



AFFORDABLE HOUSING SUPPLEMENTAL APPLICATION

Date:

Applicants Name:

Location Address:

Effective Date:

Inspection Contact:

For Profit

Not For Profit

FEIN:

Web Address:

REQUIREMENTS FOR SUBMISSION

- ACORD Applications
- Currently valued insurance company loss runs for the current policy term plus four years
- Statement of Values
- Color Photos
- Plot Plan

SECTION I - HOUSING

1. Type of Housing / # of units (check all that apply)

Government Subsidized – # of units:

Section 42 - # of units:

Section 8 - # of units:

If tax credit or government subsidized, are procedures in place to verify income?

Yes

No

If yes, please explain:

Market Rate - # of units:

Student - # of units:

Disabled or Senior - # of units:

If Senior, any Assisted living services?

Yes

No

If yes, please explain:

Are pull cords or emergency buttons in apartment units?

Yes

No

If yes, how are they monitored, describe procedure in place:

Are communal dining services provided?

Yes

No

Transient / Homeless - # of units:

Vacant - # of units:

2. What is the average occupancy rate?

3. What is the average monthly rent?

4. Number of evictions in the past 12 months:

SECTION II - MANAGEMENT

- | | | | | |
|--|----------------------------------|-----------------------------------|---|--|
| 1. Interest in Property: | Owner | Manager | Year property was first owned or managed: | |
| 2. Self Managed | On site property management firm | Off site property management firm | | |
| 3. If property management firm, is the owner required to be named as Additional Insured? | Yes | No | | |
| 4. Primary Insurance provided by: | Owner | Property Manager | | |

SECTION III - PROPERTY

- | | | | | |
|--|---|-----------------|---------------------------|-------------------------------|
| 1. Number of Buildings: | | | | |
| 2. Type of construction: | | | | |
| 3. Number of stories: | | | | |
| 4. % sprinklered: | In units? | % | In common areas? | % |
| 5. Are there firewalls? | | | | Yes No |
| 6. Smoke detectors: | Battery | Hardwired | CO | |
| | If battery, is there a regular inspection and replacement procedure? | | | Yes No |
| 7. Are extinguishers provided? | | | | Yes No |
| | Is there a regular inspection and replacement procedure? | | | Yes No |
| 8. Is the fire alarm: | Local | Central Station | Manual | Automatic |
| 9. Is there emergency lighting? | | | | Yes No |
| 10. Is there adequate lighting in the parking area? | | | | Yes No |
| 11. Is there a guard service provided? | | | | Yes No |
| | If yes, please answer the below: | | | |
| a. Type of guard service provided: | 24 hour | Evenings | Other: | |
| b. Are the guards: | Armed | Unarmed | | |
| c. Are the guards: | Employees | Off Duty Police | Independent Contractors * | Non-cash compensated security |
| | *If security service is an independent contractor, please provide a Certificate of Insurance and a fully executed copy of the contract. | | | |
| 12. Are the premises monitored by a closed circuit TV? | | | | Yes No |
| 13. Is this a gated community or gated property? | | | | Yes No |
| | If yes, please describe access: | | | |
| 14. Describe any fixed security measures in place. (i.e. window security in place, cards, locks, sliding glass doors, etc.). | | | | |
| 15. Are incident reports provided to senior management of the property management company for security improvement action plans to be implemented? | | | | Yes No |
| 16. What process is followed after a violent incident takes place? | | | | |
| 17. Are criminal background checks conducted on all tenants and employees? | | | | Yes No |
| 18. Are units re-keyed prior to new tenant leasing? | | | | Yes No |
| 19. Is property located in known Flood Zone? | | | | Yes No |
| 20. Is property located in known Brush/Wildfire area? | | | | Yes No |
| 21. Is property located in close proximity to EQ fault? | | | | Yes No |
| 22. Is crime and vandalism in neighborhood? | High | Medium | Low | |
| | Are tenants informed of crime and vandalism activity? | | | Yes No |

- | | | | | | | | |
|----|---|----------|-----|----|------------|-----|----|
| 4. | Are dogs allowed with: | Tenants? | Yes | No | Employees? | Yes | No |
| | If yes, are there written rules and procedures? | | | | | Yes | No |
| | What is the maximum weight limit? | | | | | | |
| | Are there any breed restrictions? | | | | | Yes | No |
| | If yes, please explain: | | | | | | |
| 5. | Are there any balconies on buildings? | Wood? | Yes | No | Metal? | Yes | No |
| | Is grilling on balconies permitted? | | | | | Yes | No |
| | How often are balconies inspected? | | | | | | |
| | By whom are they inspected by? | | | | | | |
| | Date of last balcony repair / inspection: | | | | | | |

SECTION V - MAINTENANCE

- | | | | | | | | |
|-----|---|------------------------------|------------------------------|----|------------------------------|-----|----|
| 1. | Is maintenance budgeted and funded? | | | | | Yes | No |
| 2. | Is maintenance: | Subcontracted or | Maintained by the Applicant? | | | | |
| 3. | If maintained by the Applicant, does the maintenance person live on site? | | | | | Yes | No |
| 4. | Is there a regular maintenance program in place? | | | | | Yes | No |
| | Please describe: | | | | | | |
| 5. | Is snow removal: | Subcontracted or | Employee? | | | | |
| | If contracted, is Applicant named as an Additional Insured? | | | | | Yes | No |
| | Does this include roof snow and ice removal? | | | | | Yes | No |
| 6. | Roof Type: | Asphalt/Composite Shingle | Tile | | Metal | | |
| | | Wood Shake / Shingle | Flat | | | | |
| | Age of Roof? | | | | | | |
| | Are roofs inspected annually? | | | | | Yes | No |
| | By whom are roofs inspected by? | | | | | | |
| | Date of last roof update / inspection: | | | | | | |
| 7. | Type of Wiring: | Copper | Aluminum | | | | |
| | If aluminum, it is pigtailed? | | Yes | No | Method: | | |
| | Date of last electrical update / inspection: | | | | | | |
| 8. | Any PVC Plumbing? | | | | | Yes | No |
| | Date of last plumbing update / inspection: | | | | | | |
| | Have there been any past plumbing or water damage losses? | | | | | Yes | No |
| | If yes, please describe: | | | | | | |
| 9. | Have Asbestos materials been: | Determined not to be present | Removed | | Protected to prevent flaking | | |
| 10. | Is there any lead exposure? | | | | | Yes | No |
| | If yes, has it be remediated? | | Yes | No | When? | | |
| 11. | Is the exterior of the building covered in dryvit or EIFIS? | | | | | Yes | No |
| 12. | Is there a Central Boiler? | | | | | Yes | No |
| 13. | Is there an elevator? | | | | | Yes | No |
| | If yes: # of passenger? | | # of freight? | | | | |
| | Date of last elevator update / inspection: | | | | | | |
| 14. | Does maintenance person routinely walk premises to detect hazards? | | | | | Yes | No |
| | Are records kept? | | | | | Yes | No |
| 15. | Are tenants required to carry renters insurance? | | | | | Yes | No |
| 16. | Are Certificates of Insurance obtained? | | | | | Yes | No |
| 17. | Are any renovations planned or in progress? | | | | | Yes | No |
| | If yes, please describe: | | | | | | |

RESIDENTIAL/ REAL ESTATE WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Supplemental 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, above suspended ceilings, concealed spaces, exterior walls, and stairwells. | 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: | | | |
| | b. Have adequate fixed heat or additional protection measures been added to areas where domestic water or fire protection lines have frozen and ruptured during past cold weather events? If yes, please attach supporting documentation by building. | Yes | No | N/A |
| | * 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 & inspected 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 |
| | v. Are the baseline requirements of NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protections being met? | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines) | | | |
| | a. Are main 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 |
| | d. Are unit water shutoff valves marked and readily accessible? | 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. | Vacant or Unoccupied Units/ Spaces | | | |
| | a. Does Applicant have a formal process to turn off and drain domestic water lines for these vacant or unoccupied units/ spaces? | Yes | No | N/A |
| | b. Are unit owners/ tenants advised to maintain heat in the unit/ space when unoccupied?
Minimum Temperature advised to maintain: | Yes | No | N/A |
| 6. | Roof/ Attic Area | | | |
| | a. Does attic area have adequate insulation and ventilation?
https://www.energystar.gov/sites/default/files/asset/document/DIY_Guide_2016.pdf | Yes | No | N/A |

7. Seasonal Occupancies ONLY:

- | | |
|--|------------------|
| a. Is there a full-time caretaker/ maintenance personnel on the premise?
If yes, select required duties of the caretaker:
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 | Yes No N/A |
| 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)