

EXCESS CONTRACTORS SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Completed signed/dated Supplemental Application(s)
- Completed ACORD Applications
- Copy of Subcontractor Agreement, if applicable
- Currently valued insurance company loss runs for the current policy period plus five years prior for GL, Auto, and Umbrella
- Copy of Job Site Safety Program
- Copy of Quality Control Program
- Detail of insured's fleet safety, vehicle maintenance, & MVR review procedures (provide copy if available)

ACCOUNT INFORMATION

Applicant Name:
 Contractor's License(s)#:
 Website: www.
 Risk Management Contact: Phone:
 Email:

There is an Additional Information section below for answers to questions that don't fit in the space provided.

SECTION I – GENERAL INFORMATION

1. Describe Applicant's Operations (if Applicant's operations are Roofing, please complete the Roofing Contractor's Supplemental)

Years in business under current name: Years of experience in this field:

2. Provide other names which the Applicant has conducted business:

3. State(s) in which the Applicant will or has done business (approximate % of work in each state):

- | | | |
|--------------------------------------|-----|----|
| 4. Any operations in Colorado? | Yes | No |
| 5. Any operations in New York State? | Yes | No |
| If yes, percent in: | | |
| Five boroughs of New York City | % | |
| Long Island and Westchester County | % | |
| Remainder of the state | % | |

Percentage breakdown of Applicant's work: RESIDENTIAL: % + COMMERCIAL: % = 100%

6. Percentage of the Applicant's operations: **(EACH COLUMN MUST TOTAL 100%)**

RESIDENTIAL		COMMERCIAL		INTERIOR vs. EXTERIOR		G.C. vs. DIRECT	
New Construction:	%	New construction:	%	Interior work (inside structure):	%	General Contractor:	%
Structural remodel/Additions:	%	Structural remodel/Additions:	%	Exterior work (outside structures):	%	Construction Manager:	%
Non-structural Remodels:	%	Non-structural Remodels:	%			Developer/Spec Builder:	%
						Direct Contractor	%
TOTAL:	100%	TOTAL:	100%	TOTAL	100%	TOTAL	100%

7. Has the Applicant in the past or does the Applicant plan during the upcoming term to perform any NEW residential construction in new tracts, condominiums or town home developments? Yes No
- a. Was this work performed in a wrap-up? Yes No
- b. Describe any work of this type is performed outside of a wrap-up:

SECTION II - OPERATIONS

1. Direct payroll, subcontractor costs, and gross sales

	PAYROLL	SUBCONTRACTOR COSTS	GROSS RECEIPTS
Next 12 Months	\$	\$	\$
1 st Prior Year	\$	\$	\$
2 nd Prior Year	\$	\$	\$
3 rd Prior Year	\$	\$	\$
4 th Prior Year	\$	\$	\$

If the Applicant uses subcontractors, please complete the following:

- a. Percentage of the Applicant's work subcontracted out: _____ %
- Note: Costs to include both costs of subcontracted labor and materials.**
- b. Does the Applicant always collect certificates of insurance from subcontractors? Yes No
 What minimum General Liability limit is required: \$
- c. Does the Applicant obtain a standard written agreement from all subcontractors? Yes No
- d. Does each subcontractor hold the Applicant harmless? Yes No
- e. Does each subcontractor name the Applicant as an additional insured, including completed Operations on their General Liability policy? Yes No
- Note: You may be required to provide a copy of a standard subcontract to bind coverage.**
- f. How long does the Applicant maintain records of the above documents?

2. Percentage of work to be performed by the Applicant based on (Payroll - Direct) over the next 12 months.

Type of Work	% Direct	Type of Work	% Direct	Type of Work	% Direct
Airport runways	%	Excavation	%	Roofing	%
Blasting	%	HVAC	%	Seismic/Retrofit	%
Bridge building	%	Grading	%	Sewer	%
Carpentry	%	Insulation	%	Steel/Structural	%
Concrete	%	Maintenance	%	Steel/Ornamental	%
Demolition	%	Masonry	%	Street/Road	%
Drilling	%	Mechanical	%	Supervisory Only	%
Drywall	%	Painting	%	Traffic signals	%
Earthquake	%	Plastering	%	Water/Gas Mains	%
Electrical	%	Plumbing	%	Other:	%

Percentage of work to be performed on Applicant's behalf by subcontractors (Subcontract costs – Subbed) over the next 12 months.

Type of Work	% Subbed	Type of Work	% Subbed	Type of Work	% Subbed
Airport Runways	%	Excavation	%	Roofing	%
Blasting	%	HVAC	%	Seismic/Retrofit	%
Bridge Building	%	Grading	%	Sewer	%
Carpentry	%	Insulation	%	Steel/Structural	%
Concrete	%	Maintenance	%	Steel/Ornamental	%
Demolition	%	Masonry	%	Street/Road	%
Drilling	%	Mechanical	%	Supervisory Only	%
Drywall	%	Painting	%	Traffic Signals	%
Earthquake	%	Plastering	%	Water/Gas Mains	%
Electrical	%	Plumbing	%	Other:	%

3. Does the Applicant or its subcontractors perform any work over three stories in height from grade (other than interior work)? Yes No
 If yes, please describe:

If yes, maximum number of stories: _____ If yes, percentage of total work: _____ %
 If yes, please attach a copy of your Fall Protection procedures.

4. Does the Applicant or its subcontractors utilize cranes? Yes No
 If yes, number of times per year:

5. Does the Applicant ever work as a construction manager? Yes No
 If yes, does the Applicant act as construction manager "at-risk"? Yes No

6. Any current or future plans to work on hillsides, in landfills, or areas subject to subsidence? Yes No
 If yes, list precautions taken.

7. Does the Applicant, or has the Applicant, used Exterior Insulation and Finish Systems (EIFS) or have plans to use it in the future? Yes No
 If yes, provide details.

8. Does the Applicant or Applicant's subcontractors perform any work below grade? Yes No
 If yes, please describe.

If yes, maximum depth: _____ feet
 If yes, percentage of total work: _____ %
 What precautions are taken to prevent trench collapse?

9. Any past, current, or planned involvement in:
- | | | | | |
|---|--|--|-----|----|
| a. blasting activities? | | | Yes | No |
| b. building demolition? | | | Yes | No |
| c. removal/remediation of lead, asbestos, radon, PCBs or other hazardous materials? | | | Yes | No |
| d. use of scaffolding? | | | Yes | No |
| e. installation or removal or work on fuel tanks or pipelines? | | | Yes | No |
| f. shoring, underpinning, cofferdam or caisson work? | | | Yes | No |
| g. seismic repair or retrofitting work? | | | Yes | No |
| h. soil or ground water remediation? | | | Yes | No |
| i. environmental emergency response or landfill contracting work? | | | Yes | No |
| j. dredging, mining or petroleum production or hydro fracking work? | | | Yes | No |
- If yes, please describe:

10. Does the Applicant perform any mold remediation work? Yes No
11. Does the Applicant own or lease any heavy equipment? Own Lease Both Never Use
12. Does the Applicant have a formal job site safety plan in place? Yes No
 If yes, how often are safety held: Weekly Monthly Quarterly Annually

SECTION III – JOB LIST AND CLAIM INFORMATION

1. Please provide a copy of the current WIP (Work in Progress).
2. Please list and describe the largest projects completed in the past three years:
- | | | |
|----|-----------------|----|
| a. | Contract Value: | \$ |
| b. | Contract Value: | \$ |
| c. | Contract Value: | \$ |
3. Is the Applicant aware of any circumstance, incident or accusation arising out of its operations performed by the Applicant or its subcontractors which may give rise to a claim? Yes No
4. Has the Applicant had any construction defect claims in the past five years? Yes No
 If yes, please describe:
5. Have there been any Contractors Pollution losses claims or suits against the Applicant or subcontractors in the past three years? Yes No

SECTION IV – AUTO LIABILITY

1. Does the Applicant have a fleet safety and vehicle maintenance program? Yes No
 If yes, please describe:
2. Does the Applicant have a vehicle maintenance program? Yes No
 If yes, please describe:

- | | | | |
|----|--|-----|----|
| 3. | Does the Applicant use telematics as part of their safety program?
If yes, please describe: | Yes | No |
| 4. | Are the operations of the Applicant all within a 50-mile radius?
If no, please state the radius of operations: | Yes | No |
| 5. | Are company vehicles taken home by employees in the evening?
a. What is the Applicant's policy regarding personal and family use of company vehicles? | Yes | No |
| 6. | Does the Applicant perform a pre-hire review of Motor Vehicle Records (MVR's) on prospective employees and then annually thereafter? | Yes | No |
| 7. | What MVR standards does the insured have? | | |
| 8. | How does the Applicant handle employees with unacceptable driving records? (e.g. driving privileges, written warning, probation period, etc.) | | |

SECTION V – QUALITY MANAGEMENT PRACTICES

- | | | | |
|----|---|-----|----|
| 1. | Does the Applicant have any of the following: | | |
| a. | Written Quality Management program? | Yes | No |
| b. | Pre-planning Meetings? | Yes | No |
| c. | Material Verification? | Yes | No |
| d. | Third Party Inspections? | Yes | No |
| e. | Method for tracking corrective actions? | Yes | No |
| f. | Pre-closure photo documentation process? | Yes | No |
| g. | Documented warranty procedures? | Yes | No |

SECTION VI – SITE SAFETY

- | | | | |
|----|---|-----|----|
| 1. | Are sites fenced? | Yes | No |
| 2. | Are sites lighted? | Yes | No |
| 3. | Are visitors allowed on sites, escorted, etc.? | Yes | No |
| 4. | What precautions are taken to protect the public from injury?
Cones Signs Areas Roped Off Other: | | |
| 5. | Are all trenches, ditches, excavations, holes in the ground and holes made in the floors of structures always properly and clearly identified and protected against others falling into them? | Yes | No |
| 6. | Are utilities marked before excavation starts? | Yes | No |
| 7. | Does the Applicant conduct and document a pre-construction condition survey of buildings and structures within the construction zone? | Yes | No |

SECTION V - DRONES

1. Does the Applicant employ the use of drones during the course of its operations?
If yes, describe how drones are used during the course of the Applicant's operations. Yes No
2. If drones are used, is the Applicant the pilot or does the Applicant hire a subcontractor to pilot them? (Please check below)
Operator Subcontractor Not Applicable
3. Does the Applicant obtain certificates of insurance (COI) from subcontractors hired to pilot the drones? N/A Yes No
4. What training has the Applicant completed to pilot the drones?

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.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/they are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: 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.

APPLICABLE IN FLORIDA 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 OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

APPLICABLE IN MAINE: 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.

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

APPLICABLE IN NEW MEXICO: 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.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

APPLICABLE IN OKLAHOMA: WARNING: 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.

APPLICABLE IN PENNSYLVANIA: 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.

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.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensing Agent)

AGENCY

ADDRESS (STREET, CITY, STATE, ZIP)

Resident or Non-Resident Surplus Lines Licensee Information by Applicant's State of Domicile

SL LICENSE STATE

SL LICENSE NO.

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

INSURED: _____

DATE: