



# KLEIN INSURANCE SERVICES

## Chartis Umbrella Application

KLEIN INSURANCE SERVICES ~ 8 HILLSIDE AVE. SUITE 108  
MONTCLAIR, NJ 07042  
TEL: 973-509-0080 ~ FAX: 973 754-0600

In order to obtain a quote, ALL questions must be answered in the corresponding sections that apply to this insured. Incomplete submissions will be declined.

### Program Details

Select the appropriate program:

Klein Insurance Services, Inc

KIS Hospitality Program - Hotels & Restaurants (KISH)  
8 Hillside Ave, Suite 108  
Montclair, NJ 07043  
(973) 509-008

Klein Insurance Services LLC

KIS PG Umbrella Program - Habitational & Real Estate (KISR)  
5240 Babcock Street NE, Suite 211  
Palm Bay, FL 32905  
321-328-1925 x 512

### Applicant Verification Details

Applicant Name:			
Trade Name:			
Insured <i>Domiciled</i> Address (Can NOT be a P.O. Box):			
City:	State:	Zip	Code:
Insured <i>Mailing</i> Address (If different than the Domiciled Address):			
City:	State:	Zip	Code:

### Insured Information

Please provide a brief description of all of the insured's Operations ( <i>Optional</i> ):	
Additional Named Insured's: Please include list of Named Insured's as an attachment including description of operations as needed	
Is the First Named Insured a:	
LRO Real Estate Owner (including Hotel/Motel)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate Management Company	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condominium, Cooperative or Homeowners Association	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Policy Information

Effective Date:     /     /     E	Expiration Date:     /     /
Lead Umbrella Limit Requested:	

### Expiring Insurance Information

If <b>New Business submission</b> , Expiring Lead Umbrella Limits:	Expiring Annual Umbrella Premium: \$
If unknown, please select the reason: Carrier Unknown:	NONE - There is no expiring carrier for this risk:
If <b>Renewal to Chartis</b> , Expiring Policy No.:	

## Program/Industry Questions

Does the primary contain any sub-limits less than (other than Medical Payments or Fire Legal) \$1,000,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all underlying Auto and General Liability policies on an occurrence form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all underlying Auto and General Liability policies written with defense costs outside the Limit of Liability and unlimited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all locations currently in compliance with all property statutes, local ordinances and building codes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:		
<b>Does the insured have any of the following exposures:</b>		
Subsidized Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, are there any locations having more than 15% subsidized housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assisted Living or Medical Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Senior Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Housing (Example: dorms, or locations that are solely rented out to students)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Homes, RV or Trailer Park	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Enclosed Malls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, are there any enclosed malls 1 million square feet or larger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marinas (If yes, number of slips )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nightclubs (including characteristics such as max. occupancy of 200 or more people, provides live entertainment, serves liquor, or has a cover charge)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do exposures include any Armed Security personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, are the armed security guards employees of the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, does the applicant require that the security service retain at least \$1M of liability coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Broker/Administrator MUST maintain a copy of the evidence of insurance if the armed security guards are contracted out</b>		
Are all buildings at least 70% occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all major construction activities completed as of the proposed effective date? <b>(A temporary or final C.O. MUST have been issued and received)</b>		
<b>If no:</b> Please provide the reason that any building(s) is/are not at least 70% occupied at the time of the proposed effective date:  Brand new construction or recently completed gut/rehab (reason for less than 70% occupancy)		
There are vacant buildings in this submission. <b>Please provide your underwriter with information detailing why the buildings are vacant, what are the plans for the properties and whether there are any construction related activities going on at the site. Pictures of the sites may be required and should be forwarded to the underwriter if at all possible.</b>		
Are there any locations that are to be scheduled, on the excess policy, in which coverage is intended to be a portion of the exposure? (Examples include a location that has Habitational Condominium units and Hotel units. Coverage is being requested for the hotel portion ONLY and not for the condominium section of the location that is to be scheduled.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Fire, Life, Safety Information

Does the insured have a pool?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are there diving boards?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all units (not pertaining to Condominium or Cooperatives or Homeowners Association units) contain hard wired or regularly maintained battery powered smoke detectors?	<b>N/A (all exposures are Condos, Co-ops, or HOAs)</b> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there at least two means of egress per floor at all locations for all buildings over 2 stories?	<b>N/A (all locations are under 3 stories)</b> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does application include buildings over 9 stories?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, are all buildings over 9 stories either Fully Sprinklered or one of the following construction types - Fire Resistive or Masonry Non-Combustible?	<b>N/A (no buildings over 9 stories)</b> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the application include any Frame Construction buildings taller than 4 stories?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Any buildings over 40 stories?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please state location (s) address and corresponding number of stories:</b>		

## Hotel Exposures

Does the insured have Hotel Operations? <i>(If NO, proceed onto the next section)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is there any recreation other than swimming pools, in-house health club, or non-professional participation tennis courts in the hotels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe other recreation exposures:	
If yes to hotel, is there a restaurant on any of the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to restaurant, are Automatic Extinguishing Systems in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to restaurant, are liquor receipts greater than 30% of the total restaurant receipts at each restaurant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## UNDERLYING COVERAGE INFORMATION

**(applies to all locations – if more than one underlying carrier, complete section below for each)**  
*Information below to be supported by a copy of the underlying carrier's GL quote, binder and/or policy.*

With respect to the Underlying General Liability coverage:		
1. Is the GL policy written with an ISO Form CG0001 or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the General Liability Include Hired & Non-owned Automobile Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, HNO Limit \$
- If yes, will Hired and Non-owned automobile losses erode (count against) any GL aggregate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
- If yes, does Insured have employees using their own vehicles on company business on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is there a per location general aggregate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, per location Limit: \$
- If yes, is the Per Location Aggregate Capped?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Cap Limit \$
4. Is the primary General Liability written with a SIR which is \$100,000 or greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, SIR Limits \$

Type	Underlying Carrier	Eff. Date: (MM/DD/YY)	Exp. Date: (MM/DD/YY)	Policy Premium	Limits
Automobile Liability				\$ Each	Accident (CSL):\$
Automobile Liability <b>HIRED NON OWNED ONLY</b>				\$ (HNO	):\$ Included in GL limits: (Y/N)
General Liability				\$	Each Occurrence: \$
					General Aggregate (Per location): \$
					Products / Completed Operations: Excluded  Included  Separate limit: \$
					Advertising Injury/ Personal Injury (Each Offense):\$
Employers Liability				\$	Bodily Injury by Accident: \$  Bodily Injury by Disease (Each Employee): \$  Bodily Injury by Disease (Policy Limits): \$
Liquor Liability				\$	Each Common Cause Limit: \$  Each Occurrence Limit: \$  Aggregate Limit:\$
Employee Benefits Liability				\$	Claims Made (Y/N): If yes, Retro Date: or Per Occurrence (Y/N):
					Per Person (Y/N): Per Employee (Y/N):
					Aggregate Limit: \$
Director's & Officer's Liability *				\$	Each Claim: \$  Aggregate Limit: \$  Defense Outside (Y/N):
Other:				\$ \$	

\*\*Only claims made D&O forms for Not-For-Profit Associations are to be scheduled to this policy. D&O for For-Profit organizations is not covered in this umbrella. D&O for Condominium Hotels is also not eligible.

## Exposure Rating Section

<i>Please enter in all location exposures either by corresponding location(s) or sorted by Tier</i>			
Enter Name of Property Owner / Association (if different than Applicant) (Optional)			
Location Address			
City	State	Zip	
Select Location Exposure (Y/N):			
<b>Vacant Land -</b> Vacant land exposure must be part of a larger schedule of other qualifying locations and is to be incidental to the member's risk. It is expected that scheduled vacant land is not in use, not accessed by third parties and not leased to third parties. <b># of Acres</b>			
If selected, are you aware of any activity of any kind on the vacant land resulting from a leasing arrangement with third parties or unauthorized access by third parties?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Habitational:</b>	
Apartment Units -	<b># of Unit(s)</b>
Condominium /Co-op/Town home Associations with D & O	<b># of Unit(s)</b>
Condominium /Co-op/Town home Associations without D & O	<b># of Unit(s)</b>
Single/Two Family Dwellings	<b># of Unit(s)</b>
Timeshare Units without D & O	<b># of Unit(s)</b>
<b>Commercial:</b>	
Are there any Storage/Warehouse occupancies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Are any chemicals, explosives or high-hazard materials stored in the storage/warehouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Square Footage (Retail / Office)	<b># of Sq. Ft.</b>
Commercial Square Footage (Light Industrial / Warehouse) - Warehouses must be part of a larger schedule of other qualifying locations and must not have storage of any chemicals or other hazardous materials	<b># of Sq. Ft.</b>
Hotel/Motels	<b># of Unit(s)</b>
Condominium/Hotel Units (without D&O)	<b># of Unit(s)</b>
Parking Lots Square Footage (if considered a separate location)	<b># of Sq. Ft.</b>
Golf Course (one 18 hole course = 1 unit)	<b># of Unit(s)</b>
Other - Please describe:	

**If any of the insured's automobiles are registered or principally garaged in any of the following states, please specify all applicable states:**

None  FL  VT  WV  WI  LA  NH

\*If WV was selected, does the insured currently carry at least \$1 million of UM/UIM primary limits for its WV auto exposures?  
 Yes  No

*If no, we require \$1million primary UM/UIM for West Virginia exposure in order to include coverage in the umbrella. As such, our quote will exclude West Virginia automobile Liability coverage*

**Loss Information: Must apply to all locations included in submission.**

**General Liability**

For General Liability and Products Liability, does the Aggregate Incurred Loss total for the last three (3) years exceed \$300,000? <i>(Loss total must be supported by 3 complete years of currently valued (w/in six months of the proposed effective date) loss runs or loss summary.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the aggregate loss total exceeds \$300,000, please provide primary loss runs for the five past years (currently valued within six months of the proposed effective date).	

For General Liability and Products Liability, have there been any individual incurred losses in excess of \$250,000 in the past three (3) consecutive years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide details of such losses.</i>	

**Automobile**

For Automobile Liability (if applicable), have there been any individual incurred losses in excess of \$250,000 in the past three (3) consecutive years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide details of such losses.</i>	

**Directors and Officers Liability**

For Directors and Officers Liability (if applicable) have there been any incurred losses in the last three (3) consecutive years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide loss runs for the last three years (currently valued within six months of the proposed effective date).	

**New Purchases / New Construction**

If <b>any</b> required loss information is not available for the last three consecutive years, please select a reason:		
New Construction:	New Purchase: Date of Purchase     /     /	Other, please describe:

## Automobile Fleet Breakout

Does the applicant have any Owned Autos? (If No, proceed onto next section)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Type	# Units Owned	Describe General Use
Private Passenger / SUV		
Light Truck – GVW 10,000 lbs. or less (without Passengers)		
Light Truck – GVW 10,000 lbs. or less (with Passengers) Including 1-8 Passenger Vans		
Medium Truck – GVW 10,001 - 20,000 lbs. (without Passengers)		
Medium Truck – GVW 10,001 - 20,000 lbs. (with Passengers) Including 9-20 Passenger Vans		
Heavy Truck (GVW 20,001 - 45,000 lbs.) (Units not for hire)		
Extra Heavy Truck and Tractor (Short Haul) Over 45,000 lbs (Units not for hire)		
Extra Heavy Truck and Tractor (Long Haul) Over 45,000 lbs. (Units not for hire)		

  

Does the insured own/operate any other vehicle types not listed above? Including but not limited to: School Buses, Buses with passenger capacity greater than 20, Heavy trucks, Limousines, Taxis, Rapid Delivery Operations (i.e. pizza, newspaper, and magazine), Gasoline Hauling, Waste/Red Label or Commodity II or IV Hauling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS 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 AUTHORITIES."

**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 IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

**NOTICE TO LOUISIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO MAINE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**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 MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**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, 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." (365:15-1-10, 36 §3613.1)

**NOTICE TO PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**NOTICE TO VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.

**SIGNATURE PAGE**

**ALL WRITTEN STATEMENTS, AND SUPPLEMENTAL MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

**THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT, HAVING MADE DUE INQUIRY (INCLUDING BUT NOT LIMITED TO DUE INQUIRY OF THE LEGAL AND RISK MANAGEMENT DEPARTMENTS), DECLARES THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN OR ATTACHED HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.**

**THE UNDERSIGNED, ON BEHALF OF THE APPLICANT, AGREES THAT THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF ANY COVERAGE ISSUED BY US AND WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.**

This signature page attaches to and forms a part of application dated: \_\_\_\_\_

Applicant/Named Insured: \_\_\_\_\_

_____	_____	_____	_____
Signature of Applicant	Date	Signature of Agent/Broker	Date
Print Name: _____		Print Name: _____	
Title: _____		Title: _____	