

## CONTRACTOR ENVIRONMENTAL COVERAGE APPLICATION (CEC)

### INSTRUCTIONS

1. Please answer all questions completely for each coverage that you applied for. If any question does not apply, please check 'no' or state N/A.
2. If additional space is required to complete an answer, please provide supporting information on your firm's letterhead and reference the application question number of the sheet.
3. This form must be signed and dated by an owner, partner, director/officer or principal of the Applicant.
4. Additional information, including but not limited to the following, may be needed for a bindable quote:
  - Applicant's last two (2) years audited financial statements
  - Applicant's last three (3) years of currently valued environmental loss runs

### SECTION I - GENERAL INFORMATION

Applicant Name:

Address:

Physical Address:

Website:

Principal Contact/Title:

Date Company Founded:

Risk Management Contact:

Email:

Telephone:

E-Mail:

Phone:

Related entities to be listed on the policy and relationship to the Named Insured:

Name of Company	Relationship to Insured	Services Provided	Revenue
			\$
			\$

During the past five (5) years, has the Applicant's company purchased any other companies or been engaged in any type of merger, acquisition or name change?

Yes No

If yes, please provide a detailed description:

#### 1. Coverage Request

Proposed Effective Date:

Please indicate the Applicant's requested Coverage and Limits of Insurance that the Applicant would like:

Selection	Coverage Parts	Limits	SIR / Deductible	Retroactive Date
	Occurrence – Contracting Operations Environmental Liability	\$ / \$		N/A
	Claims Made – Contracting Operations Environmental Liability	\$ / \$		
	Occurrence – Non-Owned Location Liability	\$ / \$		N/A
	Claims Made – Non-Owned Location Liability	\$ / \$		
	Claims Made – Applicant's Insured Location Liability	\$ / \$		
	Other:	\$ / \$		

2. Which professional organization is the Applicant's firm or key personnel a member?

#### 3. General Project/Client Information

##### a. Revenue

Prior Fiscal Year: \$

Current Fiscal Year: \$

Next Fiscal year: \$

- b. Has the Applicant's company experienced significant shifts in revenue by services in the past two (2) years or anticipate significant shifts in the next two (2) years? Yes      No  
If yes, please provide a detailed description:

- c. What is the geographical extent of services/operations?  
i. United States:                      Canada:                      Foreign:  
ii. Provide a list of States and/or Countries:

- iii. Percentage of services/operations in Louisiana:                      %  
d. What percentage of revenue is derived from the Applicant's largest client?                      %  
Client Name:

- (1) Please provide the following information on the three largest contracts from the past year:

Client	Revenue	Services Provided	Current Status
	\$		
	\$		
	\$		

- e. Does the Applicant construct wood frame buildings? Yes      No  
f. Does the Applicant perform residential work? Yes      No  
g. Is the Applicant involved with Exterior Insulation Finishing Systems? Yes      No  
If yes, please describe the Applicant's services.

## SECTION II – CONTRACTING OPERATIONS ENVIRONMENTAL LIABILITY COVERAGE

1. Description of contracting operations, services and work performed by the Applicant's company:

2. Please provide the number of vehicles the Applicant operates by type:

Vehicle Type	Number of units	Cargo or Material Hauled (indicate if hazardous)	Radius of Operation
Private Passenger			
Light Truck			
Medium Truck			
Hvy/Extra Hvy Truck			
Trailers			
Other:			

3. Does the Applicant's company own, operate or lease any type of waste (i.e. construction, household, or hazardous) recycling, treatment, storage or disposal facility? Yes      No  
If yes, please provide a detailed description:

4. Contracting Services Revenue Breakdown

		(A) + (B) = 100%	
Contracting Service	Projected Revenue Next Twelve (12) months	(A) % Work Retained In- House	(B) % Work Subcontracted Out
<b>Contracting Services</b>			
General Contracting	\$	%	%
Construction Management	\$	%	%
Excavation/Grading	\$	%	%
Street/Road	\$	%	%
Heavy Highway/Bridge/Tunnel	\$	%	%
Steel Erection	\$	%	%
Pipeline Construction/Cleaning	\$	%	%
Utility – Electric/Gas/Cable	\$	%	%
Water/Sewer	\$	%	%
HVAC	\$	%	%
Mechanical	\$	%	%
Electrical	\$	%	%
Plumbing	\$	%	%
Carpentry	\$	%	%
Drywall	\$	%	%
Masonry/Concrete	\$	%	%
Painting	\$	%	%
Roofing/Insulation	\$	%	%
Residential Developer/Home builder	\$	%	%
Process Piping	\$	%	%
Demolition	\$	%	%
Drilling (Type: )	\$	%	%
Dredging	\$	%	%
Fire Sprinkler	\$	%	%
Industrial cleaning	\$	%	%
Oil Field/Lease Work	\$	%	%
Marine Construction and Services	\$	%	%
Stone/Metal Restoration	\$	%	%
Fire/Water Restoration Contractor	\$	%	%
Other (Specify):	\$	%	%
<b>Environmental Contracting</b>			
Soil Excavation	\$	%	%
Groundwater Recovery and Treatment	\$	%	%
In-Situ Soil or Groundwater Treatment	\$	%	%
Emergency Spill Response	\$	%	%
Barrier or Liner Installation	\$	%	%
Well Drilling/Soil Borings	\$	%	%
Landfill Construction	\$	%	%
Lab Packing	\$	%	%
Medical Waste Collection	\$	%	%
Tank Removal (Type: )	\$	%	%
Tank Installation, Upgrades or Retrofit (Type: )	\$	%	%
Tank Cleaning (Type: )	\$	%	%
Environmental Dredging	\$	%	%
Asbestos/Lead Abatement	\$	%	%
Mold Remediation Services	\$	%	%
Demolition/Deconstruction/Dismantling	\$	%	%
PCB Retrofit, Removal and Disposal	\$	%	%
Other (Specify):	\$	%	%
<b>Total All Contracting Services</b>		\$	%

5. The Applicant's Projected 12 Month Gross Revenue by Project Type:

Category	Percentage	Category	Percentage
Apartments	%	Industrial/Manufacturing	%
Assisted Living and Retirement	%	Marine	%
Single Family Homes and Townhomes	%	Mining, Petroleum or Chemical	%
Commercial Office or Retail	%	Road/Highway	%
Condominiums - High Rise	%	Tunnels/Bridges/Mass Transit	%
Environmental	%	Schools: K-12 or University	%
Hospital/Medical Facilities or Offices	%	Water or Waste Water Plants	%
Hotels/Motels	%	Other (Describe):	%

6. The Applicant's Projected 12 Month Gross Revenue by Client Profile

Client	Percentage	Client	Percentage
Contractors	%	Industrial –Manufacturers/Logistics	%
Design Professionals/Consultants	%	Institutional	%
Developers	%	Bankers/Financiers	%
Government-Federal	%	Real Estate Managers	%
Government-State or Local	%	Other (Specify):	%

**SECTION III – NON-OWNED LOCATION LIABILITY**

**N/A**

**Please provide the following Waste Disposal information**

1. Has the Applicant ever been in a legal action or suit or given PRP status concerning the disposal of waste materials?

Yes No

If yes, please provide details:

WASTE SOURCE	TYPE OF WASTE MATERIAL	ESTIMATED QUANTITY	METHOD OF TRANSPORTATION	DISPOSAL COMPANY/ WASTE SITE
Owned Location No(s):  Project Sites	Construction Debris/Office Trash Vehicle Maintenance Fluids Hazardous Material (Specify):  Other (Specify):	per month quarter year	Own vehicles Third party carrier (specify):	by:
Owned Location No(s):  Project Sites	Construction Debris/Office Trash Vehicle Fluids Hazardous Material (Specify):  Other (Specify):	per month quarter year	Own vehicles Third party carrier (specify):	by:
Owned Location No(s):  Project Sites	Construction Debris/Office Trash Vehicle Fluids Hazardous Material (Specify):  Other (Specify):	per month quarter year	Own vehicles Third party carrier (specify):	by:

**SECTION IV – THE APPLICANT'S OWNED LOCATION LIABILITY COVERAGE**

**N/A**

1. Location(s) Name and Address:

Name	Address	Description and Operation or Activities Performed
1.		
2.		
3.		
4.		
5.		

2. Does the Applicant have any environmental site assessments, questionnaires or air, NPDES or other discharge permits that have for the Applicant's location(s) or site(s) listed above?

Yes No

If yes, please attach.

3. Are there any existing or historic environmental issues, including reportable discharges or releases of any hazardous substances or pollutants, or remediation conducted at any of the Applicant's locations listed above? Yes No  
If yes, please describe:

4. Are there any anticipated changes in use of the location during the policy period? Yes No  
If yes, please describe:

5. Hazardous, Toxic or Bulk Materials Stored at the Applicant's Location

Location Name/ Number	Hazardous, Toxic or Bulk Material	QUANTITY (at any one time)	STORAGE (on pallet, 55 gallon drum, etc.):

6. Storage Tanks - Please utilize the table and key below to provide information about the Applicant's storage tanks. **UST means underground storage tank. AST means aboveground storage tank.**  
Are all of the Applicant's tanks in compliance with the applicable regulations? Yes No  
If no, please provide details:

Location and Tank ID No.	UST	AST	Size (gallons)	Age	Construction (type of material and single wall or double wall)	Contents (specify material)	Leak Detection Prevention Method* (specify method)	Containment (ASTs only)	Piping **see key below
								Diked Yes No Construction:	
								Diked Yes No Construction:	
								Diked Yes No Construction:	

\*If tank tightness testing, leak detection or inventory monitoring and control systems, **please provide copies of the most recent test data.**

\*\*Piping Key: P= pressure flow, S= suction flow, DBW =double wall, SW = single wall

**SECTION V - RISK MANAGEMENT PRACTICES**

1. Does the Applicant have a person dedicated to risk management practices at the Applicant's firm and what percentage of their job responsibilities is considered risk management? Yes No  
Name and Title: Percentage of Time: %
2. Contract Management
- i. What percentage of the Applicant's work is performed under written contract? % Yes No
  - ii. Are master service agreements utilized? Yes No
  - iii. Are consensus documents utilized? Yes No
  - iv. Are Limitation of Liability provisions required in contracts? Yes No
  - v. Does the Applicant accept consequential damage provisions? Yes No
3. Does the Applicant have a standard contract or purchase order to use with the Applicant's subcontractors with indemnification/hold harmless provisions in the Applicant's favor? Yes No
4. Are subcontractors certificates of insurance retained on file? Yes No

5. Does the Applicant require subcontractors to schedule the Applicant as an Additional Insured? Yes No
6. What limits of insurance does the Applicant require for subcontractors?
- |                                    |     |       |   |                    |
|------------------------------------|-----|-------|---|--------------------|
| General Liability                  | \$  | Limit | % | Percentage of Time |
| Professional Liability             | \$  | Limit | % | Percentage of Time |
| Contractor Environmental Liability | \$  | Limit | % | Percentage of Time |
| with mold coverage?                | Yes | No    | % | Percentage of Time |
7. Site Safety and Environmental Management
- i. Does the Applicant have a person responsible for site safety management and training? Yes No  
Name of responsible person and qualifications:
- ii. Does the Applicant have a person trained and responsible for environmental compliance? Yes No  
Name of responsible person and qualifications:
- iii. Does the Applicant have formal training and protocols for working in areas with contamination? Yes No
8. Does the Applicant have a formal quality assurance and quality control program? Yes No
9. Does the Applicant have a training program or procedures to manage water intrusion or mold? Yes No  
**If yes, please attach.**
10. Does the Applicant have training program or procedures to control and manage legionella? Yes No  
**If yes, please attach.**
11. Does the Applicant take title or manifest to other's waste materials? Yes No

12. Current Insurance Program

Coverage	Carrier	Limit Incident/Aggregate	Deductible	Policy Term/ Expiration Date	Retroactive Date	Premium
General Liability		\$ /	\$			\$
Professional Liability		\$ /	\$			\$
Contractor Environmental Liability		\$ /	\$			\$
Site Environmental Liability		\$ /	\$			\$

- i. Does the Applicant's current Environmental or Professional Liability program provide any Project Excess Coverage for any projects? **If yes, please describe the situation in detail.** Yes No
- ii. Has any Underwriter refused, canceled, or non-renewed coverage? **(Not applicable in Missouri)**  
**If yes, please describe the situation in detail.** Yes No

## SECTION VI - LOSS INFORMATION

IF QUESTIONS 1, 2, OR 3 BELOW ARE ANSWERED YES, PLEASE ATTACH A DETAILED DESCRIPTION

- |    |   |     |    |
|----|---|-----|----|
| 1. | Has the Applicant or any other party to the proposed insurance ever been subject to disciplinary action as a result of their professional services or contracting operations?   | Yes | No |
| 2. | In the past five (5) years:   |     |    |
| a. | Has any claim been made against the Applicant's company, including any predecessor companies or any company that the Applicant own control or manager, or any member of such companies concerning or alleging liability for contamination or as a result of the Applicant's professional services or contracting operations ? | Yes | No |
| b. | Have there been any claims made against the Applicant resulting from the actual or alleged release of pollutants at, on, under, or from the Applicant's location for which the Applicant is seeking coverage?   | Yes | No |
| 3. | Is the Applicant aware of any fact or circumstance that could be expected to result in any claim, suit, governmental action or notice of incident against the Applicant's company or any party to this insurance from contracting operations rendered by the Applicant or on Applicant's behalf?                              | Yes | No |

A fact or circumstance may include, but is not limited to, any third-party oral or written notice, a notice of violation of any statute or ordinance, an unresolved job dispute (including owner-contractor dispute), or any act.

**Report knowledge of all such incidents to your current carrier prior to your current policy expiration.**  
The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy.

## **FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that they/they 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, MAY BE 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, OWNER, PARTNER, DIRECTOR/OFFICER OR  
PRINCIPAL OF THE INSURED)

\_\_\_\_\_  
SIGNATURE

DATE

**PRODUCED BY: (SECTION TO BE COMPLETED BY THE PRODUCER/BROKER)**

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

AGENCY

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.

TAXPAYER I.D.