

- |  |  |
|--|--|
| <input type="checkbox"/> General Liability with E&O, effective date: _____     | <input type="checkbox"/> Umbrella, effective date: _____             |
| <input type="checkbox"/> Workers Compensation, effective date: _____           | <input type="checkbox"/> Business Auto, effective date: _____        |
| <input type="checkbox"/> Crime/Employee Dishonesty, effective date: _____      | <input type="checkbox"/> Property, effective date: _____             |
| <input type="checkbox"/> Employment Practices Liability, effective date: _____ | <input type="checkbox"/> Directors & Officers, effective date: _____ |

1. Legal Name \_\_\_\_\_ TAX ID# \_\_\_\_\_

2. DBA's \_\_\_\_\_

3. Physical Address 1 : \_\_\_\_\_

4. Physical Address 2 : \_\_\_\_\_

5. Physical Address 3 : \_\_\_\_\_

6. Mailing Address: \_\_\_\_\_ Website: \_\_\_\_\_

7. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

8. Primary contact: \_\_\_\_\_ Title: \_\_\_\_\_

9. Secondary contact: \_\_\_\_\_ Title: \_\_\_\_\_

10. Entity Type: Individual Partnership Corporation LLC Other \_\_\_\_\_

11. Names previously operated under (if any): \_\_\_\_\_

12. Owner/Principal: \_\_\_\_\_ Experience: \_\_\_\_\_

13. Owner/Principal: \_\_\_\_\_ Experience: \_\_\_\_\_

14. Operations (Total must equal 100%):

Security/Patrol _____%	Investigations _____%	Process Serving _____%	Security Consulting _____%
Alarm/CCTV Install _____%	Monitoring _____%	Other _____%	

15. In regards to your clients, do you assume any duties not related to security (e.g. monitoring pressure control or Temperature control, valet services or janitorial)? Yes No If yes, Please describe: \_\_\_\_\_

16. Do you own another business? Yes No If yes, please describe: \_\_\_\_\_

17. Do you work in other states or countries? ☐ Yes ☐ No If yes, which ones: \_\_\_\_\_

18. Do you subcontract out work to others? Yes No If yes, answer 18a through 18d

a. What types of operations are you subcontracting? \_\_\_\_\_

b. What is your total cost of subcontracted work? \_\_\_\_\_

c. Do you require certificates of insurance for GL & WC from your subcontractors? YES NO

d. Are you named as an additional insured on all subcontractor policies? YES NO



19. List your five largest clients & describe the service(s) you provide to them

Client Name	Description of Service

20. Is a standard contract used with clients?    Yes    No    If yes, please attach a copy.

21. What are your incident reporting procedures? \_\_\_\_\_

22. What kind & how long are records kept? \_\_\_\_\_

23. Is this an owner-only operation?    ☐ Yes    ☐ No

24. How many Full Time employees? \_\_\_\_\_    How many Part Time employees? \_\_\_\_\_

25. # of Armed Officers \_\_\_\_\_    # of Unarmed Officers \_\_\_\_\_

26. Average length of employment: \_\_\_\_\_    Average hourly wage: \$ \_\_\_\_\_

27.

Historical Data	Previous 12 Mths	Two Years Prior	Three Years Prior	Four Years Prior	Five Years Prior
Guard/Investigator Payroll					
Annual Billable Hours					

28. Pre-employment screening procedures:

☐ Criminal Background Check    ☐ Fingerprint Card    ☐ Personal References  
☐ Prior Employer Contact    ☐ Driving Record    ☐ Drug Screen    ☐ Polygraph

29. Employee training consists of:

☐ Written Manual    ☐ On the Job    ☐ Firearms    ☐ Report Writing  
☐ Self Defense    ☐ Powers of Arrest    ☐ CPR    ☐ Other \_\_\_\_\_

30. Anticipated security guard billable hours for this year: Armed \_\_\_\_\_    Unarmed \_\_\_\_\_

31. Annual:

	Estimate this Year	Last Year	2 Years Ago
Security Payroll	\$ _____	\$ _____	\$ _____
Security Receipts	\$ _____	\$ _____	\$ _____

State issued security license number(s): \_\_\_\_\_



32. How many?:      Unarmed Guards \_\_\_\_\_      Armed Guards \_\_\_\_\_      Supervisors \_\_\_\_\_
33. Average hourly wage:      Unarmed Guards \$ \_\_\_\_\_      Armed Guards \$ \_\_\_\_\_      Supervisors \$ \_\_\_\_\_
34. Are canines utilized? \_\_\_\_\_ If any, are they leashed & attended by a handler?      Yes      No
35. What types of assignments are canines used for? \_\_\_\_\_
36. Does your company use GPS guard monitoring?      Yes      No      If so, what is the name? \_\_\_\_\_
37. Do employees carry Tasers or similar?      Yes      No      If yes, are they trained to applicable state laws?      Yes      No
38. If any retail security, what is your apprehension & detention policy? \_\_\_\_\_
- 
39. Do you operate a fee based security training school for officers that are not employees      Yes      No
40. **Firearms:** Are all armed owners & employees properly licensed for firearms with the states in which they carry firearms?      Yes      No
- Copies of licenses kept on file with procedures in place to ensure licenses are current & renewed as required?      Yes      No
  - Does the company or employee own the firearms? \_\_\_\_\_ Most common gun or caliber: \_\_\_\_\_
  - Describe your gun control program: \_\_\_\_\_

**INVESTIGATION Operations:**

**Armed Payroll \$\$\$**

**Unarmed Payroll \$\$\$**

Auto Repossessions

\_\_\_\_\_

\_\_\_\_\_

Bounty Hunting/ Bail Bonds

\_\_\_\_\_

\_\_\_\_\_

Civil / Criminal

\_\_\_\_\_

\_\_\_\_\_

Computer Investigations

\_\_\_\_\_

\_\_\_\_\_

Corporate / Trademark Infringement

\_\_\_\_\_

\_\_\_\_\_

Domestic / Matrimonial

\_\_\_\_\_

\_\_\_\_\_

Fraud Auditing

\_\_\_\_\_

\_\_\_\_\_

Insurance

\_\_\_\_\_

\_\_\_\_\_

Legal

\_\_\_\_\_

\_\_\_\_\_

Missing Persons

\_\_\_\_\_

\_\_\_\_\_

Polygraph/ Lie Detection

\_\_\_\_\_

\_\_\_\_\_

Process Serving

\_\_\_\_\_

\_\_\_\_\_

Psychological Evaluation

\_\_\_\_\_

\_\_\_\_\_

Shopping Services/Undercover

\_\_\_\_\_

\_\_\_\_\_

**TOTAL PAYROLL – INVESTIGATION SERVICES**

\_\_\_\_\_

\_\_\_\_\_

**MANAGEMENT Operations:**

Clerical Office Employees

n/a \_\_\_\_\_

\_\_\_\_\_

Outside Sales Persons

n/a \_\_\_\_\_

\_\_\_\_\_



**SECURITY Operations:**

**Armed Payroll \$\$\$**

**Unarmed Payroll \$\$\$**

Airports\*

Armored Car/Courier Escort

Auto Dealerships

Bars/Nightclubs/Taverns/Lounges

Body Guard (high profile VIPs)

Bus/Train Terminals

Casinos/Bingo Halls

Concerts/Parades/Festivals\*

Conventions/Trade Shows

Construction Sites

Churches/Temples

Executive Protection

Government Contracts\*

Golf/Tennis/Yacht Clubs

Hospitals/Medical Facilities\*

Hotels/Motels\*

Housing/Residential, Low Income\*

Housing/Residential, Mid or High Income\*

Industrial/Warehouses

Movies/Theaters/Amusement

Office Buildings/Banks

Parking Garages/Lots

Patrol Cars

Private/Special Events\*

Restaurants – circle: fast food, full service, both

Retail – circle: inside, outside, both

Schools, during school hours/Campus Patrol\*

Schools, after school hours/Parking Lots\*

Sporting Events

Social Services/Clinics

Traffic Control/Flagmen

Other:\*

**TOTAL PAYROLL – SECURITY OPERATIONS**



**GENERAL LIABILITY SECTION**

1. Limits desired: ☐ 1M/1M ☐ 1M/2M ☐ 1M/3M ☐ Other \_\_\_\_\_
2. Deductible per occurrence: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ OTHER \_\_\_\_\_
3. **Coverage Endorsements:**
- |  |                         |              |              |              |            |
|--|-------------------------|--------------|--------------|--------------|------------|
| Additional Insured   | One                     | Two          | Three        | Blanket,     |            |
| Waivers of Subrogation   | One                     | Two          | Three        | Blanket      |            |
| Per Job Aggregate  | One                     | Blanket      |              |              |            |
| Primary Wording  | Yes                     | No           |              |              |            |
| Employee Dishonesty  | \$50k limit             | \$100k limit | \$200k limit | \$500k limit | \$1M limit |
| Lost Key Coverage  | \$50k limit             | \$100k limit | \$200k limit | \$500k limit | \$1M limit |
| Stop Gap   | For which states? _____ |              |              |              |            |
| Mobile Equipment (cart, ATV) How many? _____ Public transported? <input type="checkbox"/> Yes <input type="checkbox"/> No Equipped with lights? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |              |              |              |            |
4. Optional Hired & Non-Owned Auto Liability Coverage: (*Only complete if coverage desired. Not eligible if your company owns autos.*)
- a. Do you have a commercial auto policy? ☐ Yes ☐ No If yes, coverage needs to be added to that policy.
- b. Do employees use their personal vehicles for business purposes? ☐ Yes ☐ No
- c. How many employees drive for business purposes? \_\_\_\_\_
- d. Are Motor Vehicle Records checked annually for employees who drive for business purposes? ☐ Yes ☐ No
- e. To your knowledge, do any of your employees who drive for business purposes have three or more moving citations? ☐ Yes ☐ No
- f. What your standards when evaluating an employee's driving record? \_\_\_\_\_
- g. What actions are taken if an employee's driving record is unacceptable? \_\_\_\_\_
- h. Do you obtain proof of personal auto insurance from employees who drive for business purposes? ☐ Yes ☐ No
5. During the past 4 years have you had any claims for damages and/or incidents which may result in claims? ☐ Yes ☐ No
6. Has your liability insurance been cancelled, declined or non-renewed? (not applicable in MO) ☐ Yes ☐ No  
No If yes, please explain: \_\_\_\_\_

7. Regarding your previous general liability insurance for the past 5 years:

**\*Must Include Loss Runs**

Category	Past Year	2nd Prior Year	3rd Prior Year	4th Prior Year	5th Prior Year
Insurance Company					
Premium					
Payroll					
Deductible - SIR					
Incurred Losses (claims)					



**WORKERS COMPENSATION SECTION**

1. Current Experience Mod: \_\_\_\_\_ New Experience Mod: \_\_\_\_\_ Effective Date: \_\_\_\_\_
2. Maximum number of guards for any one site at any one time: \_\_\_\_\_
3. Are any alarm installations or prewiring performed at heights above 20 feet? ☐ Yes ☐ No
4. Do you have a formal safety program? ☐ Yes ☐ No If yes, describe below. If no, are you willing to develop one? ☐ Yes ☐ No

5. Payroll – List total for each category:

Guards/Investigators - \$ \_\_\_\_\_ Clerical/Monitoring - \$ \_\_\_\_\_ Alarm Installers - \$ \_\_\_\_\_

Outside Sales - \$ \_\_\_\_\_ Owners/Executive Officers - \$ \_\_\_\_\_ Other \_\_\_\_\_ - \$ \_\_\_\_\_

6. Ownership Data – List each Owner, Partner or Officer:

Name	Title	Duties	Is Coverage Desired	
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

7. How many do you employ under 16 or older than 65? If any, are physicals required & kept on file? ☐ Yes ☐ No

8. Does your company have the following:

- |   |     |    |   |     |    |
|---|-----|----|---|-----|----|
| a. A written drug & alcohol policy                            | Yes | No | k. Physicals & periodic random drug testing                           | Yes | No |
| b. A vehicle safety program for drivers & vehicles            | Yes | No | l. Do you lease employees to or from other employers                  | Yes | No |
| c. A designated safety coordinator                            | Yes | No | m. Designated employee to coordinate claim activities                 | Yes | No |
| d. Prompt reporting of all employee injuries                  | Yes | No | n. Is there a labor interchange with any other business               | Yes | No |
| e. A formal accident review & investigation program           | Yes | No | o. Are employees provided health insurance                            | Yes | No |
| f. Employee involvement in inspection/safety committees       | Yes | No | p. Any employees with physical handicaps                              | Yes | No |
| g. Any work performed underground or above 15 feet            | Yes | No | q. Are athletic teams sponsored                                       | Yes | No |
| h. Working with injured worker & insurer's physician panel    | Yes | No | r. Any group transportation involved                                  | Yes | No |
| i. A transitional duty/light duty program for injured workers | Yes | No | s. Are 25% or more of alarm installations performed by subcontractors | Yes | No |
| j. Any tax liens or bankruptcy within the last 5 years        | Yes | No |   |     |    |

9. Do you own or use airplanes in business or conduct any operations dockside, shipboard or for railroads? Yes No

If yes, explain: \_\_\_\_\_

10. How many autos used in business? \_\_\_\_\_ How? \_\_\_\_\_ Any emergency response? Yes No
11. Are Motor Vehicle Records run annually with the requirement of no more than three incidents over a three year period? Yes No
12. Has any insurer cancelled or refused to renew within the past three years? Yes No
13. Are you in debt to any broker, agent or insurance company for any unpaid premiums for workers compensation coverage?  
Yes No If yes, explain: \_\_\_\_\_

14. Regarding your previous workers compensation insurance for the past 4 years: **\*Must Include Loss Runs**

Category	Past Year	2nd Prior Year	3rd Prior Year	4th Prior Year	5th Prior Year
Insurance Company					
Premium					
Payroll					
# of Claims					



**SECURITY GUARDS & P.P.O. – SUPPLEMENTAL SECTION**

If you provide security services for any of the below categories please use this space to describe the operations in detail.

1. Airports: \_\_\_\_\_  
\_\_\_\_\_
2. Concerts, Parades or Festivals: \_\_\_\_\_  
\_\_\_\_\_
3. Executive Protection/Body Guards: \_\_\_\_\_  
\_\_\_\_\_
4. Government Contracts: \_\_\_\_\_  
\_\_\_\_\_
5. Hospitals or Medical Facilities: \_\_\_\_\_  
\_\_\_\_\_
6. Hotels or Motels: \_\_\_\_\_  
\_\_\_\_\_
7. Housing or Residential, including condos, gated communities, etc.:  
Are any of the properties income restricted or section 8?      Yes      No  
\_\_\_\_\_  
\_\_\_\_\_
8. Private/Special Events: \_\_\_\_\_  
\_\_\_\_\_
9. Schools, including colleges & universities:  
Are any of the locations designated as student housing or dormitories?      Yes      No  
\_\_\_\_\_  
\_\_\_\_\_
10. Other: \_\_\_\_\_  
\_\_\_\_\_



#### INVESTIGATORS, & SECURITY CONSULTANT SECTION

1. State issued private investigator license number(s): \_\_\_\_\_
2. How many owners or principals are active in investigations, process service, polygraph or consulting? \_\_\_\_\_
3. How many employees (not owners or subcontractors) are active in investigations, process service, polygraph or consulting? \_\_\_\_\_
4. How many canines are utilized? \_\_\_\_\_ If any, are they leashed & attended by a handler? Yes No  
What types of assignments are canines used for? \_\_\_\_\_

5. Considering your investigative & consulting operations, what percentage falls into each of the below categories?

	% of Ops	Armed	Unarmed
Auto Repossessions	_____		
Background Checks	_____		
Body Guard (high profile VIPs)	_____		
Bounty Hunter/Fugitive Recovery	_____		
Computer Forensics	_____		
Credit/Pre-employment/Drug Testing	_____		
Domestic/Divorce	_____		
Executive Protection	_____		
Fire Cause & Origin	_____		
Forensic Accounting	_____		
Insurance/Surveillance/Legal	_____		
Locates/Missing Persons	_____		
Patent/Trademark/Corporate	_____		
Polygraph Service/Lie Detection	_____		
Process Serving	_____		
Security Consulting	_____		
Shopping Service	_____		
Other: _____	_____		

#### Alarm/CCTV Installers, Servicers & Monitoring Firms

1. State issued alarm license number(s): \_\_\_\_\_
2. How many owners or principals are active in installation, service or repair? \_\_\_\_\_
3. How many employees (not owners or subs) perform installation, service or repair? \_\_\_\_\_ What is their payroll? \$ \_\_\_\_\_
4. Percentage of total installs, services or repairs:
 

Fire/Burglar Alarm _____%	Medic Alert _____%	Access Control _____%	Bank Equipment _____%
Temp Control _____%	CCTV _____%	Intercom _____%	Other: _____%
5. Will you service a system you did not install? ☐ Yes ☐ No
6. What specific warranties do you give on an outright sale? \_\_\_\_\_
7. Does your company manufacture any products? ☐ Yes ☐ No If yes, attach sales materials & spec sheets for those products.
8. Do you perform installations for new homes under construction? ☐ Yes ☐ No
9. Do you respond to your alarms? ☐ Yes ☐ No If yes, are response runners armed? ☐ Yes ☐ No
10. Percentages for monitoring: *Check box & skip remaining questions if all monitoring is subcontracted to another company* ☐

Fire/Burglar Alarm _____%	Medic Alert _____%	Temp Control _____%	Combination _____%
Access Control _____%	CCTV _____%	Intercom _____%	Other: _____%
11. What are the anticipated monitoring receipts for this year? \_\_\_\_\_
12. How many Subscribers? \_\_\_\_\_ How many under contract? \_\_\_\_\_  
How many Central Station Subscribers? \_\_\_\_\_ How many under contract? \_\_\_\_\_





## Fraud Warnings Disclosure

Any person who knowingly and with intent to defraud any insurance company or another 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 the 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, PA, PR, RI, TN, TX, VA, VT, WA, and WV.)

In **Arkansas, Louisiana, Rhode Island, or West Virginia**: 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.

In **Alabama**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

In **Colorado**: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

In **District of Columbia**: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

In **Florida**: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In **Kansas**: 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 an insurer, purported insurer, or to or by a broker or any agent thereof, any written 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 and may be subject to criminal and/or civil fines or penalties.

In **Kentucky**: 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.

In **Maine, Tennessee, Virginia, or Washington**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

In **Maryland**: 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.

In **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

In **New York**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



**Fraud Warnings Disclosure,**  
**Continued**

In **Ohio**: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In **Oklahoma**: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In **Oregon**: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **Pennsylvania**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **Puerto Rico**: Any person who has committed fraud, as defined in the law, shall incur a felony, and if convicted, shall be sanctioned for each violation by a penalty of a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or a penalty of imprisonment for a fixed term of three (3) years, or both penalties. If there were aggravating circumstances, the fixed penalty thus established may be increased up to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. In addition to the penalties provided in this chapter, any person who, as a result of the fraud thus committed is benefited in any way to obtain insurance, or in the payment of a loss pursuant to an insurance contract, shall be imposed the payment of restitution of the amount of money resulting from the fraud. Every violation shall have a prescription term of (5) five years.

In **Texas**: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In **Vermont**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**ALL STATES EXCEPT MARYLAND:**

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise cancelled.

**MARYLAND:**

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact will be grounds for denial of a claim or cancellation of the policy.

**THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES.** Completion of this

application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent or Broker's Signature

\_\_\_\_\_  
Date

