

LESSORS RISK BASED RISKS SUPPLEMENTAL APPLICATION

Complete in addition to Acord Applications

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NAME OF APPLICANT _____

I. APPLICANT OPERATIONS

	Location # _____ Building # _____	Location # _____ Building # _____
1. Location address		
2. Is the applicant the owner of all properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How long has applicant owned this location?		
4. Total square footage and total number of tenants:	_____ Sq. ft. _____ number of tenants	_____ Sq. ft. _____ number of tenants
5. Does the applicant occupy part of the building under the same name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, is coverage for them as a tenant to be included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the applicant engage in any business operations at another location other than those disclosed on this application? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is applicant a construction company or a general contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there a lease agreement in place with all tenants whether or not they are involved in the ownership? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are tenants required to carry insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are tenants required to name applicant as additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does applicant obtain certificates of insurance from all commercial tenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are tenants permitted to sub-lease to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Any seasonal tenants? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is any tenant a bounce house and/or fun center, skate park/skating rink, or salvage yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is any tenant a hospital, nursing home, assisted living facility, elder care facility or any health care facility with an overnight or residential exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are there any recreational facilities, courts, or fields provided on premises? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Location # _____ Building # _____	Location # _____ Building # _____
13. Are there any special events permitted to take place on the premises? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Who organizes/sponsors the event?	<input type="checkbox"/> Applicant <input type="checkbox"/> Tenant <input type="checkbox"/> Other	<input type="checkbox"/> Applicant <input type="checkbox"/> Tenant <input type="checkbox"/> Other
b. Please provide full details regarding events to take place within the policy term.		

II. BUILDING INFORMATION

14. What portion of the building is vacant?	_____ Sq. ft. <input type="checkbox"/> N/A	_____ Sq. ft. <input type="checkbox"/> N/A
15. Is there any existing damage to the buildings? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the applicant planning a major renovation (structural renovation or exceeding 20 percent of the building value) to the premises? If yes, explain and provide costs:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
17. What type of plumbing is in the building? (Check all that apply)	<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> PVC <input type="checkbox"/> Other _____	<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> PVC <input type="checkbox"/> Other _____
18. If built prior to 1978, is 100 percent of the electric wiring connected to functioning and operational circuit breakers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19. If built prior to 1978, is there any aluminum wiring or knob and tube wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20. Do all units or occupancies have functioning and operational smoke and/or heat detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are functional and operational fire extinguishers readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. If the building is sprinklered, is the sprinkler system checked annually by a licensed certified contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23. Is there an elevator on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Who is responsible for building maintenance?	<input type="checkbox"/> Applicant <input type="checkbox"/> Tenant	<input type="checkbox"/> Applicant <input type="checkbox"/> Tenant
a. If applicant, who is the maintenance performed by? (If checking employees, skip question b.)	<input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors	<input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors
b. If subcontractors:		
i. Is written contract in place for services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Is applicant named as additional insured on the subcontractor's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Does subcontractor carry general liability limits of at least \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Are certificates of insurance obtained from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Who is responsible for the removal of snow and ice from premises including sidewalks and parking lots?	<input type="checkbox"/> Applicant <input type="checkbox"/> Tenant <input type="checkbox"/> N/A	<input type="checkbox"/> Applicant <input type="checkbox"/> Tenant <input type="checkbox"/> N/A
a. If applicant, who is the maintenance performed by? (If checking employees, skip question b.)	<input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors	<input type="checkbox"/> Employees <input type="checkbox"/> Subcontractors

	Location # _____ Building # _____	Location # _____ Building # _____
b. If subcontractors:		
i. Is written contract in place for services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Is applicant named as additional insured on the subcontractor's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Does subcontractor carry general liability limits of at least \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Are certificates of insurance obtained from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. What type(s) of security is present? Check all that apply. (If checking guards, complete question a.)	<input type="checkbox"/> Guards <input type="checkbox"/> Cameras <input type="checkbox"/> Closed circuit TV <input type="checkbox"/> Other _____	<input type="checkbox"/> Guards <input type="checkbox"/> Cameras <input type="checkbox"/> Closed circuit TV <input type="checkbox"/> Other _____
a. If security guards are present:		
i. Are they armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Are they employees or independent contractors?	<input type="checkbox"/> Employees <input type="checkbox"/> Independent contractors	<input type="checkbox"/> Employees <input type="checkbox"/> Independent contractors
iii. If independent contractors, are certificate(s) of insurance obtained and limits required of at least \$1,000,000/\$2,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is parking within a garage or an open lot? Provide square footage for each.	<input type="checkbox"/> Garage _____ sq. ft. <input type="checkbox"/> Lot _____ sq. ft. <input type="checkbox"/> N/A	<input type="checkbox"/> Garage _____ sq. ft. <input type="checkbox"/> Lot _____ sq. ft. <input type="checkbox"/> N/A
a. Is the parking private (for tenants and guests only) or public?	<input type="checkbox"/> Private <input type="checkbox"/> Public	<input type="checkbox"/> Private <input type="checkbox"/> Public
b. Is parking lot and/or stairwell(s) lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are there cameras in the parking garages/lots?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Are there any storage tanks, drums or barrels above/below ground on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
III. TENANT SECTION (COMPLETE ALL THAT APPLY)		
29. Auto Repair or Service Shop Tenant – provide total square footage of tenant and complete questions below:	_____ Sq. ft.	_____ Sq. ft.
a. Is tenant a tire store, paint shop (only), upholstery shop or performing rust proofing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are all gas pumps protected by a vehicle or barrier stop?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Is there any filling of liquefied petroleum gas (a.k.a. LPG, propane) on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does tenant perform any work on vehicles involved in hauling/transporting of waste, chemicals or hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are flammables and rags stored in a fire resistive cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f. Is there a no smoking policy enforced in the shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Habitational Tenant – provide total square footage and number of units and complete questions below:	_____ number of units _____ Sq. ft. _____ % occupied	_____ number of units _____ Sq. ft. _____ % occupied
a. Does each floor have at least two properly marked exits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Location # _____ Building # _____	Location # _____ Building # _____
b. Are wood-burning stoves, space heaters or temporary heating devices used as a primary heating source?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If any student housing, is it more than 20 percent of total housing? (not applicable in DC)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d. How many subsidized units at this location? (Not applicable in CA, CT, DC, ME, MA, NJ, OR, UT, VT or WI)	_____ number of units	_____ number of units
e. If building is over three stories, is it equipped with a fully enclosed fire protected stairwell or a functioning fire escape?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f. If windows have security bars, are they equipped with internal safety release mechanisms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
31. Laundromat/Dry Cleaner – provide total square footage and complete questions below:	_____ Sq. ft.	_____ Sq. ft.
a. Do all front loading washers have properly functioning safety locks/latches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do all machines have a current overload protection and/or automatic thermostat controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are flammables stored in a fire resistive cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are functional and operational drains available and placed near washing machines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Mercantile Tenant – provide total square footage and complete questions below:	_____ Sq. ft.	_____ Sq. ft.
a. List all type(s) of retail operation:		
b. Is any tenant a marijuana grower?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is any tenant dispensing marijuana on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is there any filling of liquefied petroleum gas (a.k.a. LPG, propane) on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is any tenant an adult entertainment store?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Office Tenant – provide total square footage and complete questions below:	_____ Sq. ft.	_____ Sq. ft.
a. Is tenant an abortion clinic, birthing center, marijuana distributor or research laboratory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is there any commercial cooking on premises? If yes, complete restaurant/bar/nightclub section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Restaurant, Bar or Night Club - provide total square footage of tenant(s) and complete questions below:	_____ Sq. ft.	_____ Sq. ft.
a. If there are multiple floors in the building, on which floor is tenant(s) located?	<input type="checkbox"/> Restaurant/Bar/Club #1 Floor number _____ <input type="checkbox"/> Restaurant/Bar/Club #2 Floor number _____ <input type="checkbox"/> More than two restaurants	<input type="checkbox"/> Restaurant/Bar/Club #1 Floor number _____ <input type="checkbox"/> Restaurant/Bar/Club #2 Floor number _____ <input type="checkbox"/> More than two restaurants
b. Where is the restaurant located on that floor? (end tenant/interior tenant)	<input type="checkbox"/> Restaurant/Bar/Club #1 _____ <input type="checkbox"/> Restaurant/Bar/Club #2 _____	<input type="checkbox"/> Restaurant/Bar/Club #1 _____ <input type="checkbox"/> Restaurant/Bar/Club #2 _____

	Location # _____ Building # _____	Location # _____ Building # _____
c. Is there any commercial cooking on premises? (commercial cooking includes grills, deep fat fryers, commercial stoves, open flame cooking)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. If yes, is the cooking area NFPA 96 compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Is all cooking equipment protected by a UL300 compliant extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. What type of system?	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	<input type="checkbox"/> Wet <input type="checkbox"/> Dry
iii. Is there a deep fat fryer on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Does all cooking equipment have an in-force cleaning contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the establishment have any bouncers or armed security guards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Warehouse – provide total square footage and complete questions below:	_____ Sq. ft.	_____ Sq. ft.
a. Is all warehouse space occupied by one tenant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. List type(s) of goods/commodities stored:		
c. Do any tenants warehouse any of the following? Adhesives, ammunition, antiques, chemicals (other than household goods), marijuana, drugs, explosives, fertilizers, fireworks, forestry, fuel, fur or hides, gases, grain storage, HAZMAT, junk or salvage, mining, petroleum, raw materials, tire or tobacco products, commodities highly susceptible to theft or water damage.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Other – provide total square footage and complete questions below:	_____ Sq. ft.	_____ Sq. ft.
a. Any woodworking operations on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any welding on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are there salvage, dismantling or recycling operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. HIRED AND NON-OWNED AUTO INFORMATION (IF COVERAGE IS DESIRED)

37. Does the applicant have a commercial automobile policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Does the applicant own any autos or lease any autos in excess of 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and 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.

Colorado Fraud Statement: 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.

Florida Fraud Statement: 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.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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.

Maine Fraud Statement: 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 Fraud Statement: 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.

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

New York Fraud Statement: 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.

Oklahoma Fraud Statement: 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 Fraud Statement: Notice to Oregon 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 may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: 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.

Fraud Statement (All Other States): 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.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____