINESS

25. Does the school have other business ventures for which coverage is not requested?..... ☐ Yes ☐ No

If yes, explain business venture(s) and name of insurer: _____

_____

_____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO 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 OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

PRODUCER'S ADDRESS: _____

PRODUCER'S LICENSE NUMBER: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.