



**SECURITY CONTRACTING - ALARM SERVICES  
SUPPLEMENTAL APPLICATION**

**SEND SUBMISSIONS TO:**  
[submissions@euclidsecurityins.com](mailto:submissions@euclidsecurityins.com)

<b>PRODUCT</b>	
1. <input type="checkbox"/> General Liability (w/ Errors and Omissions) <input type="checkbox"/> Supported Excess Liability <input type="checkbox"/> Standalone Excess Liability	
<b>PRODUCER</b>	
2. Producer Name:	
3. Producer Contact:	
4. Street Address:	
Mailing Address (if different):	
5. Email Address:	
6. Phone:	
<b>APPLICANT</b>	
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. Policy Effective Date Desired:	

BUSINESS INFORMATION			
<b>13.</b> Years In Business under this legal entity:		Years of experience in Alarm field:	
Please describe experience of principals/owners:			
Please list owners:	<b>Owner Name(s)</b>	<b>Ownership %</b>	<b>Active in Field?</b>
	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?			%

<b>14. Revenue, Staffing, and Payroll/Subcontractor Costs (Projected)</b>					
Total Projected Revenue:		\$			
Installation / Service / Repair Revenue:	\$	Monitoring Revenue:	\$	Other 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			\$	\$	\$
Installation / Service			\$	\$	\$
Monitoring			\$	\$	\$
Independent Contractors - Installation / Service			\$	\$	\$
Independent Contractors - Monitoring			\$	\$	\$
<b>Total</b>			\$	\$	\$
Please provide the average years of employment for:					
Supervisors:		Installers/Service:		Monitoring:	
<b>15. Provide the names of Applicant's five largest clients or projects and a description of your work:</b>					
Client 1:					
Client 2:					
Client 3:					
Client 4:					
Client 5:					
<b>16. Policies and Procedures (check all if applicable):</b>					
<input type="checkbox"/> Designated safety coordinator <input type="checkbox"/> Personal protective equipment provided to employees <input type="checkbox"/> Prompt reporting of all employee injuries <input type="checkbox"/> Physicals required at the time of hiring <input type="checkbox"/> Random drug testing <input type="checkbox"/> Group transportation of employees			<input type="checkbox"/> Regularly scheduled safety meetings <input type="checkbox"/> Formal accident and investigation program <input type="checkbox"/> Transitional plan for injured workers <input type="checkbox"/> Written drug and alcohol policy <input type="checkbox"/> Company sponsored health plans offered <input type="checkbox"/> Formal training program		
<b>PERSONNEL SELECTION AND TRAINING</b>					
<b>17. Pre-employment Screening Procedure (check all if applicable):</b>					
<input type="checkbox"/> Prior Employment Check <input type="checkbox"/> Drug Screening		<input type="checkbox"/> Personal Reference <input type="checkbox"/> MVR		<input type="checkbox"/> Psychological Testing <input type="checkbox"/> Physical Exam	
				<input type="checkbox"/> Criminal Background Check <input type="checkbox"/> Other: _____	

<b>18. Training Program Includes (check all if applicable):</b> <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 Membership held?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list Association(s):			
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:			
<b>SUBCONTRACTORS</b>			
<b>19. Does the Applicant use Subcontractors?</b>			<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
Is Applicant 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
<b>20. Does the Applicant use Uninsured Subcontractors (1099 Employees)?</b>			<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):	\$

ALARM OPERATIONS BREAKDOWN (Operations must equal a total of 100%)		
20. Client Base	New Construction	Rehab / Retrofit / Service / Repair
Commercial / Industrial:	%	%
Institutional - Penal:	%	%
Institutional - Other:	%	%
Apartments / Condo Towers:	%	%
Tract Housing:	%	%
Condos - detached:	%	%
Townhomes:	%	%
Custom Homes – single family residences:	%	%
Custom Homes – high value dwellings:	%	%
Personal Emergency Response Systems (PERS):	%	%
Other: _____	%	%
<b>Grand Total:</b>	%	
21. Type of Operations (Must match Total Revenue / Sales provided in response to question 14. above)		
Alarm Systems	Installation / Service Revenue	Monitoring Revenue
Access Control (Cells, Doors, Gates, Locksmith, etc.)	\$	\$
Burglary (Perimeter, Glass Break, Motion, etc.)	\$	\$
Carbon Monoxide / Radon Detection	\$	\$
Central Vacuum	\$	\$
Closed Circuit TV / Camera	\$	\$
Facial Recognition	\$	\$
Fire / Smoke / Heat Detection	\$	\$
Home Theater / Intercom	\$	\$
Infrared	\$	\$
Preconstruction Wiring / Conduit / Low Voltage	\$	\$
Smart Home	\$	\$
Temperature Control	\$	\$
Utility Monitors (HVAC, Gas, Water)	\$	\$
Water Backup / Water Flow	\$	\$
Other: _____	\$	\$

Type of Operations cont.		
Personal Emergency Response Systems (PERS)	Installation / Service Revenue	Monitoring Revenue
Medical Emergency Pendants	\$	\$
Medication Reminder Service	\$	\$
Nurse Call Buttons	\$	\$
Patient / Infant Monitoring	\$	\$
Personal Emergency / Panic Button	\$	\$
Other: _____	\$	\$
<b>Grand Totals:</b>	<b>\$</b>	<b>\$</b>
Please provide additional information regarding your operations as described below:		
Does Applicant sell monitoring services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list maximum amount of liability per monitoring contract: <b>(Attach sample copy of client monitoring agreement)</b>		\$
Who performs the monitoring services?		<input type="checkbox"/> Applicant <input type="checkbox"/> 3rd Party
If 3rd Party performs the monitoring service, does Applicant have a written agreement with favorable indemnification language with the monitoring company? (Attach copy of written agreement)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If 3rd Party performs the monitoring service, does Applicant obtain a Certificate of Insurance from the monitoring company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If 3rd Party performs the monitoring service, is Applicant added as an additional insured by the monitoring company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If 3rd Party performs the monitoring service, indicate contractually required minimum liability per occurrence limit of insurance for the monitoring company:	<input type="checkbox"/> Less than \$1,000,000	<input type="checkbox"/> \$1,000,000 or more
If Applicant performs the monitoring services, please describe alarm response procedures:		
Does Applicant perform work at airports?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list locations and type of work:		
Does Applicant perform work at medical facilities or nursing homes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list locations and type of work:		

Does Applicant perform work at penal institutions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list locations and type of work:			
Does Applicant perform any design work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list clients and type of design work:			
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 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 perform any temperature control work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list locations and type of goods or equipment that are under temperature control:			
Does Applicant perform Security/Patrol response for their customers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how much revenue and payroll does Applicant have for this service:		Revenue: \$_____	Payroll: \$_____
If yes, who performs the response work?		<input type="checkbox"/> Company <input type="checkbox"/> 3rd Party	
If 3rd Party performs the response work, does Applicant have a written agreement with favorable indemnification language with the Security company? <b>(Attach copy of written agreement)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 3rd Party performs the response work, does Applicant obtain a Certificate of Insurance from the Security company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 3rd Party performs the response work, is Applicant added as an additional insured by the Security company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 3rd Party performs the response work, indicate contractually required minimum liability per occurrence limit of insurance for the Security company:	<input type="checkbox"/> Less than \$1,000,000	<input type="checkbox"/> \$1,000,000 or more	

Does Applicant or any subcontractors carry firearms?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant sell, distribute, install, service, or manufacture any safety equipment (other than alarm systems)?		<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"/> Sales	<input type="checkbox"/> Distribute	<input type="checkbox"/> Install	<input type="checkbox"/> Service <input type="checkbox"/> Manufacture
<input type="checkbox"/> Hand Held Extinguishers	<input type="checkbox"/> EMS/First Aid	<input type="checkbox"/> Personal Protection Equip	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical Facilities / Nursing Homes	<input type="checkbox"/> Computer / Mechanical Rooms	<input type="checkbox"/> Penal Institutions	<input type="checkbox"/> Buildings over 4 stories
For products sold or distributed, is Applicant covered by broad form vendors coverage by manufacturer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>GENERAL LIABILITY (w/ ERRORS &amp; OMISSIONS)</b>			
<b>22. Coverage Limits Requested:</b>	Occurrence:	\$ _____	Aggregate: \$ _____
<b>23. Deductible Requested (Incl. ALAE):</b>	\$ _____		
<b>24. Please list the Applicant's General / Errors &amp; 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)</b>			
Name of Insurer	Policy Period	Limits of Liability	Deductible    Premium
		\$ _____ Occ./\$ _____ Agg	\$ _____    \$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____    \$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____    \$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____    \$ _____
		\$ _____ Occ./\$ _____ Agg	\$ _____    \$ _____
<b>25. Additional coverages requested:</b>			
<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: \$ _____		

\*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.



EXCESS LIABILITY					
<b>26. LIMITS REQUESTED:</b> <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					
<b>27.</b> 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	Deductible	Premium	
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____	
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____	
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____	
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____	
		\$ _____ Occ./\$ _____ Agg	\$ _____	\$ _____	
<b>28. LIST PRIMARY POLICIES TO BE CONSIDERED AS UNDERLYING INSURANCE (please indicate if N/A)</b>					
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	\$ _____
<b>EXPOSURES – EMPLOYERS' LIABILITY (If applicable)</b>					
<b>29.</b> Is Applicant self-insured in any state?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list states:					
<b>30.</b> Please list states where operations are conducted, where any premises are maintained, or where employees are otherwise subject to Workers' Compensation Regulations:					
<b>31.</b> Subject to:			<input type="checkbox"/> Jones Act		<input type="checkbox"/> FELA

EXPOSURES – AUTO LIABILITY (If applicable)								
32. Are explosives, caustics, flammables or other dangerous cargo hauled?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
33. Any units not insured by underlying policies?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
34. Are any vehicles leased or rented to others?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
35. What is the Coverage Symbol for the Liability coverage under the Business/Commercial Auto policy?								
36. Do any employees use their personal vehicles for business purposes/company business?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
37. Does Applicant obtain and review driver MVRs before/during the hiring process?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
38. 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								
39. General Liability (w/ Errors and Omissions)								
<ul style="list-style-type: none"> <li>Sample copies of contracts used with clients including monitoring if applicable</li> </ul>								
<ul style="list-style-type: none"> <li>Sample copies of contracts used with subcontractors if applicable</li> </ul>								
<ul style="list-style-type: none"> <li>Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days)</li> </ul>								
<ul style="list-style-type: none"> <li>Detailed description of all claims with more than \$25K incurred</li> </ul>								
<ul style="list-style-type: none"> <li>Owner(s) resume or background information if Applicant has been in business for less than 3 years</li> </ul>								
<ul style="list-style-type: none"> <li>Limitation of liability wording and amount for monitoring services</li> </ul>								
40. Excess Liability								
<ul style="list-style-type: none"> <li>If Standalone Excess Liability, same required information as General Liability (w/ Errors and Omissions)</li> </ul>								
<ul style="list-style-type: none"> <li>Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days)</li> </ul>								
<ul style="list-style-type: none"> <li>Carrier (and TPA if applicable) loss runs underlying coverages for the preceding 5 years (must be currently valued within past 60 days)</li> </ul>								
<ul style="list-style-type: none"> <li>Copies of quotes or binders for underlying coverages (if bound, full underlying policy(ies) will be required post binding)</li> </ul>								

**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.

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Applicant Name (Printed)

---

Applicant Title

---

Applicant Signature\*

---

Date

**\* ELECTRONIC SIGNATURE AND ACCEPTANCE**

**PRODUCER INFORMATION:**

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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.