



CONTRACTORS/CONSULTANTS SERVICE INDUSTRY APPLICATION

FOR USE IN APPLYING FOR THE FOLLOWING PRODUCTS:

- Pro-PacSM (COMMERCIAL GENERAL LIABILITY, CONTRACTORS AND PROFESSIONAL LIABILITY)
- Pro-Pac Umbrella (UMBRELLA POLICY FORM)
- COPS (CONTRACTORS PROFESSIONAL AND POLLUTION LIABILITY)
- CPL (CONTRACTORS POLLUTION LIABILITY POLICY)
- E&O (PROFESSIONAL LIABILITY ENVIRONMENTAL INSURANCE POLICY)

SUBMISSION REQUIREMENTS:

- Resumes (Statement of Qualifications) of Corporate Officers, Partners and/or Owners and Key Personnel (i.e. project managers)
- Sample Copy of Contract with clients
- Brochures or website address
- Current Financial Statement
- Five years of currently valued loss information for all lines of coverage being requested with details of any losses over \$10,000 (General Liability, Pollution Liability, Professional Liability)

LEAD, ASBESTOS & MOLD ABATEMENT CONTRACTORS:

- Certificates of Training
- Licenses

The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary to answer any of the questions in this application. If necessary, please use page 8 to provide requested information and/or to further explain elements within the application.

PART I: BROKER INFORMATION

BROKER NAME:			
MAILING ADDRESS:			
CITY:	STATE/PROVINCE:	ZIP CODE:	
CONTACT NAME:			
TELEPHONE:	FAX:	EMAIL:	

PART II: APPLICANT INFORMATION

INSURED NAME:			
MAILING ADDRESS: (not P.O. BOX)			
CITY:	STATE/PROVINCE:	ZIP CODE:	
WEBSITE:			
CONTACT NAME: (Individual)	TITLE:		
TELEPHONE:	FAX:	EMAIL:	
COMPANY TYPE:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other		
YEAR ESTABLISHED:			

ENTITIES INFO: List all current and prior entities, affiliated or subsidiary companies to be listed as Named Insured's (include a general description of key operations of each entity)

INSURED NAME	DESCRIPTION OF KEY OPERATIONS

PERSONNEL INFO

PERSONNEL TYPE	NUMBER OF EMPLOYEES
Cert Inds. Hygienists/Toxicologists	
Engineers & Architects	
Field Personnel	
Geologist & Chemists	
Principals	
Supervisors/Foremen	

PART III: COVERAGE

Proposed Coverage Effective Date:

EXISTING COVERAGES [CURRENT INSURANCE PROGRAM]

LIABILITY TYPE	LIMITS	SIR/DEDUCTIBLE	EFFECTIVE DATE	RETRO DATE
Contractor's Pollution				
General				
Professional				
Umbrella				

REQUESTED COVERAGES [REQUESTED INSURANCE PROGRAM]

LIABILITY TYPE	LIMITS	SIR/DEDUCTIBLE	EFFECTIVE DATE	RETRO DATE
Contractor's Pollution				
General				
Professional				
Umbrella				

PART IV: OPERATIONS

GENERAL REVENUE INFO:

FISCAL YEAR:		START DATE:		END DATE:	
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PREVIOUS AND FUTURE FISCAL YEAR INFO:	DOMESTIC	FOREIGN
TOTAL RECENT 12 MONTH PERIOD		
TOTAL ESTIMATED 12 MONTH PERIOD		

STATES/COUNTRIES BUSINESS CONDUCTED:

UNITED STATES												
<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DC	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> IA
<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD	<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS
<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> VT	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY	

CANADA												
<input type="checkbox"/> AB	<input type="checkbox"/> BC	<input type="checkbox"/> MB	<input type="checkbox"/> NB	<input type="checkbox"/> NL	<input type="checkbox"/> NT	<input type="checkbox"/> NS	<input type="checkbox"/> NU	<input type="checkbox"/> ON	<input type="checkbox"/> PE	<input type="checkbox"/> QC	<input type="checkbox"/> SK	<input type="checkbox"/> YT

REVENUE BREAKDOWN BY OPERATION CLASS: Breakdown your revenue based on your estimated 12 month period. The sum of Total Contracting and Consulting should equal what was indicated above.

ENVIRONMENTAL CONSULTANT OPERATIONS	EST. GROSS REVENUE	% SUB CONTRACTED
Air Quality Testing		
Asbestos/Lead Assessment, Remedial Design & Monitoring:		
Residential		
Commercial/Public		
Other:		
Mold Assessment, Remedial Design & Monitoring:		
Residential		
Commercial/Public		
Other:		
Decommissioning Design for Radioactive & Nuclear Facilities		
Health & Safety Training, OSHA Compliance		
Lab Analysis (Environmental)		
Phase I - Environmental Risk Assessments		
Phase II - Environmental Site Assessment		
Phase III - Remedial Investigation, Design & Feasibility		
Construction or Project Management - Agency		
Regulatory Consulting - Permitting & Compliance Audits		
Tank System Design & Testing		
Waste Arranging & Brokering (do not include Transportation/hauling fees)		
Other Environmental Consultant:		

Total Environmental Consulting Revenue: _____

NON-ENVIRONMENTAL CONSULTANT OPERATIONS	EST. GROSS REVENUE	% SUB CONTRACTED
Building Conditions Inspector/Real Estate Audits		
Civil Engineering; Describe:		
Geotechnical Engineering (Foundation, Slope, Soil, Seismic Studies)		
Lab Analysis, Materials Testing (Non-Environmental)		
Land Surveying		
Mechanical Engineering (incl. HVAC, Plumbing, Electrical)		
Process Engineering (Potable & Wastewater Facilities)		
Other Process Engineering:		
Construction or Project Management - Agency		
Software Design/Programming		
Structural Engineering; Describe:		
Other Design/Consult/Engineer Opps.:		

Total Non-Environmental Consulting Revenue: _____

ENVIRONMENTAL CONTRACTING OPERATIONS	EST. GROSS REVENUE	% SUB CONTRACTED
Asbestos/Lead Abatement:		
Residential		
Commercial/Public		
Other:		
Mold Abatement		
Residential		
Commercial/Public		
Other:		
Barrier/Liner Construction		
Dredging (Remedial)		
Emergency Response Cleanup of Haz Mat & Other Materials		
Industrial Cleaning (Including Septic/Sewer)		
Groundwater/Soil Sampling (At Job Site)		
Haz Mat Soil/Groundwater Cleanup (At Job Site)		
PCB Removal		
UST Installation/Removal & Maintenance		
Landfill Construction/Expansion/Capping		
Construction or Project Management - (Supervision of Environmental Construction Activities i.e. General Contractor)		
AST Installation/Removal & Maintenance		
Hauling (including packing & storage) associated with environmental contracting operations indicated above		
Wetland Construction		
Other Enviro Contracting Operations:		

Total Environmental Contracting Revenue: _____

NON-ENVIRONMENTAL CONTRACTING OPERATIONS	EST. GROSS REVENUE	% SUB CONTRACTED
Carpentry/Framing		
Construction or Project Management - (Supervision of Environmental Construction Activities i.e. General Contractor)		
Demolition/Dismantling		
Dredging (Expanding the width & depth of waterways)		
Drilling (Oil/Gas/Water)		
Electrical		
Excavation or Grading		
Residential Builders/Developers		
HVAC/Mechanical (including Duct Cleaning)		
Labor Sub Contractor/Temporary Employment Agencies		
Logging		
Masonry/Concrete		
Marine Construction & Other Marine Activities		
Oil and Gas Leasing		
Operations & Maintenance of a facility for others; Describe:		
Painting/Coatings Application (Non Abatement)		
Pesticide/Herbicide/Fertilizer Application & Landscapers		
Pipeline/Railroad Construction or Maintenance		
Plumbing		
Restoration Contractors (Fire/Water Damage)		
Roofing/Insulation		
Steel Erection		
Street & Road (including light commuter rail)		
Hauling - Other than that listed above in the Environmental Section		
UXO Unexploded ordnance		
Other Non-Environmental Contracting:		

Total Non-Environmental Contracting Revenue: _____

PRODUCT DESIGN/SALES WITH/WITHOUT INSTALLATION	EST. GROSS REVENUE	% SUB CONTRACTED
Sold with Installation; Describe:		
Sold without Installation; Describe:		

Total Product Design/Sales Revenue: _____

REVENUE BREAKDOWN BY CLIENT TYPE:

CATEGORY	PERCENTAGE
INDUSTRIAL:	
Manufacturing/Chemical Plants	
Petrochemical/Refineries	
Pipelines: Natural Gas	
Petrochemical	
Other	
Wastewater Sewage Plants	
Potable Water Systems	
Other Processing Plants	
Power Plants(non-nuclear)	
RESIDENTIAL/HABITATIONAL:	
Apartments	
Single Family Homes	
Condos/Townhouses	
Nursing Homes	
Prisons/Correctional Facilities	
Dormitories	
MUNICIPAL/GOVERNMENTAL:	
Homeland Security	
DOD/DOE (Federal)	
State/Local	

CATEGORY	PERCENTAGE
INFRASTRUCTURE:	
Airport Runways	
Street/Roads	
Bridges/Tunnels	
Harbors/Piers/Ports/Dams	
Offshore Marine	
Landfills/Disposal Facilities	
Mass Transit/Railroad	
Transformers	
Nuclear Facilities	
COMMERCIAL/PUBLIC:	
Shopping Centers	
Offices/Warehouses	
Parking Structures	
Churches	
Sports/Convention	
Schools/Colleges	
Hospitals	
Airport Terminals	
Hotels/Motels	

5 LARGEST PROJECTS IN LAST 3 YEARS (or attach SF 254):

PROJECT NAME / CLIENT	PROJECTED / ACTUAL GROSS REVENUE	START DATE	END DATE	SERVICE PROVIDED

GENERAL INFORMATION QUESTIONS:

1. DISCONTINUED OPERATIONS:

Have you acquired, merged, or discontinued any operations in the last five years?

YES NO

If yes, please describe and include revenue from operation:

2. OWNED or OPERATED FACILITIES:

Do any of your owned or operated locations include the following: Landfill, storage, transfer site, fixed base operations (FBO), operation & maintenance of a facility for others?

YES NO

If yes, please describe and include revenue from operation:

3. SAFETY PRACTICES:

Do you have a written procedure for avoiding underground hazards?

YES NO

Do you have a written Employee Health & Safety Plan?

YES NO

Do you have a written QC/QA Program in place?

YES NO

4. SUB-CONSULTANTS/SUB-CONTRACTORS:

Do you obtain certificates of insurance from your subs?

YES NO

Do you require a sub's Insurance policy to add you as an additional insured?

YES NO

What are the minimum limits of liability you require of your subs?

YES NO

General Liability: _____

Contractors Pollution Liability: _____

Professional Liability: _____

5. CONTRACTS:

What percentage of your jobs are performed under the following types of agreements?

Written Contract: _____

Letter Agreement: _____

Oral Agreement: _____

How are non-standard client and/or subcontract agreements reviewed?

Attorney: Outside Attorney: In-House Agent Reviews

Staff , Describe: _____

Do you use a Standard Indemnity limitation wording in your contracts?

YES NO

Do you use a Limitation of Liability of a specified dollar amount? YES NO

If so, indicate the amount: _____

If consulting, does your contract include a disclaimer regarding 3rd party use of your report product? YES NO

6. OTHER:

Do you use Temporary, casual or Labor Pool Workers or share employees? YES NO

If yes, describe:

Has any staff member or employee been the subject of disciplinary action by authorities as a result of professional or contracting activities? YES NO

If yes, describe:

Have any projects been terminated by a client prior to completion? YES NO

If yes, describe:

PART VI: COVERAGE EXTENSIONS (Indicate if coverage is requested and answer corresponding questions)

1. WASTE BROKERING/WASTE ARRANGING: YES NO

Transportation of waste by 3rd party transportation company? YES NO

If yes, what is the percentage: _____

If yes, do you verify that the transporter's insurance includes both a pollution endorsement and a MCS-90 endorsement? YES NO

Do you take title to any waste or cargo at any time? YES NO

Do you select or recommend the landfill/location on behalf of client? YES NO

If yes answer the following:

Do you verify the landfill/location is classified to accept the waste? YES NO

Do you verify that they are insured? YES NO

2. EMPLOYERS LIABILITY (STOP GAP) COVERAGE (Pro-PacSM Only):

List States where coverage is to be afforded:

UNITED STATES				
<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WY

Do you currently have a Workers' Compensation Policy in a non-monopolistic state?

YES NO

What is your current monopolistic states(s) Workers' Compensation premium?

3. TRANSPORTATION POLLUTION COVERAGE:

YES NO

Auto Information:

Total vehicles hauling hazardous materials: _____

What is the maximum radius of Auto operations (In Miles): _____

Number of vehicles by types hauling hazardous materials:

Light Truck _____ Medium Truck _____ Heavy Truck _____
 Extra Heavy Truck/Tractor _____

Pollution Claims from transported Cargo in the past five years?

YES NO

If yes, describe:

Please identify the hazardous material being hauled and the manner in which it is hauled (Bulk, container, Etc.):

4. MICROBIAL MATTER (MOLD):

For the immediate past 3 year period, have there been any known incidents, claims or other circumstances concerning the existence, growth or presence of microbial matter in any of your previous work?

YES NO

If yes, please describe or reference other applicable parts of this application:

Is there a written reporting procedure for water leaks or mold issues at a job site?

YES NO

If yes, please describe or attach details:

Do you have an established Standard Operating Procedure (SOP) and/or written Quality Assurance Plan/Protocols designed to prevent microbial matter growth and detailing microbial matter inspections or removal/remediation of any microbial matter contamination?

YES NO

If yes, please attach documentation.

Is there a written procedure for handling mold or mold-related complaints?

YES NO

If yes, please describe:

Are all building materials inspected upon delivery for pre-existing mold contamination?

YES NO

Do you perform training for laborers and/or subcontractors on microbial matter prevention?

YES NO

When using subcontractor's, does the applicant obtain written verification that the sub is certified in Mold Remediation or Mold Awareness?

YES NO

If yes, what limits do you require?: _____

Do you request certificates of insurance verifying insurance coverage for microbial matter from subcontractors?

YES NO

Do your construction/consulting contracts contain any disclaimers or limitation of liability for the existence of mold?

YES NO

If yes, please describe:

Do you enter into any other legal agreements whereby it contractually assumes liability for mold not otherwise imposed by law?

YES NO

Do you subcontract the analysis of mold to an outside laboratory?

YES NO

If yes, please describe:

PART VII: CLAIMS HISTORY

Have any claims been previously made against you or reported under any Contractor's Pollution or Professional Liability policies?

YES NO

If yes, describe or reference other applicable parts of this application:

Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other person or entity for whom coverage is being sought?

YES NO

If yes, describe:

PART VIII: UMBRELLA INFORMATION (Only available in combination with a Propac)

PRESENT INSURANCE COVERAGE:

COVERAGE DETAILS	AUTO LIABILITY	EMPLOYER'S LIABILITY	UMBRELLA
Carrier:			
Limits:			
Deductible:			
Effective Date:			
Premium			
Occurrence or Claims-Made:			
Retro Date (if applicable):			

Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew?

YES NO

If yes, explain (Please note: Missouri residents do not reply):

AUTO INFORMATION:

VEHICLE TYPE	# Driven < 50 Mile Radius	# Driven 50-150 Mile Radius	# Driven > 150 Mile Radius
Private Passenger			
Light Truck (GVW ≤10,000 lbs)			
Medium Truck (GVW > 10,000 -20,000 lbs)			
Heavy/Extra Heavy Truck or Truck/Tractor			

Do you have an Auto Safety & Training Program & check MVRs regularly?

YES NO

Do you have a Vehicle Maintenance Program in place?

YES NO

Do your vehicles operate in metropolitan areas with population greater than 500,000?

YES NO

1. WORKERS' COMPENSATION INFORMATION:

Are you a qualified self-insurer for workers compensation coverage?

YES NO

If yes, explain

Are you subject to any of the following?

Jones Act: YES NO

Federal Railroad Employee Act: YES NO

Longshoreman's & Harbor Workers Act: YES NO

2. AIRCRAFT OR WATERCRAFT

Do you own or lease any aircraft or watercraft?

YES NO

If yes, please describe including with or without a crew:

Does applicant maintain or work at any airport or docking, pier, or wharf facilities?

YES NO

If yes, describe cargo or passenger haulage

Has any underlying policy had a loss over \$10,000?

YES NO

If yes, describe or reference other parts of this application as necessary:

PART IX: ADDITIONAL INFORMATION

If necessary, please use the blank space below to provide additional requested information or to further explain elements within the application.

Blank space for providing additional information.

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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS & 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 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 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 & 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."

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

If an order to bind coverage is received, the application will be attached to the policy so it is necessary that all questions be answered in detail.

The applicant understands and recognizes that this Policy is issued based upon the Company's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process. The applicant further recognizes that any breach of the foregoing warranties could have a material adverse affect on the Company.

The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

SIGNATURE OF OFFICER OR OWNER

DATE

PRINT NAME AND TITLE