



**PRIVATE INVESTIGATOR / DETECTIVE 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 Policy Effective Date: | |

| BUSINESS INFORMATION | | | |
|---|-------------------|---|--|
| 13. Years In Business under this legal entity: | | Years of experience in Investigative field: | |
| Please describe experience of principals/owners: | | | |
| Please list owners: | Owner Name | Ownership % | Is Owner an Active Investigator? |
| | 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 operation? | | | |
| 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? | | | % |

| 14. Revenue, Staffing, Payroll/Subcontractor Costs, and Billable Hours (Projected) | | | | | |
|---|---|--|--|---------------------------------------|----------------|
| Total Projected Annual Revenue: | | \$ | | | |
| Investigator Revenue: | | \$ | Other Revenue: | | \$ |
| Provide the details of projected staffing and related payroll, subcontractor costs, and billable hours: | | | | | |
| Classification | # of Total Staff | # of Full-time Staff | # of Part-time Staff | Annual Payroll or Subcontractor Costs | Billable Hours |
| Owners / Execs / Clerical / Sales / Admin. Supervisors | | | | \$ | |
| Supervisors (Active / Field) | | | | \$ | |
| Investigator Employees (Armed) | | | | \$ | |
| Investigator Employees (Unarmed) | | | | \$ | |
| Independent Contractors | | | | \$ | |
| Total | | | | \$ | |
| Please provide the average years of employment for: | | | | | |
| Supervisors: | | | Investigators: | | |
| 15. Provide the names of Applicant's five largest clients and a description of your duties for them: | | | | | |
| Client 1:- | | | | | |
| Client 2:- | | | | | |
| Client 3:- | | | | | |
| Client 4:- | | | | | |
| Client 5:- | | | | | |
| 16. Policies and Procedures (check all 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 | | | |
| PERSONNEL SELECTION AND TRAINING | | | | | |
| 17. Pre-employment Screening Procedure (check all 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: _____ | | |

| | | | |
|---|---|--|--|
| 18. Training Program Includes (check all applicable): | | | |
| <input type="checkbox"/> Written Manual | <input type="checkbox"/> Report Writing | <input type="checkbox"/> CPR | <input type="checkbox"/> On the Job |
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Use of Force | <input type="checkbox"/> Powers of Arrest | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> 8 hours or more required | | | |
| Trade Association Membership held? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list Associations: | | | |
| 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 | | | |
| 19. 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 for the Subcontractor Agreements where you are listed as A.I.: | | | % |
| 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 |
| 20. 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): | \$ |

| INVESTIGATOR OPERATIONS BREAKDOWN (Operations must equal a total of 100%) | | | | | |
|--|----------------------|------------------------|-------------------------------------|----------------------|------------------------|
| 21. Operations | Armed Payroll | Unarmed Payroll | Operations cont. | Armed Payroll | Unarmed Payroll |
| <i>Investigations:</i> | | | | | |
| Accident – Motor Vehicle | % | % | Identity Theft | % | % |
| Arson | % | % | Insurance / Litigation | % | % |
| Child Custody / Missing Person | % | % | Kidnap / Ransom | % | % |
| Computer Fraud | % | % | Matrimonial / Spousal | % | % |
| Corporate / Due Diligence | % | % | Sub Rosa | % | % |
| Criminal / Fraud | % | % | Undercover / Workplace Infiltration | % | % |
| Debugging / Eavesdropping | % | % | Video Surveillance | % | % |
| Domestic Violence | % | % | Other: (please describe) | % | % |
| Forensic Accounting | % | % | | | |
| Operations cont. | Armed Payroll | Unarmed Payroll | Operations cont. | Armed Payroll | Unarmed Payroll |
| <i>Records Checks and Screening:</i> | | | | | |
| Background Checks | % | % | Pre-Employment Screening | % | % |
| Credit Reports | % | % | Records Checks | % | % |
| Drug Testing | % | % | Other: (please describe) | % | % |
| Genealogical Searches | % | % | | | |
| <i>Other Operations:</i> | | | | | |
| Bail Bonding | % | % | Polygraph Administration | % | % |
| Bounty Hunting | % | % | Process Service | % | % |
| Collections | % | % | Repossession | % | % |
| Executive Protection (high profile) | % | % | Security Consulting | % | % |
| Executive Protection (low profile) | % | % | Security Training | % | % |
| Expert Witness | % | % | Other: (please describe) | % | % |
| Grand Total: | | | | Armed | Unarmed |
| | | | | % | % |

| | |
|--|--|
| Please provide additional information regarding your operations as described below: | |
| Does Applicant perform polygraph administration services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe: | |
| If yes, do you require the participant to sign a Waiver? (please provide a copy) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, does Applicant have a Polygraph Certification through the American Polygraph Association or American Polygraph Services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please describe safeguards to ensure compliance with the Fair Credit Reporting Act ("FCRA") or to properly protect the sensitive information of third parties: | |
| Does Applicant perform work for any federal, state, or local government? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe: | |
| Does Applicant use firearms in your operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, are all armed personnel subject to initial and ongoing criminal background checks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, are all armed personnel properly licensed and trained for firearms with the states in which they carry firearms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, are copies of licenses maintained with procedures in place to ensure licenses are current and renewed as required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, does the company or employee own the firearm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If company owned, please describe your gun control and safety procedures: | |
| Does Applicant use tasers, stun guns, or any other non-lethal weapons in your operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list all operations where used and describe training program: | |
| Does Applicant use golf carts, ATV's, Gators, or any other off road motor vehicle in your operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how many are owned/leased? | |

| | |
|--|--|
| If yes, please describe type, use, and any applicable company policies: | |
| If yes, do you transport the public? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, are the off road motor vehicles equipped with lights? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any animals used in your operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please complete Euclid Security Animal Services Supplemental Application | |

GENERAL LIABILITY (w/ ERRORS & OMISSIONS)

| | | |
|---|----------------------|---------------------|
| 22. Coverage Limits Requested: | Occurrence: \$ _____ | Aggregate: \$ _____ |
| 23. Deductible Requested (Incl. ALAE): | _____ | |
| 24. 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 | \$ _____ | \$ _____ |

| | | |
|--|---|----------------------------------|
| 25. 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 - List): | <input type="checkbox"/> Stop Gap (Multiple States - List): | 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 | | | | | |
|---|-----------------------|----------------------------|------------------------------------|-------------------------------|--|
| 26. 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 | | | | | |
| 27. 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 | \$ _____ | \$ _____ | |
| 28. 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) | | | | | |
| 29. Is Applicant self-insured in any state? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list states: | | | | | |
| 30. Please list states where operations are conducted, where any premises are maintained, or where employees are otherwise subject to Workers' Compensation Regulations: | | | | | |
| 31. 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"> • Sample copies of contracts used with clients if applicable • Sample copies of contracts used with subcontractors (subcontractor agreement) if applicable • Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days) • Detailed description of all claims with more than \$25K incurred • Owner(s) resume or background information if Applicant has been in business for less than 3 years • Participant waivers for Training Schools or Polygraph Administration | | | | | | | | |
| 40. Excess Liability | | | | | | | | |
| <ul style="list-style-type: none"> • If Standalone Excess Liability, same required information as General Liability (w/ Errors and Omissions) • Carrier (and TPA if applicable) loss runs for the preceding 5 years (must be currently valued within past 60 days) • Carrier (and TPA if applicable) loss runs underlying coverages for the preceding 5 years (must be currently valued within past 60 days) • 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.