

IMPORTANT NOTICE

If CLAIMS MADE is selected (checked) as the Coverage type for any line of business included on this application, that section of the application is for Claims-Made coverage and the following applies: THIS IS AN APPLICATION FOR A POLICY THAT CAN BE WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

Submission Requirements

- Completion of this application and any supplemental applications
- Up-to-date schedules including Property COPE information, Autos with Original Cost New
- Five (5) years (plus current year) of currently valued loss runs and/or TPA
- Most Current Budget

GENERAL INFORMATION

Entity Name		FEIN		Entity Population	
Street Address		City	State	County	Zip Code
Insurance Contact / Title			Contact Phone Number		
Contact Email Address					

KEY DATES

Effective Date	Bid Date (if any)	Agency Need-by Date

SUBMITTING AGENCY

Agency		Phone	
Producer / Agency Contact			
Email Address			
Street Address		City	State Zip Code

PREMIUM AND LOSS HISTORY

Line	Check if Requested	Expiring Premium	Carrier	Deductible / SIR	Policy Limit
General Liability		\$		\$	\$
Public Officials' Liability		\$		\$	\$
Employment Practices Liability		\$		\$	\$
Law Enforcement Liability (separate application required)		\$		\$	\$
Auto Liability		\$		\$	\$
Auto Physical Damage		\$		\$	\$
Property		\$		\$	\$
Inland Marine		\$		\$	\$
Crime		\$		\$	\$
Excess Liability		\$		\$	\$
Equipment Breakdown		\$		\$	\$
Workers Compensation (not available in all states)		\$		\$	\$
Cyber/Data Compromise (separate application required)		\$		\$	\$
Other: _____		\$		\$	\$

COMMERCIAL GENERAL LIABILITY

Coverage Type

	Occurrence		Claims-Made	Retroactive Date:	
Per Occurrence Limit:	\$			Annual Aggregate:	\$
Deductible:	\$			SIR:	\$
	Employee Benefits Liability (claims made basis)			Retroactive Date:	

GENERAL LIABILITY EXPOSURES

Supplemental questionnaires required for these exposures are indicated in the column on the right.

Exposure/ Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Additional Notes
Airport or Related Facilities				Excluded under our program
Cemetery				
Chemical Spraying (Pesticide/ Herbicide)				# of employees with license? _____

GENERAL LIABILITY EXPOSURES CONTINUED

Exposure/ Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Additional Notes
Dams				<u>Complete Supplement:</u> <u>TPRS-SUP197</u>
Fire Department: Paid and/or Volunteer				<u>Complete Supplement:</u> <u>TPRS-SUP198</u>
Firearms Range: Public Use				Certified Range Master on Staff? Y / N
Highway / Public Works				<u>Complete Supplement:</u> <u>TPRS SUP 265-0423</u>
Streets / Roads				
<i>A. Miles of Paved</i>				Street/Road Formal Inspection Program? Y / N
<i>B. Miles of Unpaved</i>				Formal Citizen Complaint Procedure in place? Y / N
Housing Authority				Excluded under our program
Active Landfill/ Dump / Refuse Site / Incinerator				<u>Complete Supplement:</u> <u>TPRS-SUP199</u>
Law Enforcement Department				<u>Complete Supplement:</u> <u>TPRS-SUP203</u>
Medical & Ancillary Care Facilities				
<i>A. Nursing Home</i>				Excluded under our program
<i>B. Hospital</i>				Excluded under our program
Public Facilities: Convention / Civic Center / Stadium				
Recreational Activities				<u>Complete Supplement:</u> <u>TPRS-SUP194</u>
Schools				<u>Complete Supplement:</u> <u>TPRS-SUP201</u>

GENERAL LIABILITY EXPOSURES CONTINUED

Exposure/ Operation	Exposure Check if Yes	Subcontract to Others? Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	Additional Notes
Social Services: <i>Shelter (Women or Children) / Halfway House / Foster Care</i>				
Special Events				
<i>A. Carnival, Fair, Parade</i>				Mechanical Rides
				Mechanical Devices
				Liquor Service
<i>B. Fireworks</i>				Licensed Pyrotechnician
				Fire & EMS onsite
Utilities				
<i>A. Electric</i>				<u>Complete TPRS-SUP192 Supplement</u>
<i>B. Gas</i>				
<i>C. Sewer</i>				
<i>1. Treatment & Line Maintenance</i>				
<i>2. Lines Maintenance Only, No Treatment</i>				
<i>D. Water</i>				
Wharf/Piers				Formal Wharf / Pier inspections? Y / N Marina Exposure? Y / N
Other:				Please Describe:
Contractual Risk Transfer				Yes No
Do you have a Legal Representative review all contracts?				
Do you require to be named as Additional Insured?				
Do you have Legal Counsel on staff or dedicated outside Counsel?				
Do you require insurance limits of contractors equal to yours?				

PUBLIC OFFICIALS' LIABILITY

Completed By	Title	Date

Coverage and Limits

Coverage Type

Occurrence	Claims-Made	Retroactive Date:	Annual Aggregate:	Deductible:	SIR:
Per Wrongful Act Limit: \$			\$	\$	
	Employee Benefits Liability (claims made basis)	Retroactive Date:			
Non-Monetary Defense Limit	\$10,000/\$50,000	\$25,000/\$50,000	\$50,000/\$50,000	Other:	

General Information

Policies & Procedures

	Yes	No
Are Officials trained in public meeting protocols?		
Does the entity engage legal counsel on potential conflicts of interest?		
Policy in place around public officials speaking to the media, social media?		

Planning and Zoning, Land Use

Does the entity have a formal written zoning and zoning appeal process?		
Is Legal Counsel engaged on cases when statutes/ordinances need interpretation?		

Have any of the following occurred within the last three (3) years?

Disputes involving the taking or condemnation of property?		
Disputes alleging the wrongful approval/denial of building or zoning permits?		
<i>If Yes, Please Explain:</i>		

EMPLOYMENT PRACTICES LIABILITY

Completed By	Title	Date

Coverage and Limits

Coverage Type

Occurrence	Claims-Made	Retroactive Date:	Annual Aggregate:	Deductible:	SIR:
Per Wrongful Act Limit: \$			\$	\$	
	Employee Benefits Liability (claims made basis)	Retroactive Date:			
Non-Monetary Defense Limit	\$50,000/\$50,000 (provided)	\$50,000/\$100,000	\$50,000/\$200,000;	Other:	
EEOC Limit	\$10,000/\$50,000 (provided)	\$25,000/\$50,000	\$25,000/\$100,000;	Other:	

EMPLOYMENT PRACTICES LIABILITY CONTINUED

Employment Information

Number of:	Full-time employees	Part-time employees

What was the annual employee turnover rate for the last three (3) years?

Current Year	1st Prior Year	2nd Prior Year
%	%	%

How many involuntary employment terminations* have occurred in the past three (3) years?

Current Year	1st Prior Year	2nd Prior Year

Disputes / Claims Information

	Yes	No
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Have any of the following occurred within the last three (3) years?		
Disputes involving integration, segregation, discrimination, or violation of civil rights?		
Disputes alleging wrongful treatment in employee hiring, employment conditions, remuneration, advancement of employment or termination of employment?		
<i>If Yes, Please Explain:</i>		

Policies and Procedures

	Yes	No
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Entity conducts prior employment check on all new hires?		
Does the entity have a posted anti-discrimination policy?		
Does the entity have an employee handbook?		
Is employee handbook signed by all employees?		
Latest Revision Date of employee handbook? Date: _____		
When did legal counsel last review the employee handbook? Date: _____		

**Does the entity have written policies and procedures with regard to the following?
(Please check all that apply)**

Policy	Last Revision Date
<i>Hiring</i>	
<i>Discrimination</i>	
<i>Grievance Procedures</i>	
<i>Termination</i>	
<i>Medical / Unpaid Leave</i>	
<i>Sexual Harassment</i>	
<i>Disciplinary Actions</i>	
<i>Internet Usage</i>	
<i>Social Media</i>	

EMPLOYMENT PRACTICES LIABILITY CONTINUED

Employment Practices, Controls and Employee Performance	Yes	No
Does the entity provide training for all new supervisors and managers on harassment policy and procedure?		
Documented Employee Performance Reviews at least annually?		
Does the entity require terminations to be reviewed by legal counsel in addition to its Human Resources department/designee?		

Annual Affirmation from Employees on the following policies? (Please check all that apply)

Discrimination	Internet Usage	Social Media	Harassment
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Employment Practices Entity-wide	Yes	No
In Regards to Employment Practices, do all departments (i.e. Police, Fire, School, Public Works, etc) follow the same policies, procedures and documentation requirements?		
<i>If No, Please Explain:</i>		

COMMERCIAL AUTOMOBILE COVERAGE

PLEASE ATTACH THE DESIGNATED EXCEL WORKSHEET/SCHEDULE

Limits			Yes	No
Per Occurrence Limit	\$	Hired/Non-Owned Requested		
Liability Deductible (if any)	\$	Medical Payments	\$	
PIP / No Fault	\$	Additional No-Fault	\$	
UM / UIM	\$	Other: _____	\$	

Underwriting Information	Yes	No
Any location with a concentration of vehicles where total values exceed \$2,000,000?		

If "Yes", complete CONCENTRATION OF VEHICLES SUPPLEMENTAL APPLICATION (TPRS-SUP193)

Fleet Safety	Yes	No
Driver training program?		
Accident investigation program?		
Accident investigation includes a corrective action for preventable accidents?		
MVRs ordered prior to hire?		
Has the entity disqualified a prospective employee due to a poor driving record?		
Does the entity conduct periodic MVR checks?		
	Annually	Bi-annually
	Other: _____	
Standard in place for acceptable and unacceptable MVR's?		
What action is taken with an Employee with an unacceptable MVR?		

COMMERCIAL AUTOMOBILE COVERAGE CONTINUED

Fleet Safety				Yes	No
Are employees allowed to take vehicles home?					
Is personal use permitted?					
Indicate Type					
Dial-a-Ride		Fixed Transit		Para Transit	
Direct-Excess Basis		Other:			

Garagekeepers			Deductible	
Description of Operation	Physical Address	Limit	Comp	Collision
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

COMMERCIAL EXCESS LIABILITY

Coverage to apply over:	Requested Excess Limit: \$ _____			
General Liability	Educators Legal		Law Enforcement	
Auto Liability	Public Officials		Employment Practices	

Employers Liability

Please provide carrier name, effective dates and limits:

PROPERTY

Please attach the designated Excel worksheet/schedule

Coverage Requested

Deductible: \$ _____				
Replacement Cost		Functional		ACV
Coinsurance Selection:				
Agreed Amount (default)		90%		100%
Wind Deductible (if different from AOP):				
1%		2%		Other: _____ %
\$25,000		\$50,000		Other: \$ _____
Other Coverages Selection:				
Flood Limit: \$ _____		Deductible:	\$50,000	Other Deductible: \$ _____
Earthquake Limit: \$ _____		Deductible:	\$50,000	Other Deductible: \$ _____
BI / EE Limit: \$ _____				

UNDERWRITING INFORMATION

Are there any unoccupied/vacant buildings? Yes No

If "Yes", provide details about future plan for occupancy, frequency of maintenance and insured visits to the premises:

Are there any buildings on the historic registry? *If yes, provide details below:*

Location Name	Street Address	Use	Year Built

Do you have any dedicated facilities personnel? Yes No

If "Yes", please provide details below:

# of Staff	Formal Preventative Maintenance Program in place?		Is this an automated program?	
Full Time: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Part Time: _____				

Does the entity have any on-premises electrical generation capability (excluding emergency generators)? *If "Yes", provide details below:*

Check all	Type or Source	Kilowatts Generated	Location(s)
<input type="checkbox"/>	Hydroelectric		
<input type="checkbox"/>	Wind		
<input type="checkbox"/>	Solar		
<input type="checkbox"/>	Turbine		
<input type="checkbox"/>	Other:		

* Electric Generation exposures may require supplemental information that will be requested by your Underwriter.

What is the generated power used for? (Check all that apply)

	Primary Power		Emergency Power		Peak Shaving
<input type="checkbox"/>	Standby	<input type="checkbox"/>	Supplemental	<input type="checkbox"/>	Distribution

Equipment Breakdown Yes No

Is Equipment Breakdown Coverage requested?

If "Yes", provide the following details:

Inspection Contact (Name and Phone #):

Deductible (if different from AOP)	\$
Pollution Clean-up (\$250,000 included)	\$
Refrigerant Contamination (\$250,000 included)	\$
Spoilage (\$250,000 included)	\$

CRIME

Coverage Requested

Coverage	Limit	Deductible
A Public Employee Dishonesty/Theft (per loss)	\$	\$
<i>Faithful Performance</i>	Yes	No
B Forgery or Alteration		
<i>Forgery of Negotiable Instruments</i>	\$	\$
<i>Forgery of Payment Card Instruments (N/A in GA or NY)</i>	\$	INCLU
C Loss Inside -Theft of M & S	\$	\$
D Loss Inside - Robbery or Safe Burglary	\$	\$
E Loss Outside Premises	\$	\$
F Computer & Funds Transfer Fraud	\$	\$
G Fraudulent Impersonation*	\$	\$
H Money Orders & Counterfeit Money	\$	\$

* Complete FRAUDULENT IMPERSONATION SUPPLEMENTAL APPLICATION (TPRS-SUP 190) if requesting limits of \$100,000 or more.

Breakdown of Employees & Coverage

	Employee - Class A		Treasurers		Tax Collectors		School Volunteers who handle money		Students* who handle money	
Coverage requested for:										
How many?										
Required to be bonded?	Y	N	Y	N	Y	N	Y	N	Y	N

* If coverage is requested for Volunteers or Students, explain the exposure and what type of oversight is provided.

Controls

	Yes	No
Are employee background checks conducted for all employees who handle money?		
Indicate what security provisions apply and identify how often:		
<i>Audit</i>	_____	
<i>Bank Statements</i>	_____	
<i>Countersignature</i>	_____	
<i>Reconciliations</i>	_____	

Computer Fraud (if requested)

	Yes	No
Do you have an IT department or dedicated IT personnel?		
Is there a software security system in place?		
Is this system updated regularly as new protections are released?		
Are users required to change their passwords and access codes periodically?		
Is there a procedure in place to disable access when an employee is terminated or leaves a position?		

CRIME CONTINUED

Additional Coverages

Include Expenses Incurred to Establish Amount of Covered Loss					
	Employee Theft	Limit of Insurance	\$	% of covered loss	%
	Computer & Funds Transfer Fraud	Limit of Insurance	\$	% of covered loss	%
Complete the schedule below for any Excess Limit for Specified Employees or Positions:					
Name & Position			Excess Limit		
			\$		
			\$		
Complete the following for Increased Limit of Insurance For Specified Periods ("Peak Season"):					
Coverage		Increased Period Start Date	Increased Period End Date	Increased Limit Requested	
Inside the Premises - Theft of M & S				\$	
Inside the Premises-Robbery or Safe Burglary of Other Property				\$	
Outside the Premises				\$	

INLAND MARINE

Computer Equipment

(Note, coverage is NOT provided for any equipment leased or rented to others)

Non Portable Equipment (desktops, mainframes, servers):		\$			
Portable Equipment (ie: tablets, laptops, mobile devices)	\$	Deductible		Media & Data	
		\$	\$	\$	\$
				Yes	No
Do you have a location containing specialized equipment such as an emergency 911 system?					
Do you have written procedures and a schedule for backing up the media and data?					

Contractors Equipment

Provide schedule of equipment including full description (year, make, serial #), where stored, limit.

Equipment Type	Total Limit	Deductible	Maximum Per Item	
Scheduled Equipment	\$	\$	N/A	
Blanket Unscheduled Equipment:	\$	\$	__ \$1,000	__ \$5,000
			__ \$2,500	__ \$_____
Miscellaneous Tools Owned by you:	\$	\$	__ \$1,000	__ \$5,000
			__ \$2,500	__ \$_____

INLAND MARINE CONTINUED

Optional Coverages	Total Limit	Maximum Per Item
Employee Tools & Clothing (\$5,000/\$1,000 provided)		
Equipment Borrowed from others		
Equipment Leased or Rented from others		
Equipment Loaned to others*		
Equipment Leased or Rented to others*		
Waterborne		
If coverage is selected for equipment leased / rented / loaned to others, is a written hold harmless agreement in place including an insurance transfer of risk?	___ Yes	___ No

Miscellaneous Schedules

Equipment Type	Total Limit	Deductible	Maximum Per Item (applies to Unscheduled)	Additional Information Needed
Fire Department Equipment	Scheduled: \$ _____	\$	___ \$1,000	Provide Schedule or max per item will apply to unscheduled
	Unscheduled: \$ _____		___ \$2,500 ___ \$ _____	
Police Department Equipment	Scheduled: \$ _____	\$	___ \$1,000	Provide Schedule or max per item will apply to unscheduled
	Unscheduled: \$ _____		___ \$2,500 ___ \$ _____	
Emergency All Other Equipment	Scheduled: \$ _____	\$	___ \$1,000	Provide Schedule or max per item will apply to unscheduled
	Unscheduled: \$ _____		___ \$2,500 ___ \$ _____	
Musical Instruments	Scheduled: \$ _____	\$	___ \$1,000	Provide Schedule or max per item will apply to unscheduled
	Unscheduled: \$ _____		___ \$2,500 ___ \$ _____	
Other: _____	Scheduled: \$ _____	\$	___ \$1,000	Provide Schedule or max per item will apply to unscheduled
	Unscheduled: \$ _____		___ \$2,500 ___ \$ _____	
Watercraft	\$	\$	Description (including length & horsepower):	
Unmanned Aircraft	\$	\$	Supplemental Application required (TPRS-SUP210)	

INLAND MARINE CONTINUED

Fine Arts

Limit:	\$	Deductible	\$	
Provide schedule of fine arts (owned and fine arts of others in your care, custody or control) including description of item, where located and limit.				
			Yes	No
<i>Are appraisals on file for items valued over \$5,000?</i>				
<i>Do you display property of others?</i>				
<i>Are any of your fine arts displayed or stored at a location other than your own?</i>				

Animal Floater

	Type of Animal (sole ownership only)	Name	Purpose	Limit	
1				\$	
2				\$	
3				\$	
4				\$	
Deductible:		\$			
				Yes	No
Has any scheduled animal been sick or injured during the past year?					
<i>If "Yes", describe:</i>					
Are scheduled animals seen by a licensed veterinarian annually?					

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.



TRIDENT

PUBLIC RISK SOLUTIONS

MEMBER OF PARAGON INSURANCE HOLDINGS, LLC

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, CO, DE, IN, KS, KY, MA, MN, NH, NY, OH, PA, TX, VT, WV; in ME and TN, insurance benefits may also be denied).

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

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 commits a fraudulent insurance act.

Kentucky

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

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 denial of insurance benefits.

Massachusetts

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Ohio

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.

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.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee

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.

Texas

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

West Virginia

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.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED

APPLICANT / NAMED INSURED SIGNATURE

	Date:
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AGENT INFORMATION

Agent / Broker	Yes	No
Are you personally familiar with this Applicant's operations?		
Did your office control this risk in the past year?		

AGENT'S OR BROKER'S NAME	LICENSE NO.
AGENT'S OR BROKER'S ADDRESS	CONTACT NUMBER
AGENT'S OR BROKER'S SIGNATURE	DATE