



ICE ARENA SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Complete ACORD Property, Auto and Umbrella Liability if coverages are requested
- Currently valued insurance company loss runs for the current policy period plus four (4) prior years
- Brochure
- Income statement
- Color photos (interior and exterior)
- Applicant's liability release waiver
- Copy of Applicant's Accident and Health policy

SECTION I - GENERAL INFORMATION

Applicant Name:

Rink Name:

Mailing Address:

Contact Name:

Contact Phone:

Web address: www.

Effective Date:

Applicant is:

Non-profit

Franchise

Partnership

Corporation

Governmental

FEIN:

SIC Code:

SECTION II - RECEIPTS

ITEMIZED RECEIPTS		LESSON RECEIPTS	
Food	\$	Figure skating lessons	\$
Non-alcoholic beverages	\$	Group lessons	\$
Alcoholic beverages	\$	Hockey lessons	\$
Pro shop	\$	Senior hockey leagues	\$
Competitions	\$	Other:	\$
Ice Shows/Events	\$	TOTAL RECEIPTS	\$
Parties	\$		
Vending	\$		
TOTAL RECEIPTS	\$		
PERCENTAGE FOR SKATING		ITEMIZED RECEIPTS FOR SKATING ONLY	
League skating	%	League skating	\$
Open skating	%	Open skating	\$
Months in operation:		Skate sharpening/repair	\$
		TOTAL RECEIPTS	\$

SECTION III - RINK SIZE

Length		X Width		=		Square feet
Length		X Width		=		Square feet

1. Are participants required to sign a waiver? Yes No
 If yes, League Minor league Non-league Groups
2. Are parents and /or guardians required to sign for minors under age 18? Yes No
 Does the Applicant maintain an Accident and Health policy? Yes No
 If yes, League Minor league Non-league Groups
 Limit per accident: \$
 Does the Applicant have a written incident report procedure in place? Yes No
 Does the Applicant keep a log of all incidents? Yes No
3. Does the Applicant require an ice rental agreement? Yes No
 If yes, Instructors Leagues Groups
4. By state law, what is the maximum capacity of the ice rink at one time:
5. By state law, what is the ratio of skaters to floor guards: to
6. Are floor guards required to wear distinctive clothing that visibly represents their authority on the ice? Yes No
7. Are employees familiar with appropriate evacuation procedures? Yes No
8. Staff: Number of full-time: Number of part-time:
 Age: Under 18 years old: 18-25 years old: Over 25 years old:
9. Are instructors employees of the rink? Yes No
 If no, do they furnish certificates of insurance? Yes No
10. Does the Applicant have skate rentals? Yes No
 If yes, who operates the rental operation? Applicant Sub-contractor
 If sub-contractor, does the Applicant have a certificate on file as proof of insurance? Yes No
11. Check all that apply:
 Shows Teams Skating
 Contest Speed skating Other:
12. Does the Applicant sponsor any hockey team? **If yes, explain:** Yes No
 Are they members of: USA Hockey Other:
13. Do figure skaters utilize the Applicant's rink/arena? Yes No
 Are they members of: USFA ISI PSA Other:
14. Are rubber mats used in non-skate areas? Yes No
 How often are they turned:
15. Does the Applicant have barrier(s) separating skaters from spectators? Yes No
 If yes, height:
 Acrylic? Yes No
 If yes, Strutted Seamless Wire Mesh
16. Dash boards? Yes No
 Netting? Yes No
 If yes, is it to the ceiling? Yes No
 How often is the netting maintained:
17. Hockey goal nets: Breakaway/rest on surface Anchored/bolted to surface
18. Is the ice surface ever covered or removed for other activities? **If yes, explain:** Yes No
19. If yes, is the seating: Permanent Temporary/Portable
 Maximum seating capacity:
 Type of seating: Wood Metal Concrete Other:
 Does the seating cause any risk to the spectator at any point? Yes No
 Does the Applicant use non-slip surface/treads? Yes No
20. Type of ice resurfacing equipment: Age:
 Fuel source: Propane Gas Electric Other:
 Does the Applicant have a written log of service? Yes No
 Does the Applicant have a proper draining room for the ice re-surfacing equipment? Yes No
 Does the Applicant have a written procedure in place to re-surface the ice? Yes No
 How is ice thickness determined:

21.	Does the Applicant have Carbon Monoxide Detectors? If yes: Battery Operated? Yes No Hard Wired?	Yes Yes	No No
22.	What kind of ventilation system does the rink have:		
23.	Who is responsible for the maintenance of the ventilation system? a. If the insured's employees, are all maintenance workers who work on the refrigeration and air conditioning systems properly certified in heating/ventilation/air conditioning (HVAC) service and repairs?	Yes	No
	b. If a subcontractor, is the sub required to carry at least \$1,000,000 of Commercial General Liability, indemnify/hold the insured harmless and name the insured as an additional insured on their insurance policy?	Yes	No
24.	What kind of refrigeration system does the rink use:		
25.	Who is responsible for maintenance of refrigeration: a. If the insured's employees, are all maintenance workers who work on the refrigeration and air conditioning systems properly certified in heating/ventilation/air conditioning (HVAC) service and repairs?	Yes	No
	b. If a subcontractor, is the sub required to carry at least \$1,000,000 of Commercial General Liability, indemnify/hold the insured harmless and name the insured as an additional insured on their insurance policy?	Yes	No
26.	How long would it take to replace the building and the rink refrigeration system:		
27.	How often does the Applicant test air samples:		
28.	Who maintains parking lot and curbs during winter storms: Applicant Sub-contractor		
29.	When a storm occurs, is there a procedure in place to remove ice and snow from the roof immediately following to avoid roof collapse? If yes, explain:	Yes	No
30.	Does the Applicant have any inflatable, fabric or air supported structures such as, but not limited to, bubbles or domes?	Yes	No
31.	Does the Applicant operate a babysitting service? If yes, explain:	Yes	No
32.	Is smoking allowed? If yes, explain:	Yes	No
33.	Does the Applicant store flammable cleaning fluids on the premises? If yes, where are they stored:	Yes	No
34.	If the power goes out, is there emergency lighting?	Yes	No
35.	Does the Applicant have locker rooms? How are they monitored:	Yes	No
36.	Does the Applicant have shower rooms? If yes, are they open to the public?	Yes Yes	No No

SECTION IV – CONCUSSIONS - ATHLETICS

1.	Does the Applicant have a written concussion awareness and management program in place, and, where applicable, is it compliant with current state legislation? If yes, does this include:	Yes	No
	a. Understanding a concussion and the potential consequences of this injury?	Yes	No
	b. Recognizing the signs and symptoms of a concussion or other closed head injury and how to respond?	Yes	No
	c. Learning about steps for returning to activity after a concussion?	Yes	No
	d. Focusing on prevention and preparedness to help keep participants safe?	Yes	No
	*A copy of written program is required upon binding.		
2.	Does the insured require all coaches, instructors, and officials to complete the online Concussion Course offered by the Centers for Disease Control and Prevention?	Yes	No
3.	a. Does the insured communicate and distribute education materials to participants and / or parents / guardians of minors about the nature of risk of concussions, including but not limited to how to recognize concussion symptoms, in written or electronic form?	Yes	No

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|-------------------------------------------------------------------------------------|-----|-----|
| b. Was the case settled? | Yes | No |
| c. Was the case taken to trial? | Yes | No |
| d. How much money was paid as damages to the victim: \$ | | |
| 9. Regarding coverage for Abuse & Molestation, does the Applicant's current policy: | | |
| Exclude coverage | | |
| Limit coverage (please indicate limit): \$ | | |
| Neither exclude or limit coverage | | |
| 10. Please indicate age range of clients: From: | | To: |

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them. | Yes | No | N/A |
| | a. If not, select all freeze protection measures currently in place:
Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
PHLYSense
Other water detection/ notification/ alarm system
Backup electrical generator, ensuring building heat at all times
Insulation around water pipes in cold areas*
Heat tracing for water pipes in cold areas*
Antifreeze fire sprinkler system in cold areas*
Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
Other: | | | |
| | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F. | | | |
| 2. | Fire Protection and Testing | | | |
| | a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| | i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both | | | |
| | ii. If yes, approximately what percentage (%) of the building is sprinklered? % | | | |
| | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines) | | | |
| | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| | b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 4. | Automatic Water Shutoff Devices | | | |
| | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 5. | Unused/ Vacant Spaces | | | |
| | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 6. | Seasonal Occupancies ONLY: | | | |
| | a. Is there a full-time caretaker/ maintenance personnel on the premise?
If yes, select required duties of the caretaker: | Yes | No | N/A |
| | Regular walkthroughs of the building | | | |
| | i. How often each day? | | | |
| | Trained in the location(s) of water shut off valve(s) | | | |
| | Inspects taps and leaves them dripping in freeze weather events | | | |
| | Shuts off or drains pipes during freezing temperatures | | | |
| | Monitors building temperatures ensuring heat is maintained at required levels | | | |
| | Responds to power outages | | | |
| | i. List of required procedures | | | |
| | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.? | Yes | No | N/A |



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
Address of Applicant:
City: State: Zip:
Website: www:
Nature of Operations:

1. Annual sales or revenue: \$
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information
3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

FRAUD STATEMENT AND SIGNATURE SECTIONS

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

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

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

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

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE (OR STATEMENT OF CLAIM) CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

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

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

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

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

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

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

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)