



II. GENERAL LIABILITY SECTION

21. Limits desired

General Aggregate	\$	Personal and Advertising Injury	\$
Products & Complete Operations Aggregate	\$	Fire Damage (Any one fire)	\$
Each Occurrence	\$	Medical Expense (Any one person)	\$

22. Hired and Non-Owned Auto Liability  Check if coverage is desired

Note: If Hired/Non-Owned is checked, limit will equal general liability occurrence limit.

If checked, answer a through d.

Prohibited Eligible

- a. Does the applicant have a business (or commercial) automobile insurance policy in force?  Yes  No
  - b. Does the applicant regularly deliver goods or products?  Yes  No
  - c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis?  Yes  No
  - d. Does the organization have any owned or leases (long-term) autos?  Yes  No
23. Are there functioning smoke or heat detectors used in all public areas, and if building owner, in all habitational units?  No  Yes
24. Does applicant organize or sponsor any events that include mechanical rides, pyrotechnics, foam machines, swimming pool, fireworks, firearms, hunting, water hazards, overnight camping, haunted attractions, hayrides, circuses, or air shows?  Yes  No
25. Is a secondary means of egress provided for each floor (including basement) having public access?  No  Yes
26. If there is another occupancy in the building, are all deep fat frying appliances protected per NFPA 96 (Automatic Fire Extinguishing System)?  No  Yes
27. Within the past five years has general liability coverage been cancelled or non-renewed?  Yes  No If "Yes," explain: \_\_\_\_\_

Entertainment

28. Does applicant feature any entertainment?  Yes  No

If "Yes,": Major entertainment (check all that apply):

- DJ  Adult entertainment/Exotic dancing
- Jazz music with dancing  Band  Comedy club  Karaoke with dancing
- Country/Line dancing  Shows or contests (describe): \_\_\_\_\_  Other (describe): \_\_\_\_\_

Number of times per week: \_\_\_\_\_ or number of times per year \_\_\_\_\_

Incidental Entertainment (check all that apply):

- Karaoke  Solo vocalist  Jukebox
- Mariachi band  Jazz musicians  Other (describe) \_\_\_\_\_

Number of times per week: \_\_\_\_\_ or number of times per year \_\_\_\_\_

Is dancing permitted?  Yes  No

- 29. Does applicant have table seating?  Yes  No
- 30. Does applicant have table service?  Yes  No
- 31. Are there any previous assault and battery claims in the past three years?  Yes  No
- 32. Loss history for general liability for the past five years:  If none, check here

Date of Loss	Type/Description	Paid	Reserved	Status
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

33. Are guns kept or permitted on premises?  Yes  No

If "Yes,":

- a. Are they for ceremonial purposes only?  Yes  No
- b. Is any live ammunition used?  Yes  No
- c. When not in use are they stored in a locked, secured location?  Yes  No

33. List expiring general liability carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

III.

34. Limits Desired and Rating Information.

Building Construction	Protection Class	Deductible	Cause of Loss
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
Building Limit: \$ _____		Coinsurance (80% minimum) _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Improvements and Betterments Limit: \$ _____		Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Personal Property Limit: \$ _____		Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Income Limit: \$ _____		Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> With Extra Expense	<input type="checkbox"/> or Monthly Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> Without Extra Expense

<input type="checkbox"/> Value Plus Endorsement (Requires a Central Station Burglar Alarm)			
<input type="checkbox"/> Employee Dishonesty* \$ _____	# of Employees: _____		
<input type="checkbox"/> Money & Securities \$ _____	Inside \$ _____	Outside (\$500 Standard Deductible): _____	
<input type="checkbox"/> Burglary & Robbery \$ _____	Inside \$ _____	Outside (\$500 Standard Deductible): _____	
<input type="checkbox"/> Outdoor Signs \$ _____			
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

\*35. Employee Dishonesty Requirements (If applicable)

- a. Is an annual audit performed by a CPA or a Public Accountant?  Yes  No
- b. Bank accounts reconciled by someone not authorized to deposit or withdraw?  Yes  No
- c. Countersignature of checks required?  Yes  No

36. Has any officer or board member of this organization ever been convicted of the felony of arson?  Yes  No

37. Are there any pyrotechnics or foam machines?  Yes  No

38. Cooking supplement - If no commercial cooking appliances are on premise, check here

- a. Is there a cleaning contract in force with an outside firm?  No  Yes
- b. Describe cooking equipment used:
- Grills                       Open flame                       Oven                       Deep fat fryers
- Charcoal grill                       Barbeque pit/Smoke                      Type or brand: \_\_\_\_\_ Distance from building: \_\_\_\_\_ ft.
- c. Are the cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing System)  Yes  No
- d. Type of extinguishing system:  Wet  Dry
- e. Is vegetable oil used in cooking?  Yes  No

39. Is the plumbing completely PVC or copper (no iron or lead)?  Yes  No

40. Type of roof?  Flat  Pitched

41. Roof updated, yr. \_\_\_\_\_ Electrical updated, yr. \_\_\_\_\_ Plumbing updated, yr. \_\_\_\_\_ Heating updated, yr. \_\_\_\_\_

42. Age of building: \_\_\_\_\_

43. Are there vacancies in the building?  Yes  No

If "Yes," what percentage? \_\_\_\_\_ %

44. Burglar alarm:  Local  Central station burglar alarm

45. Fire protection:  Sprinklers  Central station fire alarm  Local fire alarm  Annually serviced fire extinguisher(s)

46. Is the building fully protected by an operational sprinkler system covering 100% of the premises?  Yes  No

47. Within the past five years, has property coverage been cancelled or non-renewed?  Yes  No

If "Yes," explain:

48. Loss history for property for past three years:  If none, check here

Date of Loss	Type/Description	Paid	Reserved	Status
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

List expiring property carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

**IV. NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY SECTION**

49. Does the organization administer or sponsor any insurance programs?  Yes  No
50. Is the organization involved in any accreditation or standard setting activities?  Yes  No
51. Is the organization involved in any labor/union negotiations or collective bargaining activities?  Yes  No
52. Total number of employees: Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_ Seasonal \_\_\_\_\_
53. Number of chapters: \_\_\_\_\_ If there are chapters, is coverage requested for them under this policy?  Yes  No
54. Does the applicant have any subsidiaries requiring coverage?  Yes  No

If "Yes," please complete the Non Profit Subsidiary Addendum (NPSADD).

55. Name and title of individual designated to receive all notices on behalf of the insured: \_\_\_\_\_  
 Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

56. Directors and officers liability insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period

57. Does the organization currently carry general liability insurance?  Yes  No
58. Please provide the following financial information for the last three three years. (If organization in existence less than three years please provide Budgeted Revenue/Expense statement for next three years.)

Year	Total Revenue	Net Income (Loss)	Current Fund Balance*
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

\* Fund balance = Total Assets - Total Liabilities

59. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers?  Yes  No  
 (If "Yes," please forward a completed USLI supplemental claims application)
60. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities) against the organization, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization?  Yes  No  
 (If "Yes," please forward a completed USLI supplemental claims application.)  
 Fiduciary liability (available for 50 employees or less)
61. Does each pension plan use an outside investment manager? (If "No," fiduciary will not be offered.)  Yes  No
62. Does each plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? (If "No," please attach details)  Yes  No
63. In the past two years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan? (If "Yes," please attach details)  Yes  No
64. Has there been or is there now pending any claims(s) against any proposed insured arising out of any plan? (If "Yes," please attach details)  Yes  No
65. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed fiduciary liability coverage? (If "Yes," please attach details)  Yes  No

**V. LIQUOR LIABILITY SECTION**

67. Limits desired

Each common cause limit	\$	Aggregate limit	\$
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68. Does the applicant offer entertainment?  Yes  No

If "Yes," question 30 must be completed.

69. Does applicant have a valid liquor license?  Yes  No  
 a. Name on license: \_\_\_\_\_ License #: \_\_\_\_\_  
 b. License type (Class D licenses prohibited in Utah): \_\_\_\_\_

70. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a tribal court?  Yes  No

71. Are same-day memberships available?  Yes  No

72. Are members permitted to bring more than three guests per day (excluding immediate family members or banquet activities)?  Yes  No

73. Does applicant ever sell or serve alcohol away from the premises shown in Question 8?  Yes  No  
 If "Yes," explain: \_\_\_\_\_

74. Is self-service of alcohol by members permitted?  Yes  No

75. Does applicant permit "BYOB" (bring your own bottle) or set-ups?  Yes  No  
 If "Yes," explain: \_\_\_\_\_

76. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No

77. Does or will applicant ever offer (include special events such as New Years Eve parties, etc):

a. Any drink specials/happy hours  Yes\*  No

b. Drink specials/happy hours after 9 p.m.  Yes\*  No

c. "All you can drink" specials or other offers involving unlimited alcoholic beverages  Yes\*  No

d. Single drinks sold for less than \$.50  Yes\*  No

e. More than two complimentary drinks per patron per day  Yes\*  No

f. Beer pong or other drinking games  Yes\*  No

g. Minnesota risks only: Does applicant's liquor license restrict service to club members and legitimate guests?  Yes\*  No

78. Are facilities available for banquets, receptions or private affairs?  Yes  No

a. Does applicant serve alcohol at all events?  Yes  No  
 If "No," will lessee be required to carry liquor liability insurance at equal or greater limits?  Yes  No

79. Is entertainment featured at banquets?  Yes  No  
 Number of times per week: \_\_\_\_\_ OR number of times per year: \_\_\_\_\_

80. Are all alcohol servers certified in a Formal Alcohol Training Course, not mandated by state?  Yes  No  
 If "Yes," provide name of the course (ie.: TIPS, TAM, RAMP, BEST, etc): \_\_\_\_\_  
 to be considered for a credit on your quote, please attach copies of the certificates to this application.

81. Within the past five years, has liquor liability coverage been cancelled or non-renewed?  Yes  No  
 If "Yes," explain: \_\_\_\_\_

82. Is applicant requesting liquor liability limits greater than general liability limits carried?  Yes  No  
 If "Yes," please note than general liability limits must be maintained at limits equal or greater than liquor liability limits.

83. Violations:

a. Within the past five years, has applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol?  Yes  No

b. If "Yes," provide the following information on each fine or citation:  
 Date(s): \_\_\_\_\_  
 Description(s): \_\_\_\_\_  
 Fines and/or penalties assessed: \_\_\_\_\_  
 Measures in place to prevent future violations: \_\_\_\_\_

84. Claims:

a. Within the past five years, has the applicant had any reported liquor liability and/or assault and battery claims or notifications of potential liquor liability and/or assault and battery claims?  Yes  No

b. If "Yes," provide the following information on each liquor liability claim:

Date of Loss	Type/Description	Paid	Reserved	Status
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Measures in place to prevent further incidents: \_\_\_\_\_

85. List expiring liquor liability carrier, term, limits and premium:

Carrier	Term	Limits	Premium

86. Mortgagees/Additional insureds/Loss payees

List name, address and interest of each:

Indicate applicable section:

a. Name: \_\_\_\_\_

Property  GL  Liquor

Address: \_\_\_\_\_

Interest: \_\_\_\_\_

b. Name: \_\_\_\_\_

Property  GL  Liquor

Address: \_\_\_\_\_

Interest: \_\_\_\_\_

c. Name: \_\_\_\_\_

Property  GL  Liquor

Address: \_\_\_\_\_

Interest: \_\_\_\_\_

87. Inspection contact name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

88. Audit contact name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Applicant's Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking 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 applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

**FRAUD STATEMENTS**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Colorado Fraud Statement:** 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.

**District of Columbia Fraud Statement: 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.

**Florida Fraud Statement:** 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.

**Florida Notice: (Applies only if policy is non-admitted)** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida Fraud Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Kansas Fraud Statement:** 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 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person 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.

**Maine Fraud Statement:** 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. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**North Dakota Fraud Statement:** Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

**Ohio Fraud Statement:** 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.

**Ohio Notice:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

**Oklahoma Fraud Statement:** 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.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Utah Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

**Vermont Fraud Statement:** 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 may be subject to fines and confinement in prison.

**Virginia Notice:** This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Virginia Fraud Statement:** Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Utah Fraud Statement:** 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.

**Washington Fraud Statement:** 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.


**Fraud Statement (All Other States):** 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.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License#: \_\_\_\_\_  
Agent's signature: \_\_\_\_\_  Main agency phone number \_\_\_\_\_  
(Required in New Hampshire)  
Agency mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this application 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 Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company from relying on any statement 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 Company to issue a policy. It is understood the Company is relying on this application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

**New York Fraud Statement:** 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.

Signature: \_\_\_\_\_   
(Principal, Partner, or Officer of the Firm)  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_