

GENERAL INFORMATION

Date of survey: _____ Insurance Renewal Date: _____ Date proposal needed: _____

Legal Name of Organization: _____

FEIN: _____
(Please include all organizations that are to be included as insureds)

Mailing Address: _____

County: _____

Location Address: _____

County: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Website Address: _____ E-Mail Address: _____

INSURANCE AGENT INFORMATION

Agent's Name: _____

Name of Agency: _____

Address: _____

Telephone: _____ Fax: _____ E-mail address: _____

Do you currently write this account? Yes No

If yes, for how long? _____ Carrier Name? _____

Is the account Sub-Brokered? Yes No

If yes, please indicate Agency Name: _____

BUSINESS INFORMATION

Which best describes the organization (please check one):

- Bed & Breakfast Country Inn Destination Resort
 Lodge Other (please describe): _____

Description of organization: Sole Proprietorship Partnership Corporation Other _____

Years in operation: _____ **(Minimum Requirement: 3 Years in Operation)**

Total # of Guides/Outfitters: _____ Total # of Guests expected this year: _____ Average trip duration: _____ days

Is your business currently up for sale? Yes No

Has your business had any changes in ownership over the past 3 years? Yes No

If so please provide details: _____

Has your business filed for bankruptcy and/or been in receivership within the last 3 years? Yes No

Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? Yes No

If yes, please provide dates, coverage and explanation: _____

Are you a member of any state or regional association? Yes No

If yes, please list: _____

LOCATION INFORMATION

Please complete and attach a property ACORD application if property coverage is desired.

What fire control water sources are available?

- Fire Hydrant Pool Pond/Lake Water Tank Other, please specify: _____

Are there buildings at your facility with limited access due to forest, terrain or season? Yes No

Are your buildings located in heavily wooded areas? Yes No

Is the clearing from forest/wooded areas greater than 150 feet? Yes No

Are your buildings occupied year round? Yes No

 If no, is there a caretaker on site? Yes No

 If no, are buildings winterized? Yes No

Are there smoke alarms in all corridors and sleeping quarters? Yes No

Is your building equipped with sprinklers? Yes No

Is there emergency lighting in all corridors and sleeping quarters? Yes No

Do you have two means of egress from all floors? Yes No

Do any buildings have wood burning fireplaces and/or woodstoves? Yes No

 If yes, list location numbers: _____

Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? Yes No

 If yes, list location numbers: _____

Do you allow smoking inside your buildings? Yes No

Cooking Facility Information

Do you have an automatic extinguishing system over the cooking surface? Yes No

Do you have automatic fuel shut-offs to stoves? Yes No

Do you have deep fat fryers? Yes No

Do you have a hood and duct system? Yes No

 If yes, is there a formal maintenance contract in place? Yes No

Do you have fire extinguishers readily available? Yes No

Dock Information

If requesting property coverage for docks please provide pictures and answer the following questions:

Indicate the number of Docks _____

Indicate the number of Boat Slips _____

Does the water around your dock freeze? Yes No

Are the docks removed? Yes No

CGL LIMITS OF INSURANCE

Each Occurrence/General Aggregate \$300,000/\$600,000 \$500,000/\$1 million
 \$1 million/\$2 million \$1 million/\$3 million

Damage to Rented Premises \$100,000

Medical Payments \$5,000

Employee Benefits Liability** \$300,000/\$600,000 \$500,000/\$1 million
(claims made only)
 \$1 million/\$2 million \$1 million/\$3 million
 Retroactive Date: _____

**Employee Benefits Liability not available in MT, NY and TX

CERTIFICATES OF INSURANCE & ADDITIONAL INSUREDS

List any entities that need Certificates of Insurance or Additional Insured endorsements for liability coverage.
 For Additional Insureds, describe their interest in your business.

Loc. No.	Name & Address	Certificate of Insurance	Additional Insured
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			
		<input type="checkbox"/>	<input type="checkbox"/>
Describe Interest			

OPERATIONS

Is your business open year round? Yes No
 If no, provide the number of months you are open? _____

Do you or a manager live on the premise? Yes No
 If yes, is there separate homeowners or tenants coverage in place? Yes No
 If no, please complete the Personal Liability Supplement.

Is staff on premise while guests are present? Yes No
 If no, are guests provided with emergency contact information? Yes No

Do you have any dogs on the premise (other than those owned by your guests)? Yes No
 If yes: What breed(s)? _____
 Are your dogs ever allowed into guest areas or around guests? Yes No

Do you allow your guests to bring pets? Yes No

Is there a formal maintenance program for the grounds and public traffic areas? Yes No

Do you sell alcohol? Yes No
 If yes, please complete and attach the Liquor Supplement.

SUBCONTRACTOR INFORMATION

Does the organization hire subcontractors? Yes No

If yes, are certificates of insurance obtained from all subcontractors? Yes No

Please describe the work performed by all subcontractors and indicate the annual cost for this work:

Work Performed _____ Cost \$ _____

Work Performed _____ Cost \$ _____

List Safety Procedures and attach safety guidelines: _____

ACTIVITIES CONDUCTED

Expiring Policy estimated total receipts: \$ _____

Next 12 month's estimated total receipts: \$ _____

Do you require guests and/or visitors to sign an acknowledgment of risk or liability waiver? Yes No

Activities Conducted	Guided	Revenue
<input type="checkbox"/> ATV/Snowmobile Operations (complete section below)	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Cross Country Skiing/Snowshoeing	<input type="checkbox"/>	
<input type="checkbox"/> Day Care/Babysitting Operations		
<input type="checkbox"/> Downhill Skiing	<input type="checkbox"/>	
<input type="checkbox"/> Hay/Sleigh/Wagon Rides (complete section below)	<input type="checkbox"/>	
<input type="checkbox"/> Hiking/Backpacking	<input type="checkbox"/>	
<input type="checkbox"/> Horseback Riding/Rodeo (complete section below)	<input type="checkbox"/>	
<input type="checkbox"/> Mountain Biking/Road Cycling (complete section below)	<input type="checkbox"/>	
<input type="checkbox"/> Mountain/Rock Climbing	<input type="checkbox"/>	
<input type="checkbox"/> Pools/Swimming Areas (complete section below)		
<input type="checkbox"/> Restaurant/Snack Bar (complete section below)		\$ _____
<input type="checkbox"/> Retail Operations (complete section below)		\$ _____
<input type="checkbox"/> Special Events (complete section below)		\$ _____
<input type="checkbox"/> Tour Operations (complete section below)	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Watercraft (complete section below)	<input type="checkbox"/>	\$ _____

What activities, other than those identified above, are conducted or take place at your business?

If guided services are provided, please answer the following:

What is the minimum experience level of your guides? _____ Years

Have your guides received first aid training? Yes No

Do your guides carry a means of communication (cell phone, 2-way radios, etc.)? Yes No

ATV/SNOWMOBILE OPERATIONS

What percentage of your ATV/Snowmobile operations is unguided? ___ %

Do you rent or supply ATVs/Snowmobiles to your guests? Yes No

Are helmets required? Yes No

Are helmets provided to your guests? Yes No

Do you conduct a pre-ride safety briefing with guests? Yes No

Is there a formal maintenance program for owned ATVs/Snowmobiles? Yes No

Do you provide mechanical service and/or sell mechanical parts for non-owned ATVs/Snowmobiles? Yes No

Do you provide trailer hitch fabrication or installation? Yes No

HAY/SLEIGH/WAGON RIDES

Ride Type: Wagon Sleigh Surrey Buckboard/Buggy Other: _____

Conveyance Type: Tractor Horse Other: _____

Rides take place on: Public Roads Public Areas Private Land (your premise)

Maximum Number of Passengers: _____

Are rides operated and/or supervised by employees? Yes No

HORSEBACK RIDING/RODEO INFORMATION

What percentage of your riding operations is unguided? ___ %

What is the total number of horses available for guest riding? _____

What is the youngest rider you will allow on a horse? _____ years old

Do you require the use of helmets for all riders age 12 and under? Yes No

Do you ever allow double riding? Yes No

Do you operate pony rides? Yes No

If yes, is the pony hand led? Yes No

What is the youngest rider you will allow on a pony? _____ years old

Do you ever participate in parades or community celebrations with your horses? Yes No

Do you board horses other than those owned by yourself or your guests? Yes No

Do you hold rodeos or other competitive events? Yes No

If yes, do you allow your guests to participate? Yes No

Do you conduct cattle drives? Yes No

If yes, what is the wrangler to rider ratio? ___ / ___

Do you allow your guests to rope or brand cattle? Yes No

Do you conduct a pre-ride safety briefing with guests? Yes No

Do you provide a written safety manual outlining procedures to staff members? Yes No

List any reasons why you would decline a person from riding (health, age, alcohol, etc). _____

MOUNTAIN BIKING/ROAD CYCLING INFORMATION

What percentage of your cycling operations is unguided? ___ %

Do you rent or supply bicycles to your guests?

Yes

No

Are helmets required?

Yes

No

Are helmets provided to your guests?

Yes

No

Do you conduct a pre-ride safety briefing with guests?

Yes

No

What percentages of tours are: Off-road: ___ % On-road: ___ %

POOL & SWIMMING AREAS

How many of each: ___ Pools ___ Lakes/Ponds ___ Other: please specify: ___

Are your swimming facilities open to the general public?

Yes

No

Are pool areas fenced?

Yes

No

If yes, does it have a childproof, self-locking gate?

Yes

No

Are all other swimming areas roped off or clearly defined?

Yes

No

Is the depth of the swimming area clearly marked?

Yes

No

Are life rings or buoys provided?

Yes

No

Is there a lifeguard on duty?

Yes

No

If no, is there a sign indicating "No lifeguard, swim at your own risk, no diving"?

Yes

No

Is a trained employee available for emergencies?

Yes

No

Do you have any diving boards?

Yes

No

Do you have a waterslide?

Yes

No

If yes, what is the length & height of the slide? ___ Length ___ Height

RESTAURANT/SNACK BAR OPERATIONS

What best describes your food establishment?

Snack Bar Only

Restaurant with Table Service

Restaurant without Table Service

Do you sell alcohol?

Yes

No

If yes, please complete the Liquor Supplement.

If yes, what percent of restaurant sales is generated from the sale of alcohol? ___ %

What percent of sales are generated from non-lodging patrons? ___ %

RETAIL OPERATIONS

What is the total value of retail inventory? \$ _____

What type of inventory do you sell? (Check all that apply):

General Merchandise Baked/Homemade Goods Souvenirs Sporting Goods Other: _____

Do you import directly from any foreign manufacturers?

Yes No

If yes, please provide certificates of insurance evidencing foreign manufacturer's products liability insurance.

In U.S. dollars, what is the limit of their products liability insurance? \$ _____

Do you obtain certificates of insurance for products liability insurance from U.S. manufacturers of your products? Yes No

If yes, please provide copies of certificates.

If No, it is essential that you make every attempt to.

Are you a "Vendor" on the Products Liability Insurance carried by the U.S. manufacturers of your products? Yes No

If yes, please provide copies of certificates.

If No, it is essential that you make every attempt to.

What other types of retail operations take place at your business? _____

SPECIAL EVENT INFORMATION

Do you hold any of the following events? (Please check all the apply)

Banquets
 Conferences
 Weddings/Reunions
 Other, please specify: _____

Do you provide the catering at these functions?

Yes No

Do you sell alcohol at any of these functions?

Yes No

If yes, please complete the Liquor Supplement

TOUR INFORMATION

What types of tours are provided? (Check all the apply)

Historic Scenic Other: _____

What modes of transportation are used? (Check all the apply)

ATVs/Snowmobiles Boat Bus/Vehicle Hiking Horses Other: _____

What is the tour guide to guest ratio? ___ / ___

WATERCRAFT

What percentage of your watercraft operations is unguided? ___ %

On what type of water does use take place? (Please check all that apply).

Rivers Lakes/Ponds Ocean Bays/Inlets

If use takes place on rivers, what is the river classification(s)?

Class I Class II Class III Class IV Class V

Are life vests/personal floatation devices required?

Yes No

Are life vests/personal floatation devices provided to your guests?

Yes No

Do you permit water skiing with the use of your watercraft?

Yes No

Do you provide, rent, lease or operate any personal watercraft? (IE: Jet Skis, Sea-Doos and/or Waverunners)

Yes No

Non-Motorized Watercraft

Boat Type	Number Used
<input type="checkbox"/> Canoes/Kayaks	_____
<input type="checkbox"/> Row Boats/Paddle Boats	_____
<input type="checkbox"/> Float Tubes/Rafts	_____

Motorized Watercraft

Year	Make & Model	Length	HP	OB / IB / IO	# Pass	Guest Operated
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

****If physical damage/hull coverage is required, please attach the applicable ACORD application****

EXCESS LIABILITY

Desired Limit of Insurance (maximum \$5 million): \$ _____

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1million bodily injury by accident/\$1 million bodily injury by disease/\$1 million bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer*: _____ Policy Number: _____

Policy Period: _____

Employers Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident

\$ _____ Bodily Injury by Disease

\$ _____ BI by Disease Policy Limit

**Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*

ADDITIONAL COVERAGES AVAILABLE

For Business Automobile, Commercial Crime and/or Inland Marine, please attach applicable ACORD applications.

PREMIUM HISTORY

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): _____ \$ _____
(current year)

Carrier(s): _____ \$ _____
(1st prior year)

Carrier(s): _____ \$ _____
(2nd prior year)

Claims History

Have there been any claims or losses in the last five years: Yes No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.*

DOL	Description	Status	Amount

*Attach separate pages if needed. Provide the carrier loss runs if available

SUBMISSION REQUIREMENTS

Attachments to this application **must** include the following:

- A complete drivers list with driver names, license numbers, dates of birth and date of hire (if auto coverage requested).
- All available brochures.
- Copies of waivers currently in use.

A quotation will not be offered if the attachments are not included with the application.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection Arizona law requires the following statement to appear on this form, any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully decreasing any claim for benefit or payment or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for either of said purposes, under this chapter shall be guilty of a Class D felony.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.

APPLICABLE IN COLORADO - 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.

APPLICABLE IN DELAWARE - DELAWARE FRAUD STATEMENT

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.

APPLICABLE IN IDAHO – IDAHO FRAUD STATEMENT

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

APPLICABLE IN INDIANA – INDIANA FRAUD STATEMENT

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

APPLICABLE IN KENTUCKY - 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.

APPLICABLE IN LOUISIANA - LOUISIANA 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 is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MAINE – 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 include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN MARYLAND – MARYLAND FRAUD STATEMENT

Any person who knowingly and willfully presents a false or fraudulent claim for payment for 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.

APPLICABLE IN MINNESOTA – MINNESOTA FRAUD STATEMENT

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

APPLICABLE IN NEBRASKA – NEBRASKA 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 may subject the person to criminal and civil penalties.

APPLICABLE IN NEW HAMPSHIRE – NEW HAMPSHIRE FRAUD STATEMENT

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 R.S.A. 638.20.

APPLICABLE IN NEW JERSEY - 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.

APPLICABLE IN NEW MEXICO – NEW MEXICO 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 is guilty of a crime and may be subject to civil fines and criminal penalties.

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Other than Auto: 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 violation.

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.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

Any person who, with the 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 – OKLAHOMA WARNING

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 OREGON – OREGON 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 may subject the person to criminal and civil penalties.

APPLICABLE IN PENNSYLVANIA – 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.

APPLICABLE IN TENNESSEE - TENNESSEE 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.

APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

For your protection, Utah law requires the following to appear on this form: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN VERMONT – VERMONT 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 may subject the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA – 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.

APPLICABLE IN WASHINGTON – 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 include imprisonment, fines, and denial of insurance benefits.

APPLICABLE IN WEST VIRGINIA – WEST VIRGINIA 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 is guilty of a crime and may be subject to fines and confinement in prison.

GENERAL FRAUD STATEMENT

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 CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OK, OR, or VT; in DC, LA, ME, TN, VA, and WA, insurance benefits may also be denied).

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____

Date: _____

Name and title (please print): _____

Insurance Broker's Signature _____

Date: _____