



TRIATHLON BUSINESS INTERNATIONAL APPLICATION

ACCOUNT INFORMATION

Applicant Name:

Address:

Website: www.

Contact Person (Billing):

Contact Person (Loss Control):

Effective Dates Requested:

Annual Gross Revenues: \$

Months of Operation:

Individual

Partnership

Corporation

Association

LLC

Other:

For Profit

Non Profit

Years this entity in business:

Years experience of this owner:

Email Address:

Phone Number:

Phone Number:

GENERAL INFORMATION

Are the following Triathlon Business International Standards met:

- | | | |
|---|-----|----|
| 1. A minimum of 1 official for every 200 athletes? | Yes | No |
| 2. If you have a Pro Field, do you require four (4) additional officials? | Yes | No |
| 3. If swim wave start applies, is wave size less than 150 per wave? | Yes | No |
| 4. Minimum lifeguard/watercraft requirements: | | |
| a. 1 per 30 for ocean swim | Yes | No |
| b. 1 per 50 for other bodies of water | Yes | No |
| c. 1 watercraft (surfboard, kayak, boat) per 500 athletes | Yes | No |
| 5. Minimum of three (3) minutes between waves? | Yes | No |
| 6. Bike racks – no more than eight (8) bikes per rack for ten (10) ft. rack? | Yes | No |
| 7. Is pre-race volunteer training provided? | Yes | No |
| If yes, specify: | | |
| 8. All drivers working on behalf of event must be over twenty-one (21) years old?
<i>(Twenty-five (25) years old is usually minimum rental age)</i> | Yes | No |
| 9. On-site medical team has at least one ambulance on site and/or EMT team and two ambulances on a point-to-point race? | Yes | No |
| 10. Proof of rental agreements/permits with venues? | Yes | No |
| 11. Are visual signs posted to direct athlete and non-athlete traffic? | Yes | No |
| 12. Is all body marking uniform in location on torso and information? | Yes | No |
| 13. Do you have a minimum of one (1) uniformed security officer for each transition area?
Do you have a standard and uniform transition layout/fencing and security plan including check-in and check-out procedure? | Yes | No |
| If yes, please provide a copy. (Uniformed - clearly identifiable and consistent event or entity - specified article or articles of clothing meant to be worn while working) | | |
| 14. Have any of your policies or coverages been declined, canceled, or non-renewed during the past three (3) years? | Yes | No |
| 15. Have you or any director, officer, or employee been convicted of any crime within the past ten (10) years? If yes, explain: | Yes | No |

UNDERWRITING INFORMATION

- | | | |
|---|-----|----|
| 1. How many events do you organize and operate each year: | | |
| 2. Do you collect signed waivers? | Yes | No |
| 3. Do you sanction your events through a National Governing Body or Association? | Yes | No |
| 4. Do you organize or operate any sporting events that are not sanctioned? | Yes | No |
| 5. What are the annual gross receipts (i.e. gross revenues) for your business: \$ | | |
| 6. Do you use sub-contractors in the course of your business? | Yes | No |
| If yes, please answer the following questions: | | |
| a. Do you utilize standard written contracts with all of your sub-contractors? | Yes | No |
| b. Do you require sub-contractors to provide you with a certificate of insurance? | Yes | No |
| c. Do you require sub-contractors to include you as an Additional Insured? | Yes | No |
| 7. Do you have any employees? | Yes | No |
| If yes, how many employees do you have: | | |
| 8. Do you ever serve as an independent contractor working for another Event Director? | Yes | No |
| If yes, please explain: | | |
| | | |
| 9. Are you involved in any other business operations? If yes, please explain: | Yes | No |

AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE

N/A

- | | | |
|--|------------------------|-----------------|
| 1. Auto Liability coverage (for Owned or Leased Autos)*
Do you have any owned or leased vehicles registered in the name of your business?
<i>* If you would like a quote for Auto Liability coverage on your owned or leased vehicles, please complete the Auto Schedule below.</i> | Yes | No |
| 2. Auto Liability Coverage (for Hired or Non-owned Autos)
Do you rent or borrow vehicles in connection with your business or events?
If yes, please answer the following questions: | Yes | No |
| a. How much do you spend annually to rent vehicles (i.e. cost of hire): \$ | | |
| b. Do you rent any vehicles for a period of 90 days or more?* | Yes | No |
| <i>*If you rent any vehicles for 90 days or more, these vehicles should be shown on the Auto Schedule below.</i> | | |
| 3. Auto Physical Damage Coverage (For Comprehensive or Collision losses to Covered Autos)*
Do you need Auto Physical Damage Coverage for any vehicles?
If yes, please provide the following information: | Yes | No |
| a. Owned/Leased Autos: <i>Please complete the Auto Schedule below.</i> | | |
| b. Hired/Rented Autos: Please provide maximum value of any hired/rented auto: \$ | | |
| c. Value of a semi: \$ | | |
| 4. Do you supply vehicles to others for use in connection with your business or events?
<i>If yes, we recommend that Motor Vehicle Record (MVR) checks be performed on all drivers.</i> | Yes | No |
| 5. Do you provide transportation for event participants? | Yes | No |
| 6. Do you use fifteen (15) passenger occupancy vans in connection with your business or events?
If yes, do you pull trailers or top load the vans when transporting passengers? | Yes | No |
| Auto Schedule: <i>(attach as many pages as necessary to list all owned or leased vehicles)</i> | | |
| 1. Vehicle # | | |
| 2. Type of Vehicle: | Private Passenger Auto | Light Truck/SUV |
| 3. Year: | Make: | Model: |
| 4. VIN: | Cost New: \$ | Owned |
| 5. Garage Location: | | Leased |
| 6. Name of Primary Driver: | | Date of Birth: |
| 7. Driver's License Number: | | License State: |
| MVR checked? | | Yes |
| | | No |

1. Vehicle #
2. Type of Vehicle: Private Passenger Auto Light Truck/SUV Other:
3. Year: Make: Model:
4. VIN: Cost New: \$ Owned Leased
5. Garage Location:
6. Name of Primary Driver: Date of Birth:
7. Driver's License Number: License State:
- MVR checked? Yes No

1. Vehicle #
2. Type of Vehicle: Private Passenger Auto Light Truck/SUV Other:
3. Year: Make: Model:
4. VIN: Cost New: \$ Owned Leased
5. Garage Location:
6. Name of Primary Driver: Date of Birth:
7. Driver's License Number: License State:
- MVR checked? Yes No

PROPERTY	N/A
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1. Physical Address:
2. Building Use: Office Storage Other:
3. Construction Type: Frame Joisted Masonry Masonry Non-Combustible
Modified Fire Resistive Fire Resistive
4. Year Built: Building Square Footage:
5. Building Updates (Year): Wiring: Roofing: Plumbing: HVAC:
6. Sprinkler System? If yes, describe: Yes No
7. Fire Alarm System? If yes, describe: Yes No
8. Security System? If yes, describe: Yes No
9. Please fill in the values to determine your total Replacement Cost amount for business Personal property and Leasehold improvements at ALL locations. TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR PROPERTY AT ALL OF YOUR LOCATIONS.
Provide TOTAL values for each of the categories below:
(Please attach separate list of any individual property items with value over \$5,000)

Supplies and Inventory (such as office supplies, items held for sale):	\$
Equipment and Contents (such as tables, chairs, table coverings, event equipment, computers, electronics, phone/fax system, office contents, etc.)	\$
Leasehold Improvements and Betterments (items you have installed or altered at your expense, such as flooring, wall coverings, mirrors, ceiling tile, window treatments, lighting, shelving, etc.)	\$
Signs (indoor and outdoor)	\$
Miscellaneous Equipment – please describe:	\$
Rental Equipment (equipment that you rent from others)	\$
Total Replacement Value for all locations (add all lines above)	\$
10. Additional Interest:

ABUSE AND MOLESTATION	N/A
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1. Does your current insurance program include Abuse and Molestation Coverage? Yes No
If yes, what are the limits? \$

- | | | |
|--|-------------------|----------------|
| 2. How would you verify services that provide background for employees? Does your employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses, before an offer of employment is made? | Yes | No |
| 3. Do you have a written crises plan in place for dealing with employees, victims, parents, authorities, and the media if you have an incident of abuse? | Yes | No |
| 4. Are there written complaint procedures and are they displayed prominently?
If yes, explain: | Yes | No |
| 5. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? | Yes | No |
| 6. Are formal written procedures in place for hiring? | Yes | No |
| 7. Do volunteers work directly with clients? | Yes | No |
| 8. Is there formal staff training on child/sexual abuse, including how to recognize the signs? | Yes | No |
| 9. What procedures are in place to make sure no relationship occurs between staff and clients? | | |
| 10. Are there procedures prohibiting closed door one-on-one meetings / counseling? | Yes | No |
| 11. Is there more than one person responsible for the welfare of any single client, participant, or individual? | Yes | No |
| 12. Have any incidents resulted in an allegation of sexual abuse?
Was the case settled?
Was the case taken to trial?
Amount paid for damages to the victim: \$ | Yes
Yes
Yes | No
No
No |
| 13. Does Insured run criminal background checks on employees? | Yes | No |
| 14. Does Insured run criminal background checks on volunteers? | Yes | No |

EVENT SCHEDULE

(attach as many pages as necessary to list all events)

- | | | | |
|--|--|-------------------------------|----|
| 1. Event Number: | | | |
| 2. Event Name: | | Event Date(s): | |
| 3. Event Location: | | | |
| 4. Event/Activity Description: | | | |
| 5. Estimated Event Revenues: \$ | | Number of Event Participants: | |
| 6. Do you collect signed waivers? | | Yes | No |
| 7. Is this Event sanctioned through a National Governing Body or Association?
If sanctioned, please provide the name of sanctioning body:
If not sanctioned, do you want us to provide a quote for Event Liability coverage? | | Yes | No |
| 1. Event Number: | | | |
| 2. Event Name: | | Event Date(s): | |
| 3. Event Location: | | | |
| 4. Event/Activity Description: | | | |
| 5. Estimated Event Revenues: \$ | | Number of Event Participants: | |
| 6. Do you collect signed waivers? | | Yes | No |
| 7. Is this Event sanctioned through a National Governing Body or Association?
If sanctioned, please provide the name of sanctioning body:
If not sanctioned, do you want us to provide a quote for Event Liability coverage? | | Yes | No |
| 1. Event Number: | | | |
| 2. Event Name: | | Event Date(s): | |
| 3. Event Location: | | | |
| 4. Event/Activity Description: | | | |
| 5. Estimated Event Revenues: \$ | | Number of Event Participants: | |
| 6. Do you collect signed waivers? | | Yes | No |
| 7. Is this Event sanctioned through a National Governing Body or Association?
If sanctioned, please provide the name of sanctioning body:
If not sanctioned, do you want us to provide a quote for Event Liability coverage? | | Yes | No |

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "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."

RESIDENTS OF ARIZONA APPLICANTS: "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."

RESIDENTS OF COLORADO APPLICANTS: "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."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "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."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "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."

RESIDENTS OF LOUISIANA APPLICANTS: "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."

RESIDENTS OF MAINE APPLICANTS: "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."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF 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."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

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

RESIDENTS OF NEW MEXICO APPLICANTS: "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."

RESIDENTS OF NEW YORK APPLICANTS: "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."

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

RESIDENTS OF OKLAHOMA APPLICANTS: "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."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "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."

RESIDENTS OF TENNESSEE APPLICANTS: "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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "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."

RESIDENTS OF VIRGINIA APPLICANTS: "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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "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."

Name (Please Print/Type)

Title
**(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO,
OR EXECUTIVE DIRECTOR)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

