



EUCLID
SECURITY

EUCLID SECURITY PROGRAMS LLC

234 Spring Lake Drive

Itasca, IL 60143

www.euclidsecurityins.com

SECURITY CONTRACTING-SUPPRESSION SERVICES

SUPPLEMENTAL APPLICATION

SEND SUBMISSIONS TO:

submissions@euclidsecurityins.com

PRODUCT	
1. <input type="checkbox"/> General Liability (w/ Errors and Omissions) <input type="checkbox"/> Supported Excess Liability <input type="checkbox"/> Standalone Excess Liability	
PRODUCER	
2. Producer Name:	
3. Producer Contact:	
4. Street Address:	
Mailing Address (if different):	
5. Email Address:	
6. Phone:	
APPLICANT	
7. Applicant – Legal Name:	
List all DBAs:	
8. Street Address:	
Mailing Address (if different):	
Additional Locations (if applicable):	(Use worksheet if additional space is necessary)
Please list any prior company names:	
9. Web-Site Address:	
10. Name of contact person for inspection/audit:	Name: Telephone:
	Email:
11. Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):
12. Desired Effective Date:	

BUSINESS INFORMATION			
13. Years In Business under this legal entity:		Years of experience in Suppression field:	
Please describe experience of principals/owners:			
Please list owners:	Owner Name(s)	Ownership %	Is Owner Active in Field?
	Owner 1:	1: %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner 2:	2: %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner 3:	3: %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner 4:	4: %	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner 5:	5: %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe duties of the Owner(s):			
Is Applicant involved in any other operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
Any other states of operations?			
Is the Company a division of a larger corporation or a subsidiary?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any carrier non-renewed or cancelled Applicant's business? (not applicable in MO)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
Has the Applicant had any lapse in coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
Date of lapse:			
Is Applicant aware of any incidents, complaints, or suspected matters in the past 5 years which may result in claims against you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
Does Applicant use written contracts with its clients?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what % of clients are under contract?			%
If yes, what % of contracts have an asbestos clause mandating the removal of asbestos prior to work commencing?			%

14. Revenue, Staffing, and Payroll/Subcontractor Costs (Projected)					
Total Projected Revenue:		\$			
Provide the details of projected staffing and related revenue, payroll, and subcontractor costs:					
Classification	# of Total Staff	# of Full-time Staff	Revenue	Annual Payroll	Annual Subcontractor Costs
Owners / Execs / Clerical / Sales / Admin. Supervisors			\$	\$	\$
Supervisors - Field			\$	\$	\$
New Installation			\$	\$	\$
Rehab / Retrofit			\$	\$	\$
Service / Repair			\$	\$	\$
Inspection			\$	\$	\$
Independent Contractors			\$	\$	\$
Total			\$	\$	\$
Please provide the average years of employment for:					
Supervisors:		Installers/Service:		Inspectors:	
15. Provide the names of Applicant's five largest clients or projects and a description of your work:					
Client 1:					
Client 2:					
Client 3:					
Client 4:					
Client 5:					
Provide a list of work in progress:					
16. Policies and Procedures (check all if applicable):					
<input type="checkbox"/> Designated safety coordinator		<input type="checkbox"/> Regularly scheduled safety meetings			
<input type="checkbox"/> Personal protective equipment provided to employees		<input type="checkbox"/> Formal accident and investigation program			
<input type="checkbox"/> Prompt reporting of all employee injuries		<input type="checkbox"/> Transitional plan for injured workers			
<input type="checkbox"/> Physicals required at the time of hiring		<input type="checkbox"/> Written drug and alcohol policy			
<input type="checkbox"/> Random drug testing		<input type="checkbox"/> Company sponsored health plans offered			
<input type="checkbox"/> Group transportation of employees		<input type="checkbox"/> Formal training program			
17. Has Applicant had any OSHA violations?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:					
What is Applicant's current Workers Compensation Experience Mod.?					

PERSONNEL SELECTION AND TRAINING			
18. Pre-employment Screening Procedure (check all if applicable):			
<input type="checkbox"/> Prior Employment Check	<input type="checkbox"/> Personal Reference	<input type="checkbox"/> Psychological Testing	<input type="checkbox"/> Criminal Background Check
<input type="checkbox"/> Drug Screening	<input type="checkbox"/> MVR	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Other: _____
19. Training Program Includes (check all if applicable):			
<input type="checkbox"/> Written Manual	<input type="checkbox"/> Report Writing	<input type="checkbox"/> Classroom	<input type="checkbox"/> On the Job
<input type="checkbox"/> 8 hours or more required			
Trade Association or Union Membership held?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:			
Is the Applicant and all of your employees and/or subcontractors licensed as required by law in the jurisdictions in which you operate?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:			
SUBCONTRACTORS			
20. Does the Applicant use Subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the work that is subcontracted:			
Total Projected Subcontractor Costs: \$		% of Total Work Subcontracted:	%
Does Applicant use a written contract with indemnification language for all of your subcontractors? (if yes, please attach a copy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant obtain Certificates of Insurance from all of your subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you always added as an additional insured by your subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, give a percentage:			%
Indicate contractually required minimum liability per occurrence limit of insurance:		<input type="checkbox"/> Less than \$1,000,000	<input type="checkbox"/> \$1,000,000 or more
21. Does the Applicant use Uninsured Subcontractors (1099 Employees)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the work of 1099 Employees:	Total Projected Sub. Costs / Payroll of Uninsured Subcontractors (1099 EEs):	\$	

SUPPRESSION OPERATIONS BREAKDOWN (Operations must equal the respective revenue disclosed in the BUSINESS INFORMATION section)				
22. Client Base	New Construction	Rehab / Retrofit	Service / Repair	Inspection
Office Buildings:	%	%	%	%
Retail:	%	%	%	%
Industrial / Manufacturing:	%	%	%	%
Restaurants:	%	%	%	%
Apartments:	%	%	%	%
Condo Towers:	%	%	%	%
Condos - detached / Townhomes:	%	%	%	%
Tract Housing:	%	%	%	%
Custom Homes – single family residences:	%	%	%	%
Custom Homes – high value dwellings:	%	%	%	%
Hotels / Motels:	%	%	%	%
Schools / Institutions:	%	%	%	%
Hospitals / Nursing Homes:	%	%	%	%
Airports / Aviation Facilities:	%	%	%	%
Marine / Offshore Facilities:	%	%	%	%
Other: _____	%	%	%	%
23. Type of Operations	New Construction	Rehab / Retrofit	Service / Repair	Inspection
Wet/Dry Sprinklers:	%	%	%	%
Chemical/Foam Systems:	%	%	%	%
Portable Extinguishers:	%	%	%	%
Grease Cleaning:	%	%	%	%
Duct Cleaning:	%	%	%	%
Special Hazards: _____	%	%	%	%
Other: _____	%	%	%	%
Please provide additional information regarding your operations as described below:				
Does Applicant's jobs include work on fire pumps?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what percentage of jobs?			%	

Does Applicant's jobs include work on stand pipes or fire hydrants?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage of jobs?		%
Does Applicant perform work with PVC or CPVC pipes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage of jobs?		%
If yes, are Applicant's fitters trained on the various cure times for different size pipes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant perform any plumbing work (other than related to suppression)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list type of work:		
Has Applicant ever performed any new residential construction work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list clients and number of units:		
Condominiums:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ max number of units
Townhomes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ max number of units
Tract Housing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ max number of units
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ max number of units
If new residential construction work is not currently being performed, please indicate the last year performed:		
Does Applicant perform work for the construction of new apartments?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the following:		_____ max number of units Revenue: \$ _____
Does Applicant perform work for any condominium conversion project?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the following:		_____ max number of units Revenue: \$ _____
Does Applicant perform work at globally recognized buildings?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list buildings and type of work:		
Does Applicant perform any work at any buildings over 4 stories?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list locations and type of work:		
Does Applicant install, service, repair, or inspect suppression systems aboard aircraft, automobiles, mobile equipment, or boats?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list type of work:		
Does Applicant perform any work at facilities where explosives are handled/stored, chemical plants, refineries, nuclear power plants, or similar hazardous occupancies?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list locations and type of work:		

Does Applicant fill any type of pressurized tanks?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list locations and type of work:			
Does Applicant distribute or manufacture any fire or life safety equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how much revenue and payroll does Applicant have for this work:		Revenue: \$_____	Payroll: \$_____
If yes, please select all that apply:			
<input type="checkbox"/> Fire Safety	<input type="checkbox"/> EMS/First Aid	<input type="checkbox"/> Personal Protection Equip	<input type="checkbox"/> Other: _____
For products sold or distributed, is Applicant covered by broad form vendors coverage by manufacturer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant design fire suppression or fire extinguishing systems?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are employees with Level III or IV certificates used?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is there a licensed or registered Professional Engineer (P.E.) on staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there is P.E. on staff, are plans stamped and sealed for:		<input type="checkbox"/> Own <input type="checkbox"/> Outside Firms	
If yes, are outside firms used for design work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	% of Design work: _____%	
If yes, does Applicant perform design work for other firms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	% of Design work: _____%	
Does the plan owner or draftsman approve any changes to system specifications?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the job foreman approve any changes to system specifications?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant prepare drawings for fire suppression or extinguishing systems?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe how drawings comply with system specifications and local building and safety codes:			
Describe any fuels, chemicals, or other hazardous materials stored or used at any jobsite:			
Does Applicant keep detailed records for all jobs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please check what records contain:			
<input type="checkbox"/> Type of work	<input type="checkbox"/> Materials used	<input type="checkbox"/> Replaced or recharged parts	<input type="checkbox"/> Results of testing <input type="checkbox"/> Date activated
If yes, how long are records retained:			
If yes, are backup records stored at another location?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant use an electronic field inspection system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL LIABILITY (w/ ERRORS & OMISSIONS)				
24. Coverage Limits Requested:	Occurrence:	\$ _____	Aggregate:	\$ _____
25. Deductible Requested (Incl. ALAE): _____				
26. Please list the Applicant's General / Errors & Omissions Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. <input type="checkbox"/> (check here if Applicant has no prior coverage)				
Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
27. Additional coverages requested:				
<input type="checkbox"/> Care, Custody, and Control	<input type="checkbox"/> Damage to Property	Limits: \$ _____		
<input type="checkbox"/> Extended Property Damage	<input type="checkbox"/> W/Employee Theft or Dishonesty	Limits: \$ _____		
<input type="checkbox"/> Additional Insured:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket		
<input type="checkbox"/> Primary & Non-Contributory:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket		
<input type="checkbox"/> Waiver of Subrogation:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket		
<input type="checkbox"/> Per Location/Project Aggregate:	<input type="checkbox"/> Specific: _____	<input type="checkbox"/> Blanket		
<input type="checkbox"/> Employee Benefits Liability:	<input type="checkbox"/> W/Retro Date: _____	Limits: \$ _____		
<input type="checkbox"/> Stop Gap (Single State):	<input type="checkbox"/> Stop Gap (Multiple States): _____	Limits: \$ _____		
<input type="checkbox"/> Hired and Non-Owned Auto*:	Limits: \$ _____			
EXCESS LIABILITY				
28. LIMITS REQUESTED:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000			
29. Please list the Applicant's Excess Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. <input type="checkbox"/> (check here if Applicant has no prior coverage)				
Name of Insurer	Policy Period	Limits of Liability	Retained Limit	Premium
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		
		\$ _____ Occ./\$ _____ Agg		

*Please note that if HNOA coverage is requested above, applicants will be required to separately complete Euclid Security's Hired and Non-Owned Auto supplemental application.

30. LIST PRIMARY POLICIES TO BE CONSIDERED AS UNDERLYING INSURANCE (please indicate if N/A)					
TYPE	CARRIER POLICY NO.	POLICY EFF DATE	POLICY EXP DATE	LIMITS	
AUTOMOBILE LIABILITY				CSL EA. ACC.	\$
				BI EA. ACC.	\$
				BI EA. PER.	\$
				PD EA. ACC.	\$
GENERAL LIABILITY / E&O				EACH OCCURANCE	\$
				GENERAL AGG	\$
				PROD & CO/OPS AGG	\$
				PERSONAL & ADV INJ	\$
				DAMAGE TO RENTED PREMISES	\$
EMPLOYERS' LIABILITY				EACH ACCIDENT	\$
				DISEASE EACH EMPLOYEE	\$
				DISEASE POLICY LIMIT	\$
EXPOSURES – EMPLOYERS' LIABILITY (If applicable)					
31. Is Applicant self-insured in any state?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list states:					
32. Please list states where operations are conducted, where any premises are maintained, or where employees are otherwise subject to Workers' Compensation Regulations:					
33. Subject to:			<input type="checkbox"/> Jones Act	<input type="checkbox"/> FELA	
EXPOSURES – AUTO LIABILITY (If applicable)					
34. Are explosives, caustics, flammables or other dangerous cargo hauled?					<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Any units not insured by underlying policies?					<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are any vehicles leased or rented to others?					<input type="checkbox"/> Yes <input type="checkbox"/> No
37. What is the Coverage Symbol for the Liability coverage under the Business/Commercial Auto policy?					
38. Do any employees use their personal vehicles for business purposes/company business?					<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does Applicant obtain and review driver MVRs before/during the hiring process?					<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Does Applicant regularly check driver MVRs during their employment?					<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTO FLEET								
TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	200 + MI
PRIVATE PASSENGER								
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX HEAVY							
TRUCKS/TRACTORS	HEAVY							
	EX HEAVY							
OTHER:								
INITIAL SUBMISSION REQUIREMENTS								
41. General Liability (w/ Errors and Omissions)								
<ul style="list-style-type: none"> • Sample copies of contracts used with clients 								
<ul style="list-style-type: none"> • Sample copies of contracts used with subcontractors if applicable 								
<ul style="list-style-type: none"> • Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days) 								
<ul style="list-style-type: none"> • Detailed description of all claims with more than \$25K incurred 								
<ul style="list-style-type: none"> • Owner(s) resume or background information if Applicant has been in business for less than 3 years 								
42. Excess Liability								
<ul style="list-style-type: none"> • If Standalone Excess Liability, same required information as General Liability (w/ Errors and Omissions) 								
<ul style="list-style-type: none"> • Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days) 								
<ul style="list-style-type: none"> • Carrier (and TPA if applicable) loss runs underlying coverages for the preceding 5 years (must be currently valued within past 60 days) 								
<ul style="list-style-type: none"> • Copies of quotes or binders for underlying coverages (if bound, full underlying policy(ies) will be required post binding) 								

FRAUD NOTICE

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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND 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.

NOTICE TO 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.

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 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 KANSAS APPLICANTS: 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 commits a fraudulent insurance act.

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 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 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.

NOTICE TO 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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.

NOTICE TO 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.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.