

RESTAURANT SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Complete signed/ dated Supplemental Application(s)
- Completed ACORD applications
- Currently-valued insurance company loss runs for the current policy period plus 4 years
- Brochure if available

ACCOUNT INFORMATION

Applicant Name:

Does the insured have a website?

Yes No

Website: www.

There is an Additional Information gYwJcb below for answers to questions that don't fit in the space provided.

SECTION I- GENERAL INFORMATION

- Type of business (check all that apply):

| | | | | |
|--|-------------------------------------|-----------------------|--------------------------------|-----------------------|
| Bar/Tavern | Lounge | Billiard/Pool Hall | Restaurant | Catering/Banquet Hall |
| Catering – Off Premises | Comedy Club | Takeout/Package Store | Private/Fraternal Club | |
| Karaoke/Hostess Bar | Gentlemen's Club | Dance/Nightclub | Adult Entertainment/Strip Club | |
| Bowling Alley (attach PHLY Bowling Centers Supplemental) | Casino (attach Casino Supplemental) | | | |
| Other (describe): | | | | |
- Business hours:
- Maximum occupancy:
- Number of employees: Full Time: Part Time:
- Is operation seasonal? Yes No If yes, months closed:
- Management's years at this location:
If less than 3 complete years, please describe length and nature of previous experience:
- Has the Applicant owned or managed another establishment in the past 10 years? Yes No
- Average clientele age: 18-21 21-30 30-45 45+
- Business location: Commercial Residential Rural City
- Patrons: Locals College Sports Random
- Distance to the nearest college campus:
- Does the Applicant sponsor any athletic teams? Yes No
- Is building located on wharf, pier, beach, dock, or pilings? **If yes, please explain:** Yes No
- Does the Applicant participate in street fairs, community celebrations, or special events? **If yes, please explain:** Yes No
- Have there been any public code violations or health department actions against the business? Yes No
- Number of police calls within the last year:
- Does property have a parking lot? Yes No
 - Lighted? Yes No
 - Paved? Yes No
 - Owned by Applicant? Yes No
 - Used for special events? Yes No
 - Lot capacity:
- Does the Applicant provide valet parking? Yes No

If yes, is it contracted with a service? Yes No

If so, is the Applicant named as an Additional Insured on the valet service's policy? Yes No

Do employees provide valet service? Yes No

| SECTION II- RECEIPTS BREAKDOWN | |
|--------------------------------|--|
|--------------------------------|--|

| | Previous Year's Sales | Projected Sales |
|----------------|-----------------------|-----------------|
| Food | \$ | \$ |
| Liquor | \$ | \$ |
| Cover charges | \$ | \$ |
| Ticket sales | \$ | \$ |
| Performers | \$ | \$ |
| Gambling | \$ | \$ |
| All Other: | \$ | \$ |
| Total receipts | \$ | \$ |

SECTION III – FIRE SAFETY

- | | | | |
|-----|--|-----|----|
| 1. | Does the Applicant operate a kitchen or any cooking equipment on the premises? If yes, what type of fuel: Gas Electric Other: | Yes | No |
| 2. | Number of units Pizza oven: Grill: Gas: Deep fryer: Broiler: Stove: Microwave: Ovens: Other (describe): | | |
| 3. | Are metal hoods and ducts covering all surfaces? | Yes | No |
| 4. | Are hoods equipped with removable filters or grease extractors vented outside? | Yes | No |
| 5. | Are all cooking devices installed with minimum 18" safe clearances to combustible surfaces? | Yes | No |
| 6. | UL 300 listed auto fire extinguishing system provides surface protection for all cooking surfaces? | Yes | No |
| 7. | Are manual pull fire extinguisher systems readily accessible and clearly identified? | Yes | No |
| 8. | Are all gas equipment and electric deep fat fryers equipped with automatic fuel shut off? | Yes | No |
| 9. | Are all deep fat fryers equipped with thermostat with auto fuel shutoff over 457F? | Yes | No |
| 10. | Are the portable fire extinguishers in kitchen area, class K? | Yes | No |
| 11. | Are hoods and ducts cleaned as necessary by outside firm under contract? Cleaning schedule: Monthly Quarterly Semi-annually | Yes | No |
| 12. | Are automatic extinguishing systems serviced no less than every 6 months? | Yes | No |
| 13. | Burglar alarm? | Yes | No |
| 14. | Does the building have emergency interior lighting? | Yes | No |
| 15. | Number of fire exits: | | |
| 16. | Are all exits marked clearly with illuminated signs? | Yes | No |
| 17. | Does the building/ buildings contain any aluminum wiring, knob & tube wiring, fuses, Federal Pacific/ Stab Lok circuit breakers, or Zinsco circuit breakers? | Yes | No |

SECTION IV - LIQUOR

- | | | | |
|-----|---|------------------|----|
| 1. | Does the Applicant possess Liquor Liability insurance? | Yes | No |
| | If yes, please provide licensee name/ number/ state: | | |
| 2. | Has the Applicant or any owner ever had a liquor license revoked or suspended? | Yes | No |
| | If yes, please explain: | | |
| 3. | Has the Applicant had any violations or claims in the past five years? | Yes | No |
| | If yes, please explain: | | |
| 4. | Are patrons or guest bartenders allowed to serve alcohol? | Yes | No |
| | If yes, please explain: | | |
| 5. | Does the Applicant sell whole bottles of hard liquor to tables? | Yes | No |
| 6. | Does the Applicant have written guidelines for checking ID? | Yes | No |
| 7. | Are alcohol servers trained in documented, responsible alcohol serving techniques (i.e. TIPS, TAM, RAMP, BEST, etc.)? | Yes | No |
| 8. | Is any training provided for servers in handling of minors or intoxicated customers? | Yes | No |
| | If yes, please explain: | | |
| 9. | Does the Applicant allow "BYOB" on premises? | Yes | No |
| 10. | Average cost of beer/ wine/ mixed drinks: | | |
| | Beer: \$ | Wine Bottle: \$ | |
| | Wine Glass: \$ | Mixed Drinks: \$ | |

- | | | | | |
|-----|--|-----|-----|--------|
| 11. | Average size of glasses/ cups: | oz. | | |
| 12. | Does the Applicant run or plan to run the following alcohol promotions: | | | |
| a. | Reduced drink prices for more than two hours? | | Yes | No |
| b. | Any prices reduced to \$1.00 or less? | | Yes | No |
| c. | Multiple drink incentives (i.e., 2 for 1, every third drink is free, etc.)? | | Yes | No |
| d. | Complimentary drinks or "all you can drink" specials (other than banquets, some rentals)? | | Yes | No |
| 13. | Does the Applicant offer flaming or ignited drinks? | | | Yes No |
| 14. | Does the Applicant ever permit employees who serve liquor to consume alcohol on the job? | | | Yes No |
| 15. | Does the Applicant ever permit employees who serve liquor to consume alcohol after shifts? | | | Yes No |
| 16. | Does the Applicant sell packaged goods for off-premises consumption? | | | Yes No |
| 17. | Are persons under the legal drinking age allowed on premises after 10 p.m.? | | | Yes No |
| 18. | Does the Applicant provide third party transportation (i.e. cabs)? | | | Yes No |

SECTION V - ENTERTAINMENT

- | | | | | | | | |
|-----|--|-------------------|-------------|------------------|---------|-----|----|
| 1. | Describe type of entertainment (check all that apply): | | | | | | |
| | DJ | Live Shows | Comedy Acts | Live Concerts | | | |
| | Tough Man Events | | Local Bands | Other (explain): | | | |
| 2. | Describe type of music (check all that apply): | | | | | | |
| | Top 40s/Pop | Classic Rock | Soft Rock | Alternative | Country | | |
| | Jazz | R&B | RAP | Other (explain): | | | |
| 3. | Does the Applicant use hired dancers? | | | | | Yes | No |
| | If yes, they are: | Employees | Contractors | Both | | | |
| 4. | Does the Applicant have a dance floor? | | | | | Yes | No |
| | If yes, what is the area of the dance floor? square feet | | | | | | |
| 5. | Is dancing permitted on the premises? | | | | | Yes | No |
| | If yes, does the Applicant allow patrons dancing on raised equipment such as bar tops and tables? | | | | | Yes | No |
| 6. | Does the Applicant provide any adult entertainment? | | | | | Yes | No |
| | If yes, please explain: | | | | | | |
| 7. | Does the Applicant operate any closed-off "private" rooms? | | | | | Yes | No |
| | If yes, is security present? | | | | | Yes | No |
| | Video monitoring? | | | | | Yes | No |
| 8. | Does the Applicant have or plan to have any of the following amusements on premises (list number)? | | | | | Yes | No |
| | Video games: | Pool tables: | TVs: | | | | |
| | Dart boards: | Other (Describe): | | | | | |
| 9. | Does the Applicant use pyrotechnics and / or smoke machines? | | | | | Yes | No |
| 10. | Does the Applicant operate any mechanical rides? | | | | | Yes | No |
| | If yes, please explain: | | | | | | |
| 11. | Does the Applicant allow stage diving and/or mosh pits? | | | | | Yes | No |
| 12. | Does the Applicant conduct any foam parties? | | | | | Yes | No |
| 13. | Does the Applicant have or plan to have any type of stunt activity? | | | | | Yes | No |
| | If yes, please explain: | | | | | | |

SECTION VI - SECURITY

- | | | | |
|----|---|-----|----|
| 1. | Bouncer / Security utilized regularly? | Yes | No |
| | If yes, how many: | | |
| | Are they sub-contractors or employees: | | |
| | Are background checks completed on all employed security personnel? | Yes | No |
| | Are security personnel independent contractors? | Yes | No |
| | If yes, does Applicant have a written agreement with each contractor? | Yes | No |
| | Are they armed? | Yes | No |
| | Off duty police? | Yes | No |
| | Are COIs requested from independent security firms? | Yes | No |
| | If yes, does the Applicant have a written agreement with each contractor? | Yes | No |
| | If yes, is the Applicant named as an additional insured on the Security firm's policy? | Yes | No |
| 2. | Does the Applicant operate any video surveillance on premises? | Yes | No |
| | If yes, please explain: | | |

SECTION VII – LOSS HISTORY

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|---|-----|----|
| 1. Has the Applicant had any assault/battery claims (insured or not) within the past 3 years? | Yes | No |
| If yes, please explain: | | |

SECTION VIII - DRONES

- | | | |
|--|----------------|----------------|
| 1. Does the Applicant employ the use of drones during the course of its operations? | Yes | No |
| 2. Please describe how drones are used during the course of the Applicant's operations: | | |
| | | |
| 3. If drones are used, is the Applicant the pilot or does the Applicant hire a sub-contractor to pilot them? (Please check below) | | |
| Operator | Sub-contractor | Not Applicable |
| 4. Does the Applicant obtain certificates of insurance from sub-contractors hired to pilot the drones? | N/A | Yes No |
| 5. What training has the Applicant completed to pilot the drones? | | |

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

- | | | | |
|---|-----|----|-----|
| <p>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.</p> <p style="margin-left: 20px;">a. If not, select all freeze protection measures currently in place:</p> <div style="margin-left: 40px;"> <p>Temperature monitoring and remote heating control system (Wi-Fi temperature controls)</p> <p>PHLYSense</p> <p>Other water detection/ notification/ alarm system</p> <p>Backup electrical generator, ensuring building heat at all times</p> <p>Insulation around water pipes in cold areas*</p> <p>Heat tracing for water pipes in cold areas*</p> <p>Antifreeze fire sprinkler system in cold areas*</p> <p>Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers</p> <p>Other:</p> </div> | Yes | No | N/A |
| <p>* Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.</p> | | | |
| <p>2. Fire Protection and Testing</p> <p style="margin-left: 20px;">a. Is the building provided with an Automatic Fire Sprinkler System (AS)?</p> <div style="margin-left: 40px;"> <p>i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both</p> <p>ii. If yes, approximately what percentage (%) of the building is sprinklered? %</p> <p>iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review?</p> <p>iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company?</p> </div> | Yes | No | N/A |
| <p>3. Emergency Water Response (domestic and AS water lines)</p> <p style="margin-left: 20px;">a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?</p> <p style="margin-left: 20px;">b. Are water shutoff valves exercised (closed and reopened) at least annually?</p> <p style="margin-left: 20px;">c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?</p> | Yes | No | N/A |
| <p>4. Automatic Water Shutoff Devices</p> <p style="margin-left: 20px;">a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?</p> | Yes | No | N/A |
| <p>5. Unused/ Vacant Spaces</p> <p style="margin-left: 20px;">a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?</p> | Yes | No | N/A |
| <p>6. Seasonal Occupancies ONLY:</p> <p style="margin-left: 20px;">a. Is there a full-time caretaker/ maintenance personnel on the premise?</p> <p style="margin-left: 40px;">If yes, select required duties of the caretaker:</p> <div style="margin-left: 60px;"> <p>Regular walkthroughs of the building</p> <p>i. How often each day?</p> <p>Trained in the location(s) of water shut off valve(s)</p> <p>Inspects taps and leaves them dripping in freeze weather events</p> <p>Shuts off or drains pipes during freezing temperatures</p> <p>Monitors building temperatures ensuring heat is maintained at required levels</p> <p>Responds to power outages</p> <p>i. List of required procedures</p> </div> | Yes | No | N/A |
| <p style="margin-left: 20px;">b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?</p> | Yes | No | N/A |

ADDITIONAL INFORMATION

This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

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

AGENCY

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

ADDRESS (STREET, CITY, STATE, ZIP)

Resident or Non-Resident Surplus Lines Licensee Information by Applicant's State of Domicile

SL LICENSE STATE

SL LICENSE NO.

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

INSURED: _____

DATE: _____