

**BEAZLEY ECLIPSE
ENVIRO COVERED LOCATION INSURANCE POLICY (SITE ENVIRONMENTAL)
NEW BUSINESS APPLICATION**

**Beazley USA, Inc.
30 Batterson Park Road
Farmington, CT 06032-2579**

THIS APPLICATION IS FOR A POLICY PROVIDING COVERAGE ON A DISCOVERY AND/OR CLAIMS-MADE AND REPORTED BASIS DEPENDING UPON COVERAGE AS PROVIDED IN THE DECLARTIONS. PAYMENT OF COSTS FOR DEFENSE ERODES THE LIMITS OF LIABILITY.

SUBMISSION REQUIREMENTS (PROVIDE THE FOLLOWING):

- If Attached:
- Past two years financials including balance sheet and income statement
- Brochures and/or website address
- Five years of currently valued loss information and reports of any discharges, releases or spills that could reasonably be expected to result in claims for Damages, Claims Expenses and/or Cleanup Costs
- Copies of licenses and/or permits for regulated onsite operations
- SPCC Plans and/or Emergency Response Plans
- Copies of environmental assessment reports (e.g., Phase I/II ESAs, etc.)

APPLICANT INSTRUCTIONS

1. Use the "Tab" and/or "Arrow" key(s) and/or Highlight to progress through the data entry fields.
2. Answer all the questions; leave no blank spaces. Sections I - VI must be completed in their entirety and the application must be signed and dated. If you have up-to-date engineering reports (e.g., Phase I/II ESA reports, etc.), Section V does not need to be completed with the exception of listing provided reports, etc.
3. If any questions do not apply or the answer is "no," indicate such.
4. If multiple locations, answer the questions that pertain to any of the properties and attach a property schedule that lists location(s), description, use, age, acreage, # of buildings and SF under roof, etc.
5. Attach the following information if available:
 - a. Copies of environmental assessment reports and regulatory correspondence
 - b. Emergency response or spill contingency plans (if any)
 - c. Past two years audited financial statements
6. Multiple Covered Location(s) submission:
 - a. All information required for single covered location submission
 - b. Details of any due diligence process in use, to include a copy of any written procedures and/or policies
7. Additional Insureds:
 - a. Name and address
 - b. Relationship to Named Insured
8. If Business Interruption Coverage is desired, attach Business Interruption worksheet for each location(s).
9. For mold, attach Water Intrusion, Mold Prevention and Emergency Response Plan.

NOTICE TO NEW YORK APPLICANTS: The Policy, for which this Application is made, is a claims made policy. Upon termination of coverage for any reason, a 90-day automatic extension period will apply. For an additional premium, a three year optional extension period can be purchased as indicated in the Declarations, except as otherwise provided herein, this Policy only applies to claims first made or incidents reported during the Policy Period, the automatic extension period or, if applicable, the optional extension period. No coverage exists for claims made after termination of coverage and the automatic extension period unless, and to the extent, the optional extension period applies. No coverage will exist after the expiration of the automatic extension period or, if purchased, the optional extension period, which may result in a potential coverage gap if prior acts coverage is not subsequently provided by another insurer. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and the Insured can expect substantial annual premium increases, independent of overall rate increases, until the claims-made relationship reaches maturity. The limit of liability available to pay damages or settlements shall be reduced and may be exhausted by claims expenses and claims expenses shall be applied to the deductible. The Insurer is not obligated to pay any damages and claims expenses after the limit of liability has been exhausted by payment of damages and claims expenses. Read this Policy carefully.

NOTICE TO MINNESOTA APPLICANTS: The Policy for which this Application is made is a claims made and reported policy subject to its terms. This Policy applies only to any claim first made against the Insureds during the Policy Period or optional extension period (if applicable) and report to the Insurer or the Insurer's agent or broker either during the Policy Period, within ninety (90) days after the expiration of the Policy Period, or during the optional extension period (if applicable). This means that only claims actually made during the Policy Period are covered unless coverage for an optional extension period is purchased. If an optional extension period is not made available to you, you risk having gaps in coverage when switching from one company to another. Moreover, even if such a reporting period is made available to you, you may still be personally liable for claims reported after the period expires. Claims made policies may not provide coverage for any acts, errors or omissions of the Insured, as specified in the applicable insuring clauses, committed on or after the Retroactive Date set forth in Item 6. of the Declarations. Rates for claims made policies are discounted in the early years of a policy, but increase steadily over time. Amounts incurred as claims expenses shall reduce and may exhaust the limit of liability and are subject to the deductible. Read this Policy carefully.

Fully answer all questions and submit all requested information. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. The terms 'you' and 'your' mean(s) **Named Insured** and "Applicant." If you do not have a copy of the Policy, request it from your agent or broker. This **Application**, including all materials submitted herewith, shall be held in confidence.

READ APPLICATION CAREFULLY AND FILL IT OUT COMPLETELY

SECTION I – GENERAL INFORMATION

1. Applicant Name (**Named Insured**):

Mailing Address:

Street Address:

Contact:

Title:

Telephone:

Fax:

Email:

Website:

Federal Employer Identification Number:

EPA Identification Number (if Applicable):

Tax Exempt: Yes No

If yes provide evidence of tax exempt status.

2. Firm is:

Partnership Corporation JV Public Private LLC REIT REMIC Other

3. Revenues: Estimated (Ensuing Year) 20 \$

(Previous Year) 20 \$

Attach the Company's most recent annual report and marketing brochure and past two years audited financial statements.

4. Is the **Named Insured** a successor to a bankrupt entity? No Yes – If Yes, provide details along with name of predecessor entity:

SECTION II – COVERAGE SPECIFICATIONS

1. Limit of Liability (Each **Pollution Condition**)

\$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000 \$10,000,000 Other: \$

2. Limit of Liability (Aggregate for the Policy Period)

\$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000 \$10,000,000 Other: \$

3. Deductible (Each **Pollution Condition**)

\$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Other: \$

4. **Covered Location(s)** Description:

Covered Location(s)	Interest	Occupied by Named Insured
Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Partner <input type="checkbox"/> Lender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
Current Use:		
Prior Use:		
Retroactive Date:		
Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Partner <input type="checkbox"/> Lender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
Current Use:		
Prior Use:		
Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Partner <input type="checkbox"/> Lender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
Current Use:		
Prior Use:		
Retroactive Date:		
Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Partner <input type="checkbox"/> Lender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
Current Use:		
Prior Use:		
Retroactive Date:		

5. Proposed Effective Date:

6. Policy Term:

One Year Three Years Five Years Ten Years Other _ Years

7. Why is coverage being requested (e.g., operational exposure, transaction, financing, etc.)?

SECTION III – INFORCE POLLUTION COVERAGE

List current pollution coverage provided under other policies. Whether full pollution coverage or sudden/accidental named peril coverage, provide a copy of the policy and/or endorsements.

Current Carrier	Term (yrs)	Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Has any Insurance Company denied, cancelled or non-renewed pollution liability coverage?

No Yes – Provide Details:

SECTION IV – RECORD, COMPLIANCE HISTORY AND FUTURE SITE PLANS

1. Record:

- a. Have you ever been investigated, cited and/or prosecuted for contravention or violation of any standard or law relating to any release of pollutants?
 No Yes – Provide Details:
- b. Have you ever had any pollution-related complaints and/or claims including, but not limited to, complaints/claims by private persons, entities, government agencies or other 3rd parties?
 No Yes – Provide Details:
- c. Are you aware of any past or present contamination on, at, under or emanating from the location(s), or any circumstances, which may reasonably be expected to give rise to a claim or generate a request for coverage under this policy?
 No Yes – Provide Details:
- d. Are you aware of any Natural Resource Damage or any threat to sensitive habitat or Endangered Species? No Yes – Provide Details:

2. Compliance History:

- a. Have you received any notices of violation, fines, penalties, complaints or other enforcement actions regarding compliance with environmental laws within the past 5 years?
 No Yes – Provide Details:
- b. Are there any statues, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at present comply?
 No Yes – Provide Details:
- c. Have there been any past, present or planned remediation, monitoring, or sampling to investigate potential contamination?
 No Yes – Provide Details:
- d. Have any prior environmental studies, reports, or audits been prepared for the location(s) listed herein? No Yes – If yes, attach copies and explain why the work was performed.

3. Current and Future Site Plans:

- a. Are there any current or future plans to sell or sublease the location(s) listed herein?
 No Yes – Provide Details:
- b. Is there a Purchase and Sale Agreement and/or Environmental Indemnification Agreement, either draft or final, being utilized in any pending transactions? No Yes – Provide Details and copies of Agreements:
- c. Are there any known plans for the current or future development, improvement, betterment, demolition or plans for changes in operations at the location(s) listed herein?
 No Yes – Provide Details:

SECTION V – DETAILED LOCATION(S) AND PROCEDURES INFORMATION

Attach any environmental audits or studies that have been conducted for each location listed herein. In the table provided below, identify and list the documents in the following format: Author/Preparer; Preparing Company; Document Title; Date and note whether or not the document has been provided in its entirety (i.e., Tables, Appendices, Maps, Attachments, etc.).

Author/Preparer	Preparing Entity/Company	Document Title	Date	Complete or Partial Document Provided
				<input type="checkbox"/> Complete <input type="checkbox"/> Partial
				<input type="checkbox"/> Complete <input type="checkbox"/> Partial
				<input type="checkbox"/> Complete <input type="checkbox"/> Partial

1. Location(s) Description:

- a. Total acreage:
- b. Square footage under roof:
- c. What structures are currently on this location(s) (i.e., type, age, construction)?

Type	Age	Construction

- d. List the current occupants and operations at this location(s):

Occupant	Operations	Length of Time at Location

- e. How long have these operations been ongoing?
- f. Have there been any changes in operations within the past three (3) years?
 No Yes – Provide Details:
- g. Are there any planned changes in operations within the next three (3) years?
 No Yes – Provide Details:
- h. How long has the location(s) been in the Applicant's control?
- i. What types of operations have been performed at the location(s) in the past, if different than those described above, by either the Applicant or others?
- j. How long have those other operations been performed?

2. Location(s) Setting (Attach Plot Plan):

- a. Provide a description of adjacent land use:
North:

South:

East:

West:
- b. Are there any onsite or nearby surface water bodies (e.g., streams, lakes, wetlands, etc.)?
 No Yes – Provide Details:
- c. Are there any onsite or protected/sensitive environments in the area (e.g., parks, wildlife reserves, etc.)?
 No Yes – Provide Details:

- d. Are there any onsite or surface or groundwater uses in the area (e.g., drinking water wells, etc.)?
 No Yes – Provide Details:
- e. Is public water and sewer used onsite?
 No Yes – If "No," identify and describe current, in-place systems:
- f. Has a private well or septic system ever been used onsite?
 No Yes – Provide Details:
- g. Is the location(s) located within a 100-year flood plain? No Yes – If Yes, do you carry flood insurance coverage? Yes No
- h. Is the location(s) situated in an earthquake Zone 1, 2 or 3 as defined by ISO or an otherwise seismically active area? No Yes – If Yes, have you obtained earthquake coverage for the site(s) in question? Yes No
- i. If the location(s) is located in an Earthquake Zone 1, 2 or 3 as defined by ISO or otherwise seismically active area, describe any special precautions or emergency response procedures used to protect onsite equipment, tankage, secondary containment, chemical/waste storage areas, etc.:

3. Onsite Materials:

- a. Do you have any raw materials or process materials used at the location(s) (e.g., plating agents, degreasers, cleaning solvents, raw chemicals, etc.)? No Yes – If yes, complete the table below or attach spreadsheet documenting the equivalent:

Description of Material(s)	Tons/Volume per Year	Tons/Volume at Any One Time	Method of Storage	Secondary Containment
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

- b. Do all storage practices for raw materials, products and wastes meet all applicable local, state and/or federal requirements? Yes No – If no, provide explanation:
- c. Have you ever been cited for improper handling and/or storage of raw materials, products or waste? No Yes – Provide Details:
- d. Are there any materials or products which you have ceased to handle within the past 5 years?
 No Yes – Provide Details:

4. Tank Storage:

- a. Does this location(s) have any aboveground or underground storage tanks? No Yes – If yes, complete the following table:

AST or UST	Capacity	Contents	Age (yrs)	Construction	Base	Type of Secondary Containment	Volume of Secondary Containment	Tightness Test Anniversary

AST or UST	Capacity	Contents	Age (yrs)	Construction	Base	Type of Secondary Containment	Volume of Secondary Containment	Tightness Test Anniversary

- b. Describe any tank inventory control and/or testing methods used and attach latest tank test results:
- c. Are all underground storage tanks in compliance with the 1998 US EPA Standards and current state regulations for construction, leak detection, overflow protection and corrosion protection?
 Yes No – If No, identify tanks that are not in compliance:
- d. Are you aware of any tanks previously existing at the location(s), which have been removed or closed in place? No Yes – If yes, were the tanks closed in accordance with applicable local, state and federal regulations? Yes No

5. Location(s) Waste Generation, Air Emissions and Wastewater Discharges:

- a. Does the location generate, handle, store or dispose of any hazardous waste or materials? No Yes – If yes, complete the chart below:

Contents	Amount per Year	Amount at Any One Time	Container Type	Secondary Containment	Disposal Method or Site

- b. Is the location(s) a permitted TSD Facility? No Yes
 If yes, is the location(s) a permitted Landfill? No Yes

If yes complete the following:

- aa. Active or Inactive
- bb. Types of waste (describe):
- cc. RCRA Subtitle C or D
- dd. Acreage/cells open and closed (describe):
- ee. Leachate and landfill gas management (describe):
- ff. Life expectancy:
- c. Describe treatment, storage and/or handling processes/procedures for hazardous and non-hazardous wastes):
- d. Identify any past storage or disposal practices at the location(s):
 Lagoons Landfills Land Farming Pits Ponds Other – Describe:
- e. Identify effluent discharge points for wastewater and stormwater and attach discharge monitoring reports:

Discharge ID	Location(s)	Discharge Point

Discharge ID	Location(s)	Discharge Point

f. Identify air emissions (e.g., gasses, vapors, dust, etc.):

Air Emissions	Volume/Year	Collection and Treatment

- g. Do you have any groundwater monitoring activities at the location(s)? No Yes – If Yes, attach monitoring results for the past year and a map showing well locations.
- h. Do you have Quality Control/Assurance Procedures for inspecting incoming materials and/or waste? No Yes – If Yes, attach a copy.
- i. Are there any former or current operations at the location(s) that are subject to closure/post-closure requirements as per CFR, Title 40, or other state law or regulations?
 No Yes – If yes, provide copies of current Closure/Post-Closure Plans and evidence of financial responsibility.

6. Fire Detection/Suppression Systems and Procedures:

- a. Provide details of fire detection/suppression systems:
- b. Are your employees trained in fire/spill response and use of PPE? No Yes
- c. Responding fire company: Paid Volunteer
- d. Does the responding fire company make regular planned visits to the location(s) and are they familiar with site emergency response procedures? No Yes
- e. Is there a plan with the fire department to control/contain run-off and fire suppression water?
 No Yes – If yes, describe and attach plan:
- f. What is the distance to the nearest fire hydrant if no sprinkler system?
- g. Has the fire company been made aware of hazardous and incompatible materials used onsite?
 No Yes

7. Visitor Controls/Safety:

- a. Is there a procedure in place for controlling visitors while onsite and ensuring their supervision?
 No Yes – If Yes, describe:
- b. Are visitors informed or trained on exposures, safety evacuation routes and off-limit areas?
 No Yes
- c. Are there any subcontractors routinely engaged for operations and maintenance at the location(s)? No Yes

8. Site Security:

- a. Provide a detailed description of location(s) security controls (e.g., ID checks, access controls, guards, perimeter fencing, security cameras, etc.):

9. Catastrophic Release/Risk Mitigation Plans:

- a. Has the location(s) developed a program to prevent catastrophic releases (e.g., risk management plan, BMPs, process safety management plan, etc.)? No Yes – Attach copies.
- b. Has the location(s) developed the following approved plans?
PPC and/or SPCC Plan No Yes; Corporate Safety and Health Plan No Yes
- c. Does the location(s) have other emergency response plans or procedures in place?
 No Yes – If yes, explain:
- d. Are employees trained on these emergency response plans? No Yes

SECTION VI – CLAIM AND CIRCUMSTANCE INFORMATION (FOR THE PURPOSES OF QUESTIONS 1 – 5 BELOW, “APPLICANT” INCLUDES THE ENTITY TOGETHER WITH ANY DIRECTOR, OFFICER, PARTNER OR MANAGER THEREOF)

1. Is the “Applicant” aware of any reportable spills, releases or discharges of any hazardous or regulated substance(s) or pollutant(s) occurring during the past five (5) years on, at, under or emanating from any location(s) for which this **Application** for insurance is being made?
 No Yes – If yes, describe in detail:
2. Is the “Applicant” aware of any pollution or contamination on, at, under or emanating from, or adjacent to, any location(s) for which this **Application** for insurance is being made?
 No Yes – If yes describe in detail:
3. During the past five (5) years, have there been any claims made against the “Applicant” as a result of the alleged or actual release of any hazardous or regulated substance(s) or pollutant(s) on, at, under or emanating from any location(s) for which this **Application** for insurance is being made?
 No Yes – If yes, describe in detail:
4. During the past five (5) years, has the “Applicant” been, or is currently being, prosecuted for any violation of any law or standard pertaining or relating to the threatened or actual release of any hazardous or regulated substance(s) or pollutant(s) into the environment, and/or on, at, under or emanating from any location(s) for which this **Application** for insurance is being made?
 No Yes – If yes, describe in detail:
5. Is the “Applicant” aware of any fact(s), circumstance(s), event(s) or situation(s), which could result in a claim(s) being made against it, or any other person or entity for whom coverage will be sought, arising from the threatened or actual release of any hazardous or regulated substance(s) or pollutant(s) into the environment, and/or on, at, under or emanating from any location(s) for which this **Application** for insurance is being made?
 No Yes – If yes, describe in detail:

The undersigned declares that the statements set forth herein are true. For New Hampshire Applicants, the foregoing statement is limited to the best of the undersigned’s knowledge, after reasonable inquiry. The signing of this **Application** does not bind the undersigned to complete the

insurance. It is represented that the statements contained in this **Application** and the materials submitted herewith are the basis of the contract should a policy be issued and have been relied upon by the Insurer in issuing any policy. The Insurer is authorized to make any investigation and inquiry in connection with this **Application** as it deems necessary. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

This **Application** and materials submitted with it shall be retained on file with the Insurer and shall be deemed attached to and become part of the policy if issued. For North Carolina, Utah and Wisconsin and Applicants, such **Application** and materials are part of the policy, if issued, only if attached at issuance.

It is agreed in the event there is any material change in the answers to the questions contained in this **Application** prior to the effective date of the policy, the "Applicant" will immediately notify the Insurer in writing and any outstanding quotations may be modified or withdrawn at the Insurer's discretion.

FRAUD WARNINGS

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE UNDERWRITER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

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 AGENCIES.

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 LOUISIANA AND 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 OKLAHOMA APPLICANTS: 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.

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 NEW YORK AND KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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 NEW YORK APPLICANTS 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.

Signed: _____ Date: _____

Print Name: _____ Title: _____

(Owner, Partner, Authorized Officer)

Provide the Insurance Agent's name and license number as designated.

Name of Insurance Agent

License Identification No.

Authorized Representative