

Hartford Fire Insurance Company  
Hartford Casualty Insurance Company (MA & TX only)

**CrimeSHIELD<sup>SM</sup> POLICY APPLICATION**  
**for Property Management Companies**



Agency Name: \_\_\_\_\_ Hartford Agency Code: \_\_\_\_\_

Application is hereby made by: \_\_\_\_\_

*(First Named Insured and all additional insureds, including Employee Benefit Plans to be insured. Attach separate sheet, if necessary.)*

Principal address: \_\_\_\_\_

*(No., Street)*

*City*

*State*

*Zip Code*

Company Web-Site: \_\_\_\_\_

|                                   |                                      |   |
|-----------------------------------|--------------------------------------|---|
| <b>EFFECTIVE DATE OF COVERAGE</b> | FROM:                                | TO:   |
| <b>BILLING METHOD</b>             | <input type="checkbox"/> AGENCY BILL | <input type="checkbox"/> DIRECT BILL (annual payment plan only) |
| <b>PAYMENT PLAN</b>               | <input type="checkbox"/> ANNUAL      | <input type="checkbox"/> 3 YEAR PREPAID                         |

|                       |   |  |
|-----------------------|---|--|
| Are you applying for: | <input type="checkbox"/> PRIMARY COVERAGE | <input type="checkbox"/> EXCESS COVERAGE |
|-----------------------|---|--|

**Present Crime Insurance Program:** *(Include primary AND excess, if applicable)*  
*If not applicable, please check here:*

| Insurance Carrier | Type (Primary or Excess) | Policy Period | Limit of Liability | Deductible | Premium |
|-------------------|--------------------------|---------------|--------------------|------------|---------|
|                   |                          |               | \$                 | \$         | \$      |
|                   |                          |               | \$                 | \$         | \$      |

Has any similar insurance been declined, canceled, or nonrenewed during the past three years?  YES  NO  
If Yes, please explain: *(Not applicable in Missouri)*

| INSURING AGREEMENT          |   | LIMIT | DEDUCTIBLE   |
|-----------------------------|---|-------|--|
|                             |   |       | <i>(for excess coverage, deductible is primary coverage + primary deductible).</i> |
| <b>Commercial Entities:</b> |   |       |  |
| 1.                          | Employee Theft  | \$    | \$   |
| <b>Optional Coverages:</b>  |   |       |  |
| 2.                          | Depositors Forgery or Alteration  | \$    | \$   |
| 3.                          | Theft, Disappearance & Destruction (Money, Securities and Other Property) | \$    | \$   |
| OR                          |   |       |  |
| 4.                          | Robbery and Safe Burglary (Money and Securities)                          | \$    | \$   |
| 5.                          | Computer and Funds Transfer Fraud   | \$    | \$   |
| 6.                          | Money Orders and Counterfeit Currency (automatically included)            | \$    | \$   |

| A. ORGANIZATIONAL BACKGROUND        |   |  |                                      |   |
|-------------------------------------|---|--|--------------------------------------|---|
| 1. Are you a:                       | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Partnership     | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other (e.g. LLC) |
| 2. Are you a:                       | <input type="checkbox"/> Public company | <input type="checkbox"/> Private company |                                      |   |
| 4. Latest fiscal year-end revenues: | \$ _____                                |  |                                      |   |

| B. CLASSIFICATION OF EMPLOYEES AND LOCATION INFORMATION   |   |
|---|---|
| <b>Total # of Employees</b>   | <b>How many properties are:</b><br>(attach a list of properties if more convenient) |
| <b>Grand Total:</b>   | <b>Owned</b>  |
|   | <b>Managed</b>  |
|   | <b>No. of Commercial</b>  |
|   | <b>No. of Residential</b>   |
|   | <b>Cities Located:</b>  |
|   | <b>States Located:</b>  |
| Number of above who are in management or handle, have custody or maintain records of Money, Securities or Other Property: |   |

| FOREIGN LOCATIONS   |                   |                |                          | Check here if none: |
|---|-------------------|----------------|--------------------------|---------------------|
| Total # of Foreign Locations:   |                   |                |                          |                     |
| For each foreign location, please detail the following information (Attach separate sheet, if necessary): |                   |                |                          |                     |
| COUNTRY   | TYPE OF OPERATION | # OF EMPLOYEES | REVENUES (if applicable) |                     |
|   |                   |                |                          |                     |

| C. EMPLOYMENT PRACTICES   |  |                              |                             |
|---|--|------------------------------|-----------------------------|
| Do you conduct pre-employment checks on employees? If Yes, does it include the following: |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Prior employment verification?   |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Personal references?   |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Record of prior convictions?   |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Drug testing?  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| D. INTERNAL CONTROLS |   |  |   |
|----------------------|---|--|---|
| 1.                   | Is an independent Certified Public Accountant involved in the applicant's financial reporting?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |
| 2.                   | Are there at least two signatures required on checks?<br>If yes, over what dollar amount? \$ _____ If no, what position signs checks?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |
| 3.                   | Do employees who reconcile monthly bank statements also:<br>a. Sign Checks?<br>b. Handle Bank Deposits?<br>c. Have Access to Check Signing Machines, Signatures Plates or Check Printing Materials? | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Yes | <input type="checkbox"/> No<br><input type="checkbox"/> No<br><input type="checkbox"/> No |
| 4.                   | Do you have a specific system or procedure in place to detect payment to fictitious suppliers?<br>If yes, please describe:  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |

| E. INTERNAL CONTROL QUESTIONS FOR PROPERTIES MANAGED |   |                              |                             |
|--|---|------------------------------|-----------------------------|
| 1.   | Does each property managed have an independent Certified Public Accountant involved in their financial reporting?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.   | What is the established procedure for remitting rent payments by the occupants?<br>Property Owner <input type="checkbox"/> Management Company <input type="checkbox"/> Bank Lock Box <input type="checkbox"/> Other |                              |                             |
| 3.   | How frequently are rents or other funds collected? _____  |                              |                             |
| 4.   | Are pre-numbered receipts issued? Yes No N/A (Bank Lock Box)  |                              |                             |
| 5.   | Are resident managers employees of the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (No resident managers)  |                              |                             |
| 6.   | Does the manager collect rents, security deposits, or other funds? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>What is the maximum collected at one time? Cash \$ _____ Checks \$ _____             |                              |                             |
| 7.   | Are bank accounts in which manager deposits funds "deposit only"? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |                             |

|     |   |
|-----|---|
| 8.  | Are managers required to make deposits on the date they collect rents? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>OR</b><br>Does the owner or their representative collect from the managers periodically? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 9.  | Is a separate bank account maintained for each property managed and are funds for each property kept completely segregated from the funds for any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 10. | How often does the owner of the management company or internal or external auditors review the manager's collection process to determine the procedures are being properly followed? _____  |
| 11. | Does each resident manager have an office outside the managed property? _____   |
| 12. | Is the manager required to periodically submit a list of the units rented and the rents collected to the owner?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 13. | Are on-site visits by the property owner made to each location managed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are these visits ever unannounced? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are the units physically inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | Is banking for each managed property done locally? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Does each bank provide a monthly statement of account activity to the main office? <input type="checkbox"/> Yes <input type="checkbox"/> No  |

**F. JANITORIAL EXPOSURES**

|    |  |  |   |
|----|--|--|---|
| 1. | Do the properties use independent firms to provide janitorial and other maintenance services?<br>If Yes, are payments made by the local manager? | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2. | Are payments made directly to the maintenance or service company?  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                                 |
| 3. | How does the management company or owner determine that the services have been performed and at the fee charged?                                 |  |   |
| 4. | Is all work performed on a bid basis?<br>If No, how is a determination made of the reasonableness of the charges for the work performed?         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No                                 |

**G. THEFT OF CLIENTS' PROPERTY – OFF PREMISES EXPOSURE**

|    |   |  |  |
|----|---|--|--|
| 1. | How many of your employees will be on the premises of your client(s)? _____   |  |  |
| 2. | Are independent contractors to be included under this coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how many will be working on the client(s) premises? _____   |  |  |
| 3. | Will your employees and/or independent contractors have access to the client's money, securities, banking systems, wire transfer systems or any sensitive computer data? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide details:  |  |  |
| 4. | Will your employees and/or independent contractors:<br>a. Have access to restricted areas of client's premises and will this be limited by use of keycards, locks, etc.?<br>b. Be performing services during the normal business hours of your client?<br>c. Be supervised and/or monitored by your client(s) when performing services on their premises?<br>d. Be required to wear ID Badges or carry special identification in order to identify themselves as "non-employees"? | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Yes | <input type="checkbox"/> No<br><input type="checkbox"/> No<br><input type="checkbox"/> No<br><input type="checkbox"/> No |
| 5. | Is coverage being requested to cover a specific contract?   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No  |

**H. LOSS EXPERIENCE**

List all fidelity and crime losses discovered or sustained in the last six (6) years. (NY: three (3) years)  
Check here if none:

| DATE OF LOSS | TYPE OF LOSS<br>(Employee Dishonesty, Forgery, etc.) | AMOUNT OF LOSS |
|--------------|--|----------------|
|              |  |                |

Please attach details of all losses including description, corrective action taken and amount covered by insurance.

## **Insurance Fraud Warning**

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or a statement of claim 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 in certain jurisdictions.

### ***Important State Specific Information***

**ARKANSAS 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.**

**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.**

**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."**

**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 OF THE THIRD DEGREE.**

**HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.**

**KENTUCKY APPLICANTS: 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.**

**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.**

**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.**

**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.**

**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.**

**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.**

**OHIO APPLICANTS: 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.**

**OKLAHOMA APPLICANTS: 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 APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.**

**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.**

**PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.**

**RHODE ISLAND 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."**

**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.**

**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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.**

**VERMONT APPLICANTS: 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.**

**WASHINGTON 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."**

**WEST VIRGINIA 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.**

**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."**

**The Insured represents that the information furnished in this application is complete, true and correct. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond issued in reliance upon such information.**

**\*APPLIES TO GEORGIA, VIRGINIA APPLICANTS ONLY: The Insured represents that the information furnished in this application is complete, true and correct. It is further agreed that if the above described declarations and statements are not true, accurate and complete, and are deemed material to the issuance of this Policy, any claim arising from any matter not truthfully, accurately or completely disclosed, or disclosed at all, shall be excluded from coverage.**

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.**

**ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.**

Application completed by: \_\_\_\_\_  
(Name and Title)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Producer (Florida, Iowa Only):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer No. (Florida Only):** \_\_\_\_\_

**Producer Signature (New Hampshire only):** \_\_\_\_\_

**Producer Address:** \_\_\_\_\_