



**AFB A&E MEDIA TECH® NEW BUSINESS APPLICATION**

**ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY, ARCHITECTS, ENGINEERS AND CONTRACTORS POLLUTION LIABILITY, TECHNOLOGY BASED SERVICES, TECHNOLOGY PRODUCTS, COMPUTER NETWORK SECURITY, AND MULTIMEDIA AND ADVERTISING AND PRIVACY LIABILITY INSURANCE POLICY**

**Important Note: THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. Subject to its terms, the Policy applies only to a Claim first made against the Insureds during the Policy Period or the Optional Extension Period (if purchased) and reported in writing to the Insurer during or within 60 days after expiration of the Policy Period or during the Optional Extension Period (if purchased). Claim Expenses will reduce and may exhaust the Limit of Liability available to pay Claims and are applied to the deductible. The Insurer will not pay settlements or judgments after the Limit of Liability is exhausted by payment of Damages or Claim Expenses.**

**Additional Notice To New York Applicants: The Policy for which this Application is made is a claims made policy. The Policy provides no coverage for Claims arising out of incidents, occurrences or wrongful acts which took place prior to the Retroactive Date. Upon termination of coverage for any reason, a 60-day automatic extension period will apply. For an additional premium, a three year Optional Extension Period can be purchased. This Policy applies to Claims only if first made during the Policy Period, the automatic extension period or, if purchased, 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.**

**Additional Notice to Minnesota Applicants: Under Minnesota law a Claim may be reported orally or in writing to the Insurer or to the Insured’s Broker of Record.**

Please 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. If you do not have a copy of the Policy, please request it from your agent or broker. Applicant agrees that the representations made in this **Application**, and any supplemental attachments, are material and have been relied upon by the Underwriter in issuing any Policy.

**Section 1 – Applicant Information**

Name of Applicant:			
Predecessor Firm(s) for Whom Coverage is Desired:			
Address:	City:	State:	Zip Code:
Contact Person:	Email:	Phone:	
Year the First Predecessor Firm for Whom Coverage is Desired Was Established:			Company Website:

A) During the past five (5) years, has the name of the Applicant been changed or has any other business been purchased or any merger or consolidation taken place?  Yes  No

If Yes, please give full details (including dates): \_\_\_\_\_

B) Does the Applicant anticipate any mergers/acquisitions in the next twelve (12) months?  Yes  No

If Yes, please give full details (including dates): \_\_\_\_\_

Addresses of Branch Offices (if applicable)	Date Established	Percentage (%) of Applicant's Total Revenues
	/	%
	/	%
	/	%

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## Section 2 – Firm Composition

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Staff Composition	Number of Employees	Number Registered/Licensed
Principals, Partners, Officers and Directors		
Architects		
Engineers		
Land Surveyors		
Draftsmen and Other Technical Personnel		
Clerical and Accounting Employees		
<b>Total Staff</b>		

A) How many professional employees have left the firm in the last twelve (12) months? \_\_\_\_\_

B) Have there been any senior management changes within the past twelve (12) months?  Yes  No

C) Please provide the following information for the principal(s):

Name	Education	Number of Year(s) Experience	Number of Years with Applicant

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## Section 3 – Financial Information

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Fiscal Year End (MM/DD/YY)	Projected for Current Year / /	Last Fiscal Year / /	Two Years Ago / /	Three Years Ago / /
Abandoned Project(s):	\$	\$	\$	\$
Separately Insured Project(s):	\$	\$	\$	\$
Fees Paid to Subconsultants:	\$	\$	\$	\$
Direct Reimbursable(s):	\$	\$	\$	\$
All Other:	\$	\$	\$	\$
<b>Total Gross Revenues:</b>	\$	\$	\$	\$

## Section 4 – Financial Interests

A) Does the Applicant or any of its professional staff own an interest in any other entity?  Yes  No  
 If yes, please provide the following details:

Owner Name	Amount Ownership Interest	Entity Name	Relation to Applicant	Nature of Activities	Entity's Gross Revenues in Past Year
	%				\$
	%				\$

B) Does the Applicant provide any professional services to any of the above entities?  Yes  No

C) Does the Applicant hire any of the above entities to provide services for it?  Yes  No

D) Do all shareholders/partners with 10% or more ownership interest have board representation?  Yes  No

## Section 5 – Practice Information

A) Please indicate the percentage (%) of the following disciplines of service in which the Applicant is engaged:  
**(Total Must Equal 100%)**

Disciplines of Service	%	Disciplines of Service	%	Disciplines of Service	%
Acoustical Engineering	%	Electrical Engineering	%	Mechanical Engineering	%
Architecture	%	Environmental Engineering/Consulting	%	Mining Engineering	%
Chemical Engineering	%	HVAC Engineering	%	Naval/Marine Engineering	%
Civil Engineering	%	Forensic Engineering	%	Process Engineering	%
Communication Engineering	%	Illumination Engineering	%	Soil/Geotechnical	%
Construction/Project Management		Interior Design	%	Surveying <b>(please provide breakdown):</b>	%
<b>Agency</b>	%	Laboratory Testing (excluding soils and construction materials testing)	%	<b>Construction Stakeout</b>	%
				<b>Topographic/Boundary</b>	%
				<b>Other:</b>	%
<b>At - Risk</b>	%	Landscape Architecture	%	Structural Engineering	%
Other, please describe:					%

## Section 6 – Subconsultants

Please provide, as a percentage (%) of the Applicant's total gross revenues, the amount of work attributable to subconsultants in the following area(s):

Architecture:	%	Geotechnical:	%
Civil:	%	Structural:	%
Mechanical:	%	HVAC:	%
Electrical:	%	Other (please describe):	%

- A) Are subconsultants hired under a written agreement?  Yes  No
- B) Does the firm obtain certificates of insurance for their subconsultants?  Yes  No
- C) Does the firm hire subconsultants to perform construction?  Yes  No

## Section 7 – Services/Project Types

A) Please indicate the percentage (%) of the following services:

Feasibility studies, master plans, reports, surveys	%
Design without supervisory services	%
Design & Observation	%
Construction observation without design	%
Inspection services on existing structures or roads and highways	%
Inspections of homes/commercial properties for prospective buyers or lenders	%
Manufacture, sale or distribution of any product or process	%
Machinery Design	%
Development, sale or leasing of computer software to others	%
Other (describe):	%

- B) Has the Applicant provided design services for a condominium project in the past five (5) years?  Yes  No  
If yes, please complete the condominium supplemental application.
- C) Does the Applicant provide services on any international projects?  Yes  No  
If yes, please provide percentage of revenues attributable to such services: \_\_\_\_\_%  
and countries in which services are performed: \_\_\_\_\_
- D) Does the Applicant, or any subsidiary, parent or otherwise related company engage in actual construction, erection, manufacturing, fabrication or real estate development?  Yes  No  
If yes, please provide details: \_\_\_\_\_
- E) Does the Applicant or any subconsultant or subcontractor to Applicant take responsibility for construction means, methods, techniques, procedures or job site safety?

F) Please provide the following information for the Applicant's five largest COMPLETED projects in the past three (3) years:

Project Name	Fees	Services Performed	Construction Values	Year Completed

G) Please provide the following information for the Applicant's five largest CURRENT projects in the past three (3) years:

Project Name	Fees	Services Performed	Construction Values	Year Completed

H) Please indicate the approximate percentage (%) of revenues derived from the following project types:  
**(Total Must Equal 100%)**

Amusement Parks	%	Dams/Reservoirs	%	Pools	%
Apartments	%	Hospitals	%	Power Plants/Nuclear Facilities	%
Airport Terminals	%	Hotels/Motels	%	Private Schools	%
Arenas/Sports Facilities	%	Libraries/Museums	%	Processing/Manufacturing Facilities	%
Asbestos Abatement	%	Marine/Offshore Facilities/Docks/Piers	%	Public Schools (K-12)	%
Bridges/Trestles	%	Mass Transit Systems	%	Remediation Engineering	%
Casinos	%	Mines/Quarries	%	Restaurants	%
Chemical/Pharmaceutical Plants	%	Mold Abatement	%	Retail/Malls/Shopping Centers	%
Churches	%	Multi-Family Townhomes	%	Roads & Highways	%
Colleges/Universities	%	Offices	%	Single Family Residential – Custom	%
Condominiums	%	Oil Refineries/Pipelines	%	Single Family Residential – Subdivision	%
Convalescent/Retirement Facilities	%	Parks/Playgrounds	%	Utilities	%
Convention Centers	%	Parking Garages	%	Waste Brokering	%
Correctional Facilities	%	Phase I Property Assessments	%	Water/Wastewater Treatment Systems	%
Courthouses	%	Phase II & III Property Evaluations	%	Wetland Mitigation	%
Other (please describe):					%

## Section 8 - Contracts

A) What percentage (%) of the Applicant's professional services are performed under the following contract types:

Professional Association Agreement	_____ %	Purchase Orders	_____ %	Verbal Agreements	_____ %
Firm's Standard Agreement	_____ %	Client Drafted Agreement	_____ %		

B) Are all non-standard agreements reviewed by Applicant's legal counsel or insurance broker before they are executed?  Yes  No

C) What percentage (%) of the Applicant's contracts include a waiver of consequential damages? \_\_\_\_\_ %

D) What percentage (%) of Applicant's contracts use limitation of liability provisions, where the firm's liability is limited to \$250,000 or less? \_\_\_\_\_ %

E) Does the Applicant require a signed contract before a project number is assigned or services begin?  Yes  No

## Section 9 – Project Delivery Method

A) Please indicate the percentage (%) of the Applicant's projects that are completed under the following project delivery methods:

\_\_\_\_\_ % Design/Bid/Build (Traditional Delivery)

\_\_\_\_\_ % Design/Build where Applicant is acting as Design - Builder

\_\_\_\_\_ % Design/Build where Applicant is hired by the Design - Builder

\_\_\_\_\_ % Other – Please describe

## Section 10 – Clientele

Contractors	_____ %	Local Government	_____ %
Design Professionals	_____ %	State Government	_____ %
Private Owners	_____ %	Federal Government	_____ %
Developers	_____ %	Other, please describe:	_____ %

A) What percentage (%) of Applicant's work is derived from repeat clients? \_\_\_\_\_ %

B) Does the Applicant work with other firms in joint ventures?  Yes  No  
If Yes, please provide the following information:

Joint Venture Name	Project Name	Joint Venture Partners	Applicant's % Interest	Services Provided	Separately Insured
			_____ %		<input type="checkbox"/> Yes <input type="checkbox"/> No
			_____ %		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 11 – Risk Management

A) Does the Applicant have a written in-house quality control procedure?  Yes  No

B) Does the Applicant subscribe to MASTERSPEC?  Yes  No

C) What percentage (%) of projects includes specifications based upon or derived from MASTERSPEC? \_\_\_\_\_%

D) Do client deliverables undergo an internal peer review?  Yes  No

If Yes, please describe: \_\_\_\_\_

E) Does the Applicant perform project file audits on a routine basis?  Yes  No

If Yes, please describe: \_\_\_\_\_

F) Has the Applicant participated in an external peer review program?  Yes  No

If Yes, please describe and provide the date(s) of the review: \_\_\_\_\_

G) Does the Applicant have:

- An in-house continuing education program for professional employees?  Yes  No
- Procedures to evaluate and screen potential new clients?  Yes  No
- Procedures for monitoring and collecting outstanding fees?  Yes  No
- Any outstanding fee disputes, or open suits for fees?  Yes  No

H) Has the Applicant participated in a risk management seminar in the past twelve (12) months?  Yes  No

If Yes, please describe and provide the date(s) of the seminar: \_\_\_\_\_

I) Describe how your firm manages change orders on projects:

J) Describe what your firm does when faced with objectionable design, project work or certification requirements:

K) Please describe additional risk management procedures and processes that are utilized to manage risk: \_\_\_\_\_

## Section 12 – Coverage Information

A) Please provide a copy of the Applicant's current policy and provide the following details regarding the Applicant's Architects and Engineers Professional Liability Insurance Coverage for the last five (5) years beginning with the most current year:

Policy Period	Insurance Company	Per Claim/Aggregate Coverage Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Retroactive Date: \_\_\_\_\_

B) Does the current policy afford first dollar defense?  Yes  No

C) Shared claims expense  Yes  No

D) Is the Applicant currently insured under a Comprehensive General Liability policy?  Yes  No  
 If Yes, please provide the following details:

Insurance Company	Limits	Effective Date

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### Section 13 – Technology/Privacy Liability Exposure

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A) Does the Applicant collect any revenue online or otherwise engage in any e-commerce operations?  Yes  No  
 If yes, please complete the Technology Supplemental Application.

B) Does the Applicant have and enforce policies concerning when internal and external communications should be encrypted?  Yes  No

1) Does the Applicant encrypt data stored on laptop computers and portable media?  Yes  No

C) Does the Applicant accept credit cards for goods sold or services rendered?  Yes  No

**If Yes, please complete the following:**

1) Please state the Applicant's percentage (%) of revenues from credit card transactions in the most recent twelve (12) months: \_\_\_\_\_%

2) Is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (eg. PCI standards)?  Yes  No

If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion: \_\_\_\_\_

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### Section 14 - Claim and Circumstance Information

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A) Please attach a current copy of carrier loss runs for the past five (5) years.

B) Have any of the Applicant's principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities?  Yes  No

If Yes, please provide details: \_\_\_\_\_

C) Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners in a prior firm ever been declined or has the insurance ever been canceled or non-renewed?  Yes  No

If Yes, please give details: \_\_\_\_\_

**NOTE: Applicants in Missouri should not answer the above question.**

D) Has any claim or legal action been brought against the Applicant, its predecessor(s) or any past principal, partner, director, or officer in the past five (5) years?  Yes  No

If Yes, please attach details: \_\_\_\_\_

E) Has the Applicant brought any claims or commenced any lawsuits arising out of fee disputes in the past three (3) years?  Yes  No

If Yes, please attach details: \_\_\_\_\_

F) After inquiry, is the Applicant, its predecessor(s), or any other person or entity for which coverage would be provided aware of any circumstance(s) that would suggest to a reasonable person that a claim might possibly be made, including, but



not limited to, any actual or alleged act, error, or omission, any unresolved job dispute, or any unresolved payment dispute?  
 Yes  No

If Yes, please attach details: \_\_\_\_\_

G) Please describe all corrective action(s) the Applicant has undertaken to improve claim history: \_\_\_\_\_

### **FRAUD WARNING DISCLOSURE**

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

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND 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.

**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 KANSAS APPLICANTS:** 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 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.

**NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND 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 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

**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 MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR 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.

**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.

### **SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

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. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS ARISING OUT OF A CIRCUMSTANCE NOT DISCLOSED IN THIS APPLICATION.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

Signed\*: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(Owner, Partner, Authorized Officer)

Title: \_\_\_\_\_

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Printed Name: \_\_\_\_\_

Florida Agent's License Number: \_\_\_\_\_

Agent's Signature\*: \_\_\_\_\_

\*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance - Producer