

AFFINITY PRO PORTFOLIO APPLICATION

TRADE ASSOCIATION – PROFESSIONAL LIABILITY
 NOT-FOR-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY INSURANCE
 EMPLOYMENT PRACTICES LIABILITY INSURANCE
 FIDUCIARY LIABILITY IN SURANCE
 WORKPLACE VIOLENCE COVERAGE
 INTERNET LIABILITY INSURANCE
 CRIME INSURANCE
 PROFESSIONAL LIABILITY
 BUSINESSOWNERS POLICY

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY
 PLEASE READ YOUR POLICY CAREFULLY

Instructions:

- Whenever used in this Application the term **Applicant** shall mean the Parent Organization and its wholly-owned/controlled subsidiaries.
- The **Applicant** is required to complete Sections 1, 2, and 10.
- The **Applicant** should complete all applicable Section(s) for which coverage is desired. (See chart below)

Check Coverage Desired	Section	Requested Limit	Requested Retention
<input type="checkbox"/> General Information	1	\$	\$
<input type="checkbox"/> Directors & Officers	2	\$	\$
<input type="checkbox"/> Employment Practices	3	\$	\$
<input type="checkbox"/> Fiduciary Liability	4	\$	\$
<input type="checkbox"/> Workplace Violence	5	\$	\$
<input type="checkbox"/> Internet Liability	6	\$	\$
<input type="checkbox"/> Professional Liability	7	\$	\$
<input type="checkbox"/> Crime	8	\$	\$
<input type="checkbox"/> Businessowners Policy	9	\$	\$
<input type="checkbox"/> General Summary	10	\$	\$

SECTION 1 – GENERAL INFORMATION
(All Applicants must complete this section)

1. Name of Parent Organization: _____
2. Address: _____
 Telephone: (____) _____ Internet Address: www. _____
3. Date Established: _____ State of Incorporation: _____
4. Standard Industrial Classification (SIC) #: _____
- 4a. Federal Employer Identification (FEIN) #: _____
5. Please describe the nature of the **Applicant's** operations:

6. Does the **Applicant** have tax-exempt status under the U.S. Internal Revenue Code? Yes No **If no, provide an explanation.**

7. The officer of the **Applicant** designated to receive any and all notices from the **Underwriter** or their authorized representative concerning this insurance is:

Name	Title	E-mail Address
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8. Number of Members: _____ Number of Chapters: _____

Please attach details for all "YES" answers to questions 9 – 12.

9. Does the **Applicant** publish any magazines, periodicals or newsletters? Yes No

10. Is the **Applicant** involved in product research, product development, testing and/or certification? Yes No

11. Does the **Applicant** set standards for the qualification and performance and/or certify its members?
 Yes No

12. Does the **Applicant** engage in any disciplinary actions as a result of peer review activities? Yes No

13. FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
TOTAL ASSETS:	\$ _____	\$ _____
NET ASSETS / FUND BALANCE:	\$ _____	\$ _____
ANNUAL REVENUE:	\$ _____	\$ _____
NET REVENUE:	\$ _____	\$ _____

Please attach the most recent annual financial audit or Form 990.

**SECTION 2 – DIRECTORS AND OFFICERS
 (All Applicants must complete this section)**

1. Directors and Officers Liability Insurance has been continuously in force since: _____

2. Provide a list of all direct and indirect subsidiaries or any other entity or organization the **Applicant** controls:

<u>Name / Type of Business</u>	<u>Percent the Applicant Owns / Controls</u>	<u>Date Created / Acquired</u>	<u>For Profit / Non-Profit</u>
Example: ABC Foundation, Inc/Charitable Children's Foundation	100%	01/01/2000	Non-Profit

Additional entities listed by attachment

3. Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? **If yes, please attach details.**

Anti-trust, copyright or patent litigation? Yes No

Any disciplinary action by any regulatory agency or association? Yes No

Any action where a license was revoked or suspended? Yes No

Any administrative proceeding charging violation of a federal or state law or regulation? Yes No

Any other criminal actions? Yes No

It is agreed that with respect to Question #3, if such circumstances exist, any claim arising from such circumstances are excluded from the proposed insurance.

4. In the past twenty-four (24) months or the next twelve (12) months, has the **Applicant** been, or anticipate being involved in any of the following?

Mergers, acquisitions or consolidation with another entity? Yes No **If yes, provide details.**

Changes in the board of directors or senior management (other than death or retirement)? Yes No **If yes, provide details.**

5. Does the **Applicant** direct or request any individual to serve as director, officer, governor or trustee of any other entity? Yes No **If yes, provide details.**

SECTION 3 – EMPLOYMENT PRACTICES
(Complete this section only if Employment Practices Liability coverage is desired.)

1. Employment Practices Liability Insurance has been continuously in force since: _____

2. Please provide the following employee count information:

U.S. based employees/volunteers:	Currently	One Year Ago	Two Years Ago
Full Time employees:	_____	_____	_____
Part Time employees:	_____	_____	_____
Temporary employees:	_____	_____	_____
Volunteers:	_____	_____	_____
Non U.S. based employees / volunteers:	_____	_____	_____
TOTAL SUM OF ABOVE	_____	_____	_____

3. How many employees have been terminated or demoted in the past twelve (12) months?
Voluntary: _____ Involuntary: _____ Laid Off: _____

4. Is any reduction of employees or change of status anticipated in the next year?
Voluntary: _____ Involuntary: _____ Layoffs: _____

- 5. Does the **Applicant** have an employee handbook? Yes No
- 6. Does the **Applicant** use an employment application for every potential employee? Yes No
- 7. Does the **Applicant** have an "At Will" provision in the employment application or handbook? Yes No
- 8. Has the **Applicant** implemented an anti-sexual harassment policy? Yes No
- 9. Has the **Applicant** implemented an anti-discrimination policy? Yes No
- 10. Does the **Applicant** use outside employment counsel for employment advice? Yes No

SECTION 4 – FIDUCIARY LIABILITY
(Complete this section only if Fiduciary liability coverage is desired.)

1. Fiduciary Liability Insurance has been continuously in force since: _____

2. List all plans for which coverage is requested (use attachment if necessary):

<u>Plan Name</u>	<u>Year Established</u>	<u>Assets / Contributions</u>	<u>Type*</u>	<u>Participants</u>	<u>Administrator</u>
Example: The ABC Children Corp 401K Plan	2000	\$1,000,000	2	75	self

a)

b)

c)

d)

*** 1=Employee Welfare Benefit Plan (as defined by ERISA), 2= Defined Contribution Plan (as defined by ERISA), 3= Defined Benefit Plan (as defined by ERISA), 4=Other. If type is 3 or 4 a Fiduciary Liability Supplemental Application must be completed.**

To provide additional information, please use the separate page attached to the application

3. Does any plan(s) employ the investment, trustee, actuarial, legal, administrative, custodial or benefits consulting services of any outside provider? Yes No **Please indicate such outside professionals below:**

4. Has termination been requested or contemplated for any plan? Yes No

5. Has any amendment to any plan been made or contemplated within the past two (2) years, or is any amendment now contemplated, which has resulted or might result in any reduction of benefits including, but not limited to, an increase in participants' portion of cost? Yes No **If yes, please attach details. If there has been any amendment(s), please attach copies.**

6. Has any plan been spun-off (sold), transferred or terminated? Yes No **If yes, please attach details.**

7. Are there or have there been within the last three (3) years any known or alleged violations of ERISA or any similar statutory or common law (including applicable amendments, rules and regulations) of the United States, Canada or any state or other jurisdiction to which a plan is subject? Yes No **If yes, please provide details.**

8. Does the **Applicant** have any information to suggest or indicate that any of the plans it sponsors may be under governmental or regulatory investigation with regard to the applicable plan's funding, administration or investment strategies? Yes No **If yes, please attach details.**

9. Is a Form 5500 filed on an annual basis for each plan? Yes No **If yes, provide a copy of the most recent 5500; if no, please provide details.**

10. Does the **Applicant** serve in a Fiduciary capacity for any multi-employer plan or trust? Yes No **Note that multi-employer plans or multiple-employer trusts are not eligible for coverage under the proposed policy(ies).**

SECTION 5 – WORKPLACE VIOLENCE
(Complete this section only if Workplace Violence coverage is desired.)

Please attach a copy of your employee and customer complaint/grievance procedures.

1. Workplace Violence Insurance has been continuously in force since: _____

2. The **Applicant's** total number of work locations: _____

3. Does the **Applicant**:

have an employee complaint/grievance resolution procedure? **If yes, please attach a copy.** Yes No

have a written policy on workplace violence that is communicated to all employees? Yes No

train employees to recognize, report, and respond to potentially hostile situations? Yes No

have a process for performing background checks for all potential employees? Yes No

4. In the past twelve (12) months, has the **Applicant** been involved with any layoffs, staff reductions, or facility closings? Yes No **If yes, provide details.**

5. Has the **Applicant** or any person proposed for coverage herein been the subject of, or involved in, any incidents of workplace violence in the last five years? Yes No **If yes, provide details.**

SECTION 6 – INTERNET LIABILITY
(Complete this section only if Internet Liability coverage is desired.)

1. Internet Liability Insurance has been continuously in force since: _____

2. Please identify the internet site(s) for which coverage is sought, the date each site first went on-line, and (if known) the average number of page views per month:

<u>Internet site address</u>	<u>Date on-line</u>	<u>Average page views per month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Does the **Applicant** conduct transactions (e-commerce) on the site or is the site informative only?

Transactional / E-commerce (Please complete questions 4, 5 & 6)

Informational Only (Please go to question 6)

Both (Please complete questions 4, 5, & 6)

4. The **Applicant's** projected annual gross revenues from the internet site: \$ _____

5. Please describe the type and purpose of the transactions performed on the site:

6. What percentage of monthly page views on the **Applicant's** internet site originates outside the U.S. and Canada? _____%

Network Security:

7. Do you have a firewall? Yes No **If yes, identify the hardware / software used.**

8. Do you have a virus protection program in place? Yes No **If yes, identify the software used.**

9. Do you have a process for managing computer accounts, including removing outdated access accounts in a timely fashion? Yes No

PART 7 – PROFESSIONAL LIABILITY – TRADE ASSOCIATION SERVICES
 (Complete this section only if Professional Liability coverage is desired.)

NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.

1. Professional – Trade Association Liability Insurance has been continuously in force since: _____
2. Please list all services which you provide to others for a fee or services that you provide to your members:
Please attach a copy of your standard contract for such services.

Description of services rendered: _____ _____ Total gross billings: \$ _____ Number of years provided: _____
Description of services rendered: _____ _____ Total gross billings: \$ _____ Number of years provided: _____
Description of services rendered: _____ _____ Total gross billings: \$ _____ Number of years provided: _____

3. Does your consulting service(s) require that you have or maintain a professional designation in order to provide the professional service(s)? Yes No **If yes, describe the services you provide in such professional capacity and the license(s) required:**

4. Please list any publications that you sponsor or produce and attach a sample copy:

Name of Publication	Number of Years In Production	Average Circulation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Does the **Applicant:**

- provide training to your membership or other third parties? Yes No
- provide job placement services and job postings for your membership? Yes No
- administer or sponsor any group insurance programs for your members? Yes No
- sponsor group purchasing arrangements or establish preferred vendor lists for their members? Yes No

SECTION 8 – CRIME

**(Complete this section only if Crime coverage is desired.)
 (Coverages under the Crime Policy are written on an Occurrence Basis)**

<u>Desired Coverage(s):</u>	<u>Limit</u>	<u>Deductible</u>
Insuring Agreement A1: Employee Theft and Client Coverage	\$ _____	\$ _____
Insuring Agreement A2: ERISA Fidelity	\$ _____	\$ _____
Insuring Agreement B: Forgery or Alteration	\$ _____	\$ _____
Insuring Agreement C: Theft, Disappearance & Destruction – Inside the Premises	\$ _____	\$ _____
Insuring Agreement D: Theft, Disappearance & Destruction – Outside the Premises	\$ _____	\$ _____
Insuring Agreement E: Money Orders and Counterfeit Paper Currency	\$ _____	\$ _____
Insuring Agreement F: Computer and Funds Transfer Fraud	\$ _____	\$ _____

1. Third Party – “Off-Premises” Coverage – Yes No **If yes, please complete the Third Party Crime Protection Plus Supplemental Form**

2. Coverage requested on a: Discovery Basis Loss Sustained Basis

3. Current Insurer: _____ Limit \$ _____
 Deductible: \$ _____ Premium: \$ _____

Hiring Procedures/Employment Practices:

4. Do you conduct a prior employment check on all new hires? Yes No
5. Do you conduct a criminal background check on all new hires? Yes No
6. Are credit reports checked when screening new employees? Yes No

Audit Procedures:

7. Are all subsidiaries and locations, or majority owned and operated companies, included in the audit? Yes No
8. Have all recommendations made by the accountant been adopted? Yes No
9. Do you have an internal audit department? If not, is there someone who is responsible for internal control procedures? _____ Yes No

Internal Controls:

10. Are two signatures required on checks? If so, over what amount? \$ _____ Yes No
 If two signatures are not required, who has authority to sign checks? Please provide their name and position.
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11. Do employees who reconcile the bank statements also:
- a. sign checks? Yes No
 - b. make withdrawals? Yes No
 - c. make deposits? Yes No
 - d. have access to blank checks? Yes No
 - e. have access to computer systems that print checks? Yes No
 - f. have access to facsimile, signature stamp or check signing machines? Yes No
12. Are your internal control systems designed so that no one employee can control a transaction from beginning to end? (e.g. approve a voucher, request and sign a check) Yes No
13. How often is blank check stock inventoried? _____
By whom? _____
14. Are all incoming checks stamped "For Deposit Only" immediately upon receipt? Yes No

Money, Securities and Payroll Exposure:

15. Please indicate maximum exposure for each location if requesting Insuring Agreement C or D:

<u>Location(s)</u>	<u>Cash</u>	<u>Retail Checks</u>	<u>Credit Card Receipts and Non-Retail Checks*</u>	<u>Is there a Safe?</u>	
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it could be re-created if it were stolen, lost or destroyed.

SECTION 9 – BUSINESSOWNERS INSURANCE

(Complete this section only if Businessowners coverage is desired)

(Coverages under the Businessowners Policy are written on an Occurrence Basis)

The Philadelphia Insurance Companies Businessowners program is for entities which have a Directors & Officers or a Professional Liability policy with our company. Please confirm that you are an applicant / insured under one of these Philadelphia Insurance Companies programs, and that you understand BOP is only available to you as a customer of one of these programs. I agree

Program Eligibility Requirements:

- Office- based businesses only (**Maximum allowable square footage- 10,000 square feet**)
- Coverage for events is excluded under this policy, except where specifically added by endorsement. Coverage is available via a separate Special Events Policy through Philadelphia Insurance Companies

BUILDING COVERAGE IS NOT OFFERED UNDER THIS PROGRAM

1. Location Address: _____
City: _____ State: _____ Zip: _____

2. Please list any additional offices on an attached sheet. Check here if there are locations attached.

3. Prior insurance carrier: _____
Effective Dates: _____ Premium: \$ _____

4. Was prior insurance coverage a Businessowners Policy or a Package Policy

Desired Businessowners Coverage:

5. Contents coverage \$ _____

Deductible: \$250 \$500 \$1,000 \$2,500

6. Hired auto: Yes No 10b. Non-Owned Auto: Yes No

7. Number of buildings: _____ Rent: Own: Percent occupied: _____%

8. Construction type: _____ Year built: _____ Square feet: _____

9. Liability & Medical expenses: \$1,000,000 (automatic coverage):

10. Tenants fire legal liability:

Limits: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

11. Employee dishonesty w / Additional location(s):

Limits: \$500 \$10,000 \$25,000 \$50,000 \$100,000

12. Forgery or Alteration: Yes No (This option can only be purchased with Employee Dishonesty Coverage)

13. Valuable papers: Yes No

14. Money & Securities-On Premises: \$ _____ Money & Securities-Off Premises: \$ _____

15a. Computer hardware: \$ _____ 15b. Computer software: \$ _____

16a. Interior glass: Yes No Square footage: _____ 16b. Signs: \$ _____

17. Please list any entities the Named Insured desires to have listed as an additional insured/loss payee on the policy and the nature of their interest to the policyholder:

Name:	
Address:	Interest:
Name:	
Address:	Interest:
Name:	
Address:	Interest:
Name:	
Address:	Interest:

SECTION 10 – GENERAL SUMMARY
(All Applicants must complete this section.)

With respect to all of the coverage which the Applicant has applied for in this Application, complete the following questions. All information in this Application, including all attachments, are deemed as if attached hereto and are material to the underwriting of this insurance.

Loss Experience:

- As of this date, or the date on which the **Applicant** first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is aware of any facts or circumstances, or unresolved job dispute which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below:
- Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None or as noted below:

With regard to questions 1. and 2., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

Claimant Name: _____

Indicate: Claim/Suit Incident/Potential claim This claim is: OPEN CLOSED

Date claim / incident was reported to the insurance carrier: _____

Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter.

Demand Amount: \$ _____ Totals Defense Costs & Loss Paid to Date: \$ _____

Claimant Name: _____

Indicate: Claim/Suit Incident/Potential claim This claim is: OPEN CLOSED

Date claim / incident was reported to the insurance carrier: _____

Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter.

Demand Amount: \$ _____ Totals Defense Costs & Loss Paid to Date: \$ _____

Claimant Name: _____

Indicate: Claim/Suit Incident/Potential claim This claim is: OPEN CLOSED

Date claim / incident was reported to the insurance carrier: _____

Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter.

Demand Amount: \$ _____ Totals Defense Costs & Loss Paid to Date: \$ _____

Claimant Name: _____

Indicate: Claim/Suit Incident/Potential claim This claim is: OPEN CLOSED

Date claim / incident was reported to the insurance carrier: _____

Provide a full description of the engagement, the events leading up to the claim, allegation asserted, against your firm and the current status of the matter.

Demand Amount: \$ _____ Totals Defense Costs & Loss Paid to Date: \$ _____

To provide additional information, please use the separate page attached to the application

3. Has any policy or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused? Yes No **If yes, provide details. (Not Applicable in Missouri)** Yes No **If yes, provide details.**
-

Material Change:

If there is any material change to the answers of this Application's questions prior to the policy inception date, the **Applicant** must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

False Information:

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.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE AND VIRGINIA 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 NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

NOTICE TO TENNESSEE 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Signature

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued.

Name (Please Print)

Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR EXECUTIVE DIRECTOR)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Agent/Broker)

Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No: _____

Address (Street, City, State, Zip) : _____

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date