



## Allied Healthcare Entity/Group Insurance Application New Business

Broker Information	
<b>Brokerage Name:</b>	
<b>Brokerage Address:</b>	
<b>Broker Contact Name:</b>	
<b>Broker Contact Phone:</b>	
<b>Broker Contact Email:</b>	

Applicant Information	
<b>Name of Applicant (Include all subsidiaries and DBAs):</b>	
<b>Mailing &amp; Physical Address (If multiple locations, include an attachment with a complete list of locations):</b>	
<b>Website Address:</b>	
<b>Applicant Contact:</b>	
<b>Applicant Phone:</b>	
<b>Applicant Email:</b>	
<b>Description of Operations:</b>	
<b>Organization Type:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit
<b>Date Established:</b>	
<b>Number of Locations:</b>	
<b>Proposed Effective Date:</b>	

General Information Questions			
Question	Yes	No	Provide Details
Does the Applicant have tax exempt status as defined by the IRS?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant anticipate or been in the process of a merger, acquisition, or consolidation?	<input type="checkbox"/>	<input type="checkbox"/>	
Have there been any changes in the nature or	<input type="checkbox"/>	<input type="checkbox"/>	



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General Information Questions			
size of operations?			
Have there been any changes in senior leadership?	<input type="checkbox"/>	<input type="checkbox"/>	
Is this entity owned by, associated with, or controlled by any other entity or are you part of a franchise?	<input type="checkbox"/>	<input type="checkbox"/>	

Requested Coverages (Must complete corresponding section of application)	
<b>Errors &amp; Omissions / Professional Liability</b>	<input type="checkbox"/>
Sexual Misconduct	<input type="checkbox"/>
<b>Commercial General Liability</b>	<input type="checkbox"/>
Hired & Non-Owned Auto (HNOA)	<input type="checkbox"/>
Employee Benefits Liability	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>
Directors & Officers Liability	<input type="checkbox"/>
Fiduciary Liability	<input type="checkbox"/>
Crime	<input type="checkbox"/>
Property	<input type="checkbox"/>
Cyber	<input type="checkbox"/>

### Errors & Omissions Professional Liability Coverage

Errors & Omissions Professional Liability Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Limit (Per Claim):		Limit (Per Claim):	
Limit (Aggregate):		Limit (Aggregate):	
Deductible:		Deductible:	
Defense Costs:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	Defense Costs:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
Retroactive Date:		Retroactive Date:	

Errors & Omissions Professional Liability Coverage Rating Information			
Prior Year		Current Year	
Gross Revenue:		Gross Revenue:	
Total Assets:		Total Assets:	
Number of Employees:		Number of Employees:	



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Errors & Omissions Professional Liability Exposure Classifications (No. of Staff)				
Number of Professionals	Part Time	Full Time	Independent Contractor (Y/N)	Provide Details
Certified Registered Nursing Anesthetists				
Diagnostic Imaging Technicians				
Aestheticians				
Drug & DNA Testing Technicians				
Home Care & Home Healthcare Professionals				
Hospice & Palliative Care Professionals				
Medical Consultants & Technicians				
Medical Directors & Administrative Staff				
Medical Equipment Providers & Servicers				
Medical Transportation (Non-Emergency)				
Nurses, Nursing Services & Registries				
Nurse Practitioners & Physicians Assistants				
Optometrists				
Pharmacists & Pharmacy Assistants				
Psychiatric & Substance Abuse Counselors				
Social Service Workers & Counselors				
Therapists & Psychologists				
Other Professionals (provide details)				



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Errors & Omissions Professional Liability Coverage Questions			
Question	Yes	No	Provide Details
Does the Applicant have regularly scheduled audits of patient records and follow-up on reported incidents to verify conformity with prescribed protocols?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any complaints ever been filed against the Applicant or have there ever been any formal or informal investigations or inquiries opened with a peer review committee or an ethics committee licensing board?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant require all professional staff to complete ongoing relevant continuing education courses?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant require written contracts with all customers?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant perform criminal background checks on all professional staff prior to hiring?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Applicant or any employee ever had their license, certification or registration suspended, revoked, or placed on probation by a licensing board?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any services provided within Hospitals, Correctional Facilities, Assisted Living Centers, or Nursing Homes?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant have a licensed physician that serves in the role of Medical Director or primary Administrator?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant sell medical equipment, diagnostic equipment, medicines, or life sustaining equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant maintain patient files that document all patient interactions, medications, complications, consents, incidents and conformity with HIPAA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant require all newly hired staff to attend orientation training?	<input type="checkbox"/>	<input type="checkbox"/>	



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**Sexual Misconduct Coverage**

**Sexual Misconduct Coverage Information**

Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Limit (Per Claim):		Limit (Per Claim):	
Limit (Aggregate):		Limit (Aggregate):	
Deductible:		Deductible:	
Retroactive Date:		Retroactive Date:	

**Sexual Misconduct Coverage Questions**

Question	Yes	No	Provide Details
Has the Applicant or any employee ever been accused of sexual misconduct or any professional impropriety?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant have a formal written policy that includes procedures designed to prevent acts of sexual misconduct?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant require all staff to attend sexual misconduct training upon hiring and annually thereafter?	<input type="checkbox"/>	<input type="checkbox"/>	

**General Liability Coverage**

**General Liability Coverage Information**

Requested Policy Coverage Terms	
Coverage Form: <input type="checkbox"/> Claims Made - Retroactive Date:	<input type="checkbox"/> Occurrence
General Aggregate	
Products & Completed Operations Aggregate	
Personal & Advertising Injury	
Each Occurrence	
Damage to Premises Rented to You	
Medical Expense	
Employee Benefits	



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<b>Employee Benefits Retroactive Date</b>	
<b>Deductible</b>	

General Liability Coverage Rating Information			
<b>Total Number of Employees:</b>		<b>Annual Revenue:</b>	

General Liability Coverage Questions			
Question	Yes	No	Provide Details
Does the Applicant have regularly scheduled audits and follow-up on reported incidents to verify conformity with prescribed protocols?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any complaints ever been filed against the Applicant or have there ever been any formal or informal investigations or inquiries opened?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant require written contracts with all clients?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant perform criminal background checks on all staff prior to hiring?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant require all newly hired staff to attend orientation/training?	<input type="checkbox"/>	<input type="checkbox"/>	

### Hired & Non-Owned Auto Excess Coverage

Hired & Non-Owned Auto Excess Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
<b>Limit (Per Claim):</b>		<b>Limit (Per Claim):</b>	
<b>Limit (Aggregate):</b>		<b>Limit (Aggregate):</b>	
<b>Deductible:</b>		<b>Deductible:</b>	

Hired & Non-Owned Auto Excess Coverage Questions			
Question	Yes	No	Provide Details
Does the Applicant have Motor Vehicle Reports verified for all employee drivers & keep copies of such reports on file?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant require that all employee drivers have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	



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Hired & Non-Owned Auto Excess Coverage Questions			
Does the Applicant require that all drivers carry personal auto liability of at least \$25,000?	<input type="checkbox"/>	<input type="checkbox"/>	
Are employees allowed to drive client vehicles and is written permission required?	<input type="checkbox"/>	<input type="checkbox"/>	

### Employment Practices Liability Coverage

Employment Practices Liability Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
<b>Limit (Per Claim):</b>		<b>Limit (Per Claim):</b>	
<b>Limit (Aggregate):</b>		<b>Limit (Aggregate):</b>	
<b>Deductible:</b>		<b>Deductible:</b>	
<b>Defense Costs:</b>	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<b>Defense Costs:</b>	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
<b>Retroactive Date:</b>		<b>Retroactive Date:</b>	

Employment Practices Liability Coverage Rating Information			
Number of Employees			
<b>Full Time:</b>		<b>Volunteers:</b>	
<b>Part Time:</b>		<b>Borrowed or Leased:</b>	

Employment Practices Liability Coverage Questions			
Risk Control Factor	Yes	No	Provide Details
Are all prospective employees required to complete a uniform employment application prior to hire?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant have written policies or procedures for dealing with complaints from the general public, customers, clients, vendors, or other third parties for issues involving harassment or discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant have an Employee Handbook that contains an "Employment at Will" statement and is distributed to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant conduct annual training for employees on issues of discrimination and other workplace harassment?	<input type="checkbox"/>	<input type="checkbox"/>	



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### Directors & Officers Liability Coverage

Directors & Officers Liability Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
<b>Limit (Per Claim):</b>		<b>Limit (Per Claim):</b>	
<b>Limit (Aggregate):</b>		<b>Limit (Aggregate):</b>	
<b>Deductible:</b>		<b>Deductible:</b>	
<b>Defense Costs:</b>	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<b>Defense Costs:</b>	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
<b>Retroactive Date:</b>		<b>Retroactive Date:</b>	

Directors & Officers Liability Coverage Rating Information			
Prior Year		Current Year	
<b>Total Revenue:</b>		<b>Total Revenue:</b>	
<b>Total Assets:</b>		<b>Total Assets:</b>	
<b>Total Liabilities:</b>		<b>Total Liabilities:</b>	
<b>Net Income:</b>		<b>Net Income:</b>	

Directors & Officers Liability Coverage Questions			
Question	Yes	No	Provide Details
Does the Applicant anticipate or been in the process of a private debt or equity offering of securities?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant anticipate or been in the process of a bankruptcy proceeding, reorganization or arrangement with creditors under federal or state law?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant anticipate or been in the process of crowdfunding as described in the JOBS Act of 2012?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant anticipate or been in the process of closing facilities or layoffs?	<input type="checkbox"/>	<input type="checkbox"/>	





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### Fiduciary Liability Coverage

Fiduciary Liability Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Limit:		Limit:	
Voluntary Compliance Costs:		Voluntary Compliance Costs:	
Deductible:		Deductible:	
Defense Costs:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	Defense Costs:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
Retroactive Date:		Retroactive Date:	

Fiduciary Liability Coverage Rating Information			
Plan Type	Name of Plan	Total Assets	Total Plan Participants

\*Plan Types: Defined Benefit (DB); Defined Contribution (DC); Welfare Benefit Plan (W); Other (O) – Attach Explanation

Fiduciary Liability Coverage Questions			
Question	Yes	No	Provide Details
Do all plans for which coverage is requested conform with the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended or similar laws?	<input type="checkbox"/>	<input type="checkbox"/>	
During the past 24 months or during the next 12 months has (will) any plan been (be) terminated, suspended, merged, dissolved or converted to a cash balance?	<input type="checkbox"/>	<input type="checkbox"/>	
In the past 3 years has there been any amendment to a plan that has resulted in a reduction of benefits, or are there any reductions currently contemplated?	<input type="checkbox"/>	<input type="checkbox"/>	
Has any plan been the subject of an investigation by the Department of Labor (DOL), Internal Revenue Service (IRS) or any other domestic or foreign agency?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any outstanding or delinquent plan contributions? Or are any plan loans, leases or debt obligations considered uncollectible or in	<input type="checkbox"/>	<input type="checkbox"/>	



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Fiduciary Liability Coverage Questions			
default?			
Has there been any assessment of fees, fines or penalties under a voluntary compliance resolution program or similar voluntary settlement program administered by the IRS, DOL or other government authority against any plan?	<input type="checkbox"/>	<input type="checkbox"/>	

## Crime Coverage

Crime Coverage Information		
Requested Policy Coverage Terms		
Coverage Form: <input type="checkbox"/> Discovery <input type="checkbox"/> Loss Sustained		
<u>Coverage Part</u>	<u>Limit</u>	<u>Deductible</u>
Employee Theft		
Forgery or Alteration		
Inside the Premises – Theft of Money and Securities		
Inside the Premises – Robbery or Safe Burglary of Other Property		
Outside the Premises		
Computer and Funds Transfer Fraud		
Fraudulent Impersonation		
Money Orders and Counterfeit Money		
Inside the Premises – Robbery of a Custodian or Safe Burglary of Money and Securities		

Crime Coverage Rating Information			
Requested Policy Coverage Terms			
Total Number of Employees:		Total Revenue:	

Crime Coverage Questions			
Question	Yes	No	Provide Details
Is countersignature required on all checks signed by any employee of the Applicant?	<input type="checkbox"/>	<input type="checkbox"/>	



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Crime Coverage Questions			
Are bank accounts reconciled by someone <b>not</b> authorized to sign checks, deposit or withdrawal from the Applicant's bank accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant conduct pre-employment screening for criminal history?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant separate purchasing duties so that one individual may not initial a purchase request, prepare a check voucher and sign and mail payments?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant maintain a list of authorized vendors?	<input type="checkbox"/>	<input type="checkbox"/>	



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### Property Coverage

#### Property Coverage Information

<b>*If Building Coverage is requested, please submit a completed Acord 140 application</b>		
	<b>Current Limits:</b>	<b>Requested Limits:</b>
<b>Your Business Personal Property:</b>		
<b>Personal Property of Others:</b>		

#### Property Coverage Rating Information

<b>Class of Business:</b>		<b>Construction Type:</b>	
<b>Year of Construction:</b>		<b>Sprinklered Percentage:</b>	
<b>Protection Class:</b>		<b>Coinsurance Percentage:</b>	
		<b>Valuation:</b>	
		<b>Deductible (All Other Perils):</b>	

#### Property Endorsement Requests

	Limit
<b>Business Income Coverage</b>	
Extra Expense <input type="checkbox"/> Without Extra Expense <input type="checkbox"/>	
<b>Discharge from Sewer, Drain, or Sump Coverage</b>	
Discharge Limit – Property Damage	
Discharge Limit – Business Interruption	
<b>Equipment Breakdown Coverage</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Outdoor Signs Coverage (Expanded)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Ordinance or Law Coverage</b>	
Coverage A <input type="checkbox"/> Coverage B <input type="checkbox"/> Coverage C <input type="checkbox"/> Post Loss <input type="checkbox"/>	

#### Additional Information

Additional Information/Comments:



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### Representations & Warranty Statements

#### Prior Claims & Notices of Circumstances Questions

Claim Notice Question	Yes	No	If "Yes", provide details
Within the last 5 years has any claim or suit ever been brought against the Applicant?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Applicant aware of any incident or existing circumstances that might reasonably lead to a claim or suit?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Applicant ever been refused coverage for insurance or has insurance ever been cancelled or declined for renewal (non-renewed)?	<input type="checkbox"/>	<input type="checkbox"/>	
During the past 5 years has any officer, manager or director ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	

#### Fraud Notice Statements

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO 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).

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**ALABAMA, ARKANSAS, ARIZONA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND, WASHINGTON D.C. & WEST VIRGINIA:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

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**COLORADO:** 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.

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**FLORIDA & OKLAHOMA:** 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

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**KANSAS:** AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE,



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Fraud Notice Statements
<p>MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.</p>
<p><b>KENTUCKY:</b> ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.</p>
<p><b>MAINE, TENNESSEE, VIRGINIA &amp; WASHINGTON:</b> 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.</p>
<p><b>NEW YORK:</b> 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.</p>

Authorized Signature			
<p><b><u>Acknowledgments</u></b></p> <p>The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every proposed Insured to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the insurance company to complete the insurance, but it is agreed that this Application and any additional documents submitted therewith are the representations of the Insured and are material and shall be the basis of the contract should a policy be issued. It is further agreed that any incorrect or incomplete statement in the Application could void the protection should a policy be issued.</p> <p>The undersigned further agrees that if any significant adverse change in the condition of the Applicant is discovered between the date of completion of this Application and the date that coverage was bound with the Insuring Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to Wyvern Underwriters immediately.</p> <p>This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Insurer and shall be deemed to be attached hereto as if physically attached.</p>			
<b>Signature:</b>		<b>Date:</b>	
<b>Printed Name:</b>		<b>Title:</b>	