

a stock insurance company, herein called the Insurer

CrimeSHIELDSM POLICY APPLICATION for COMMERCIAL and GOVERNMENTAL ENTITIES



Agency Name: Sanguinetti & Co. Insurance Brokers Hartford Agency Code: 57-128439

Application is hereby made by: _____

(First Named Insured and all additional insureds, including Employee Benefit Plans to be insured. Attach separate sheet, if necessary.)

Principal address: _____

(No., Street)

City

State

Zip Code

EFFECTIVE DATE OF COVERAGE	FROM:	TO:
BILLING METHOD	<input checked="" type="checkbox"/> AGENCY BILL	<input type="checkbox"/> DIRECT BILL (annual payment plan only)
PAYMENT PLAN	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> 3 YEAR PREPAID

Are you applying for: **PRIMARY COVERAGE** **EXCESS COVERAGE**

Present Crime Insurance Program: (Include primary AND excess, if applicable)
 If not applicable, please check here:

Insurance Carrier	Type (Primary or Excess)	Policy Period	Limit of Liability	Deductible	Premium
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Has any similar insurance been declined or canceled during the past three years? **YES** **NO**
 If Yes, please explain:

INSURING AGREEMENT		LIMIT	DEDUCTIBLE (for excess coverage, deductible is primary coverage + primary deductible).
<i>Commercial Entities Only:</i>			
1.	Employee Theft	\$	\$
<i>Governmental Entities Only:</i>			
Choose 1.A. or 1.B.			
1.A.	Employee Theft Per Loss	\$	\$
1.B.	Employee Theft Per Employee	\$	\$
	Is Faithful Performance desired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Optional Coverages:</i>			
2.	Depositors Forgery or Alteration	\$	\$
3.	Theft, Disappearance & Destruction (Money, Securities and Other Property)	\$	\$
4.	Robbery and Safe Burglary (Money and Securities)	\$	\$
5.	Computer and Funds Transfer Fraud	\$	\$
6.	Money Orders and Counterfeit Currency (automatically included)	\$50,000	\$ 0

A. ORGANIZATIONAL BACKGROUND FOR COMMERCIAL ENTITIES *(Complete only for commercial entities)*

1. Are you a: Rctvptgtuj kr "" Rctvptgtuj kr "" Eqtr qtckqp "" Other (e.g. LLC)

2. Are you a: Public company Private company

3. Classify your predominant activity: O cpwlcwgt "" Processor "" Y j qrgucgt
 F kntklwqt "" Retailer "" Service

Other (explain): _____

4. Describe the products or services of your predominant business or activity: _____

5. Date you were established: _____ 6. Latest fiscal year-end revenues: \$ _____

ORGANIZATIONAL BACKGROUND FOR GOVERNMENTAL ENTITIES *(complete only for governmental entities)*

Are you a: State Eqwpv\ "" City "" Town "" Townshir "" Xkrci g
 Bqtqwi j Other Political Subdivision Explain here: _____

B. CLASSIFICATION OF EMPLOYEES AND LOCATION INFORMATION

Total # of Employees		Total # of Locations: <i>(Not needed for governmental entities)</i>	
Domestic		Manufacturing	
Foreign		Warehouse	
Canadian		Distribution	
Grand Total		Retail	
Number of employees, of the grand total shown above, who are either in management or handle, have custody or maintain records of money, securities or other property :		Grand Total	

FOREIGN LOCATIONS

Check here if none:

Total # of Foreign Locations: _____

For each foreign location, please detail the following information (Attach separate sheet, if necessary):

COUNTRY	TYPE OF OPERATION	# OF EMPLOYEES	REVENUES (if applicable)

C. EMPLOYMENT PRACTICES

1. Does the Insured conduct a pre-employment check? If Yes, does it include the following:

a. Prior employment verification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Personal references?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Record of prior convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. AUDIT CONTROLS

1. Are your financial statements audited annually by an independent Certified Public Accountant? If Yes, please attach most recent copy of CPA Audit or 10K Report.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are all subsidiaries and locations, or similarly controlled and operated companies, included in the audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there a CPA Management Letter/Response commenting on internal control weaknesses, recommendations for improvement, and a response by management? (If Yes, please attach the most recent report).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the auditing firm made any recommendations that have not been adopted? If Yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If a CPA Management Letter was not issued, did the CPA make any informal recommendations concerning internal control improvements? If Yes, please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have an Internal Audit Department? If Yes, what is the staff size? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If No, do you have someone with internal audit responsibilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have a documented system of internal control policies/procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. If any weaknesses are noted, is the department in question notified in writing by the Internal Audit Department and are corrective actions monitored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is accounting centralized or decentralized? <input type="checkbox"/> Centralized <input type="checkbox"/> Decentralized If decentralized, how often are branch transactions reviewed by the central office? AND How often does the internal audit department review/visit the branch locations?		

E. DISBURSEMENT AND CHECK HANDLING CONTROLS

1.	Are at least two signatures required on checks? If Yes, over what dollar amount? \$ _____ If No, who signs checks? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	If a facsimile plate is used: a) Is it kept in a safe? b) Who has access to it? _____ c) Is a record kept of its use? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do employees who reconcile monthly bank statements also: a) Sign checks? b) Handle bank deposits? c) Have access to check signing machines or signature plates?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
4.	Are check signers instructed to require that all checks be accompanied by: a) Properly approved vouchers? b) Invoices showing that a count has been made?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
5.	Are internal control systems designed so that no employee can control a process from beginning to end (e.g. request a check, approve a voucher and sign the check)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	How often is the blank check stock inventoried? _____ By whom? _____		
7.	Are all incoming checks stamped "For Deposit Only" immediately upon receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Are disbursement functions separated from those who have cash receipt or cash refund duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. PURCHASING, INVENTORY AND VENDOR CONTROLS

1.	Is your purchasing department separated from receiving responsibilities and supervised by a person who is not authorized to pay bills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are the duties of purchasing, receiving, storekeeping and shipping separate so that no one individual can control these functions from beginning to end?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Are perpetual inventories maintained in addition to a physical check of stock and equipment? If Yes, by whom? _____ How often? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Do you have a security alarm system and video camera to protect your inventory in each of your plants or warehouses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is the responsibility for checking in merchandise received subject to ultimate control of more than one individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Is an authorized vendor list utilized to assist in detecting payments to fictitious suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Is the responsibility for authorizing vendors, approving invoices and processing payments segregated amongst different individuals? If No, and one person has complete responsibility, does this person also have authority to sign checks and reconcile bank accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
8.	Do you have automated systems that will prevent unauthorized vendors and duplicate invoices from being entered into the system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do you operate your own warehouse or warehouse for others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

G. COMPUTER CONTROLS

1.	Are there any areas/departments which are not computerized? (e.g. inventory, accounts receivable/payable, etc.). If Yes, what are they? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is output reconciled by persons who do not prepare or process the input?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is your system programmed to detect and call to your attention all unusual account activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

H. WIRE TRANSFER CONTROLS - Indicate here if not applicable (i.e. wire transfers not done).

1.	Is there a written policy regarding wire transfers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is one employee responsible for wire transfers? If Yes, what position does this employee hold? _____ If no, who initiates wire transfer requests? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	What is your average daily number of fund transfers? _____		
4.	What is the largest single amount that can be transferred? _____		
5.	If a telephone call can activate a transfer of funds, does your financial institution call an employee other than the one who requested the transfer before acting on the transfer request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6.	Does the receiving financial institution immediately verify the completion of transfer of funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	If Yes to question #6, does such verification go to an employee other than the one who initiated the transfer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you receive hard copy confirmations of all wire transfers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Are they sent directly to a department not authorized to initiate transfers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Is reconciliation performed on the same day as the confirmation is received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are the same internal controls listed above in sections D-H imposed on foreign locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I. ADDITIONAL INTERNAL CONTROL QUESTIONS FOR GOVERNMENTAL ENTITIES

1.	Is there a written investment policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is there an investment department which is separate from the Treasurer's Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is there a periodic review by an investment committee or board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Who makes investment decisions? _____		

J. MONEY, SECURITIES AND PAYROLL EXPOSURES *(Complete only if Insuring Agreement 3 or 4 is requested)*

	Money and Securities	Checks (Non Retail)	Other Property
Maximum Exposures in \$'s:			

K. LOSS EXPERIENCE

List all fidelity and crime losses discovered or sustained in the last three years. Check here if none:

DATE OF LOSS	TYPE OF LOSS (Employee Dishonesty, Forgery, etc.)	AMOUNT OF LOSS

Please attach details of all losses including description, corrective action taken and amount covered by insurance.

Insurance Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or a statement of claim containing any 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 certain jurisdictions.

Important State Specific Information

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT "ENCLOSURE" 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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE EQUITY AND CONSUMER PROTECTION DIVISION OF THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: 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."

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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

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.

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.

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.

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

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.

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.

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

RHODE ISLAND 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.”

TENNESSEE: 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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME IN CERTAIN JURISDICTIONS.

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.

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 INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

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.

NEW YORK 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The Insured represents that the information furnished in this application is complete, true and correct. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond issued in reliance upon such information.

****APPLIES TO GEORGIA, NEW HAMPSHIRE, VIRGINIA APPLICANTS ONLY: The Insured represents that the information furnished in this application is complete, true and correct. It is further agreed that if the above described declarations and statements are not true, accurate and complete, and are deemed material to the issuance of this Policy, any claim arising from any matter not truthfully, accurately or completely disclosed, or disclosed at all, shall be excluded from coverage***

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Application completed by: _____
(Name and Title)

Signature: _____

Date: _____

PRODUCER NAME: (required in *Florida and Iowa only*) _____

PRODUCER LICENSE NO. (required in *Florida only*) _____

PRODUCER SIGNATURE: (required in *New Hampshire only*) _____