



## **AFFINITY PRO PORTFOLIO RENEWAL APPLICATION**

### **TRADE ASSOCIATION – PROFESSIONAL LIABILITY**

NOT-FOR-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY INSURANCE

EMPLOYMENT PRACTICES LIABILITY INSURANCE

FIDUCIARY LIABILITY INSURANCE

WORKPLACE VIOLENCE COVERAGE

INTERNET LIABILITY INSURANCE

CRIME INSURANCE

PROFESSIONAL LIABILITY

BUSINESSOWNERS POLICY

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY

PLEASE READ YOUR POLICY CAREFULLY

#### **Instructions:**

- Whenever used in this Application the term **Applicant** shall mean the Parent Organization and its wholly-owned/controlled subsidiaries.
- The **Applicant** is required to complete Sections 1, 2, and 10.
- The **Applicant** should complete all applicable Section(s) for which coverage is desired. (See chart below)

<b>Check Coverage Desired</b>	<b>Section</b>	<b>Requested Limit</b>	<b>Requested Retention</b>
General Information	1	\$	\$
Directors & Officers	2	\$	\$
Employment Practices	3	\$	\$
Fiduciary Liability	4	\$	\$
Workplace Violence	5	\$	\$
Internet Liability	6	\$	\$
Professional Liability	7	\$	\$
Crime	8	\$	\$
Businessowners Policy	9	\$	\$
General Summary	10	\$	\$

### **SECTION 1 – GENERAL INFORMATION** (All Applicants must complete this section)

1. Name of parent organization:
2. Change in address internet address telephone number or none:  
**Specify:**
3. Have there been any changes in the **Applicant's** operations: Yes No **If yes, provide an explanation.**
4. Does the **Applicant** have tax-exempt status under the U.S. Internal Revenue Code? Yes No **If no, provide an explanation.**

5. The officer of the **Applicant** designated to receive any and all notices from the **Underwriter** or their authorized representative concerning this insurance is:

Name	Title	E-mail address
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6. Number of members: \_\_\_\_\_ Number of chapters: \_\_\_\_\_

7. FINANCIAL INFORMATION                      CURRENT FISCAL YEAR                      PREVIOUS FISCAL YEAR

TOTAL ASSETS:	\$	\$
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NET ASSETS / FUND BALANCE:	\$	\$
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ANNUAL REVENUE:	\$	\$
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NET REVENUE:	\$	\$
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**Please attach the most recent annual financial audit or Form 990.**

**SECTION 2 – DIRECTORS AND OFFICERS**

**(All Applicants must complete this section)**

1. In the past twelve (12) months or the next twelve (12) months, has the **Applicant** been or anticipate being involved in any of the following? **(If yes, attach details)**

Creation of any new subsidiaries?	Yes	No
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Mergers, acquisitions or consolidation with another entity?	Yes	No
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Changes in the board of directors or senior management (other than death or retirement)?	Yes	No
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**SECTION 3 – EMPLOYMENT PRACTICES**

**(Complete this section only if Employment Practices Liability coverage is desired.)**

1. Please provide the following employee count information:

<b>U.S. based employees/volunteers:</b>	<b>Currently</b>	<b>One Year Ago</b>	<b>Two Years Ago</b>
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Full Time employees:

Part Time employees:

Temporary employees:

Volunteers:

**Non U.S. based employees / volunteers:**

**TOTAL SUM OF ABOVE:**

2. How many employees have been terminated or demoted in the past twelve (12) months?

Voluntary:	Involuntary:	Laid Off:
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3. Is any reduction of employees or change of status anticipated in the next year?

Voluntary:	Involuntary:	Layoffs:
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4. Has the **Applicant** implemented any new employment practice / human resource policies or procedures?

**If yes, provide an explanation.**

**(Complete this section only if Fiduciary liability coverage is desired.)**

1. List all plans for which coverage is requested (use attachment if necessary):

<u>Plan Name</u>	<u>Year Established</u>	<u>Assets / Contributions</u>	<u>Type*</u>	<u>Participants</u>	<u>Administrator</u>
<b>Example:</b> <b>The ABC Children Corp 401K Plan</b>	<b>2000</b>	<b>\$1,000,000</b>	<b>2</b>	<b>75</b>	<b>self</b>

- 
- 
- 
- 

\* 1=Employee Welfare Benefit Plan (as defined by ERISA), 2= Defined Contribution Plan (as defined by ERISA), 3= Defined Benefit Plan (as defined by ERISA), 4=Other. If type is 3 or 4 a Fiduciary Liability Supplemental Application must be completed.

**To provide additional information, please use the separate page attached to the application**

- |   |     |    |                                |
|---|-----|----|--------------------------------|
| 2. Have there been any changes to any plan listed above?                    | Yes | No | <b>If yes, attach details.</b> |
| 3. Has any plan requested or contemplated filing a request for termination? | Yes | No | <b>If yes, attach details.</b> |
| 4. Has any plan been spun-off (sold), transferred or terminated?            | Yes | No | <b>If yes, attach details.</b> |
- Please attach a Form 5500 for each plan listed above**

**(Complete this section only if Workplace Violence coverage is desired.)**

1. Has the **Applicant's** added additional work locations?      Yes      No      **If yes, provide an explanation.**
  
2. The **Applicant's** total number of employees:
  
3. Has the **Applicant** implemented any new employment procedures, office procedures, or security procedures?  
**If yes, attach a copy.**      Yes      No
  
4. In the past twelve (12) months, has the **Applicant** been involved with any layoffs, staff reductions, or facility closings?      Yes      No      **If yes, provide an explanation.**

**(Complete this section only if Internet Liability coverage is desired.)**

1. Has the **Applicant** created any new websites?      Yes      No      If yes, provide the site address(es).
2. Has the **Applicant** made any material changes to the existing site?      Yes      No      If yes, provide an explanation.

**Network Security:**

3. Does the **Applicant** have a firewall?    Yes    No    **If yes, identify the hardware / software used.**
4. Does the **Applicant** have a virus protection program in place?    Yes    No    **If yes, identify the software used.**
5. Does the **Applicant** have a process for managing computer accounts, including the removal of outdated access accounts in a timely fashion?    Yes    No

**PART 7 – PROFESSIONAL LIABILITY – TRADE ASSOCIATION SERVICES**  
(Complete this section only if Professional Liability coverage is desired.)

**NOTICE: This professional liability coverage is provided on a claims-made basis; therefore, only claims which are first made against you, and reported to the Company, during the policy term, any subsequent renewal of this policy or any extended reporting period are covered, subject to policy provisions.**

1. Does the **Applicant** provide any new services to others for a fee or does the **Applicant** provide any new services to members:    **Please attach a copy of your standard contract for such services.**

Description of services rendered:	
Total gross billings: \$	Number of years provided:
Description of services rendered:	
Total gross billings: \$	Number of years provided:

2. Has the **Applicant** sponsored or produced any new publications in the past twelve (12) months:

Name of publication	Average circulation
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5. Does the **Applicant**:

provide training to members or other third parties?	Yes	No
provide job placement services and job postings for members?	Yes	No
administer or sponsor any group insurance programs for members?	Yes	No
sponsor group purchasing arrangements or establish preferred vendor lists for members?	Yes	No

**SECTION 8 – CRIME**  
**(Complete this section only if Crime coverage is desired.)**  
**(Coverages under the Crime Policy are written on an Occurrence Basis)**

<u>Desired Coverage(s):</u>	<u>Limit</u>	<u>Deductible</u>
Insuring Agreement A1: Employee Theft and Client Coverage	\$	\$
Insuring Agreement A2: ERISA Fidelity	\$	\$
Insuring Agreement B: Forgery or Alteration	\$	\$
Insuring Agreement C: Theft, Disappearance & Destruction – Inside the Premises	\$	\$
Insuring Agreement D: Theft, Disappearance & Destruction – Outside the Premises	\$	\$
Insuring Agreement E: Money Orders and Counterfeit Paper Currency	\$	\$
Insuring Agreement F: Computer and Funds Transfer Fraud	\$	\$

**Hiring Procedures/Employment Practices:**

1. Have there been any changes in the **Applicant's** hiring procedures / employment practices? Yes No

**Audit Procedures:**

2. Have there been any changes in the **Applicant's** audit procedures? Yes No

**Internal Controls:**

3. Have there been any changes in the **Applicant's** internal controls? Yes No

**Money, Securities and Payroll Exposure:**

4. Please indicate maximum exposure for each location if requesting Insuring Agreement C or D:

<u>Location(s)</u>	<u>Cash</u>	<u>Retail Checks</u>	<u>Credit Card Receipts and Non- Retail Checks*</u>	<u>Is there a Safe?</u>	
	\$	\$	\$	Yes	No
	\$	\$	\$	Yes	No
	\$	\$	\$	Yes	No
	\$	\$	\$	Yes	No

\* A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it could be re-created if it were stolen, lost or destroyed.

**SECTION 9 – BUSINESSOWNERS INSURANCE**  
**(Complete this section only if Businessowners coverage is desired)**  
**(Coverages under the Businessowners Policy are written on an Occurrence Basis)**

The Philadelphia Insurance Companies Businessowners program is for entities which have a Directors & Officers or a Professional Liability policy with our company. Please confirm that you are an applicant / insured under one of these Philadelphia Insurance Companies programs, and that you understand BOP is only available to you as a customer of one of these programs. ☐ I agree

**Program Eligibility Requirements:**

- Office-based businesses only (**Maximum allowable square footage- 5,000 square feet**)
- Coverage for events is excluded under this policy, except where specifically added by endorsement. Coverage is available via a separate Special Events Policy through Philadelphia Insurance Companies

**BUILDING COVERAGE IS NOT OFFERED UNDER THIS PROGRAM**

1. Location Address:

City:

State:

Zip code:

2. Please list any additional offices on an attached sheet. ☐ **Check here if there are locations attached.**

**Desired Businessowners Coverage:**

3. Contents coverage \$

Deductible:      \$250      \$500      \$1,000      \$2,500

4. Hired auto:      Yes      No      10b. Non-owned auto:      Yes      No

5. Number of buildings:      Rent:      Own:      Percent occupied:      %

6. Construction type:      Year built:      Square feet:

7. Liability & Medical expenses: \$1,000,000 (automatic coverage)

8. Tenants fire legal liability: \$

Limits:      \$50,000      \$100,000      \$250,000      \$500,000      \$1,000,000

9. Employee dishonesty w / Additional location(s):

Limits:      \$500      \$10,000      \$25,000      \$50,000      \$100,000

10. Forgery or Alteration:      Yes      No (This option can only be purchased with Employee Dishonesty Coverage)

11. Valuable papers:      Yes      No

12a. Money & Securities-On Premises: \$      12b. Money & Securities-Off Premises: \$

13a. Computer hardware: \$      13b. Computer software: \$

14a. Interior glass:      Yes      No      Square footage:      14b. Signs: \$

15. Please list any entities the Named Insured desires to have listed as an additional insured / loss payee on the policy and the nature of their interest to the policyholder:

Name:		
Address:		Interest:
Name:		
Address:		Interest:
Name:		
Address:		Interest:
Name:		
Address:		Interest:

**SECTION 10 – GENERAL SUMMARY**  
**(All Applicants must complete this section.)**

**With respect to all of the coverage which the Applicant has applied for in this Application, complete the following questions. All information in this Application, including all attachments, are deemed as if attached hereto and are material to the underwriting of this insurance.**

- |   |     |    |
|---|-----|----|
| 1. Has the <b>Applicant</b> been the subject or involved in any litigation in the past twelve (12) months?<br><b>If yes, complete a supplemental claim form.</b>          | Yes | No |
| 2. In the next twelve (12) months, does the <b>Applicant</b> anticipate any substantial change or reorganization of operations?<br><b>If yes, provide an explanation.</b> | Yes | No |

**Material Change:**

If there is any material change to the answers of this Application's questions prior to the policy inception date, the **Applicant** must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

**False Information:**

**WARNING:** 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.

**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."

**NOTICE TO ALASKA RESIDENTS 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."

**NOTICE TO ARKANSAS RESIDENT 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."

**NOTICE TO ARIZONA RESIDENTS 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."

**NOTICE TO COLORADO RESIDENTS 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."

**NOTICE TO 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."

**NOTICE TO 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."

**NOTICE TO 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."

**NOTICE TO LOUISIANA RESIDENTS 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."

**NOTICE TO MAINE RESIDENTS 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 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."

## Signature

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued.

Name (Please Print/Type)

Title **(MUST BE SIGNED BY THE PRESIDENT,  
CHAIRMAN 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.

## (Section to be completed by Producer/Broker)

Producer

Agency

Producer License No.

Agency Taxpayer ID or SS No.

Address (Street, City, State, Zip)

## ADDITIONAL INFORMATION

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

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Signature

Date