

REAL ESTATE SERVICES APPLICATION
NEW BUSINESS APPLICATION

NOTICE: YOUR POLICY CONTAINS CLAIMS-MADE LIABILITY COVERAGE. CLAIMS-MADE COVERAGE APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD OR OPTIONAL EXTENSION PERIOD, IF PURCHASED, AND REPORTED IN ACCORDANCE WITH THE TERMS OF THE POLICY.

THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES WILL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES. FURTHERMORE, CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

READ THE POLICY AND THIS APPLICATION CAREFULLY AND CONSULT YOUR INSURANCE ADVISOR WITH ANY QUESTIONS.

General Information

Name of Applicant:

Names of all Subsidiaries to be Insured (entities in which the Applicant has majority ownership). Attach a separate sheet, if necessary:

Please specifically note the country for any subsidiaries located outside of the United States.

Applicant Type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other:

Headquarters Address:

Date of Formation:

Email Address:

Telephone Number:

Corporate Website Address:

NAICS Code:

Please note: For purposes of this application, “you/your” includes the Applicant and any other persons or entities seeking coverage under this insurance on whose behalf the Applicant is authorized to submit the following information. “Loss” and “Claim” have the same meanings as defined in the policy form. If you do not have a copy, please obtain one from your insurance advisor.

1. What state(s) do you operate in?

2. Do you provide any services outside of the United States?

Yes ☐ No ☐

3. Has the Applicant undergone a change in name, ownership, or operations including mergers and acquisitions in the last 12 months?

Yes ☐ No ☐

a. If yes, please explain:

4. Is the Applicant controlled, affiliated with, or owned by any other entity?

Yes ☐ No ☐

a. If yes, please explain:

5. Please name all other entities in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests:

Real Estate Firm Common Information

6. Provide the following information for each principal, owner, or officer with an ownership stake greater than 5%:

Name and Title	Ownership %	Month/Year/Type Actively Licensed	Professional Designation/ Association Member
	%		
	%		
	%		

7. Complete the following regarding the Applicant's staff. Please include all owners, employees, and independent contractors:

Service Type	# of Full Time	# of Part Time	# of Independent Contractors	Avg Experience
Real Estate Brokers/Agents				
Referral Agents				
Property Managers				
Appraisers*				
Clerical/Administrative				
Business Brokers*				
Other (please describe):				
Total:				

*Supplemental application required.

8. Does the Applicant, or anyone performing services on its behalf, provide any of the following services or activities?

Mortgage Brokering/Banking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Formation and/or Management of REITS	Yes <input type="checkbox"/> No <input type="checkbox"/>
Title Agent/Abstractor/Escrow/ Closing Agent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sale/Leasing or Management of Time Shares	Yes <input type="checkbox"/> No <input type="checkbox"/>
1031 Exchange Agent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Condo Association/HOA Management	Yes <input type="checkbox"/> No <input type="checkbox"/>
Environmentally Impacted Sites	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mineral/Oil/Gas Rights	Yes <input type="checkbox"/> No <input type="checkbox"/>
Real Estate Services for Cannabis-related clients	Yes <input type="checkbox"/> No <input type="checkbox"/>	Conservation Easements	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Does the Applicant, or anyone performing services on its behalf, provide any of the following services?

Note: Any minor construction or contracting work that does not require the stamp of an Architect or Engineer, performed within the scope of professional services as a property manager does not qualify as "Yes" in the below.

a. General Contractor Yes ☐ No ☐

b. Construction Manager Yes ☐ No ☐

c. Real Estate Developer or Construction Contractor Yes ☐ No ☐

Note: If yes, to any of the services listed in Question 11, please discuss with your Insurance Agent/Broker as there may be a more appropriate insurance application and product for those professional services.

10. Common Risk Management:

- a. Does the Applicant document all recommendations and client instructions for all transactions including any verbal or written instruction via, phone, text, email, or any other modality of communication? Yes ☐ No ☐
- b. Does the Applicant have a written internal policy/procedure manual? Yes ☐ No ☐
- c. Does the Applicant have written procedures to notify management of potential issues that could give rise to a claim or lawsuit? Yes ☐ No ☐
- d. Does the Applicant have counsel and/or a risk manager either in-house or on retainer? Yes ☐ No ☐

Real Estate Agent/Broker Services

11. Gross income including fees and commissions before splits or deduction of expenses:

	Past 12 Months		Next 12 months		*Owned Property	
Real Estate Agent/Broker	Number of Transactions	Gross Revenue	Number of Transactions	Gross Revenue	Number of Owned Transactions	Revenue from Owned Transactions
Residential:		\$		\$		\$
Sales						
Leasing		\$		\$		\$
Land and Lots		\$		\$		\$
Vacation Rentals		\$		\$		\$
Commercial:		\$		\$		\$
Sales						
Leasing		\$		\$		\$
Land and Lots		\$		\$		\$
Other Services:		\$		\$		\$
Auctioneering						
Broker Price Opinions		\$		\$		\$
Consulting-Describe:		\$		\$		\$
Total		\$		\$		\$

*Owned Property means real property with any financial or ownership interest held by the Applicant, their employees, related entities, related persons, or any other person or entity performing services on their behalf.

12. Complete the below for the prior 12 months of sales:

Property Type	Average Sale Price	Highest Sale Price #1	Highest Sale Price #2	Highest Sale Price #3
Residential	\$	\$	\$	\$
Commercial	\$	\$	\$	\$
Land and Lots	\$	\$	\$	\$

13. What percentage of properties sold in the past 12 months were:

- a. Foreclosures? %
- b. Short Sales? %

14. In the past 12 months, what percentage of sales transactions were Dual Agency (the Applicant represented the buyer and the seller)? %
- a. Did you provide disclosures to the clients, in writing, on the legal nature of their relationship for all Dual Agency transactions? Yes ☐ No ☐
15. Does the Applicant earn, or expect to earn, more than 10% of its total commissions from any one development, subdivision, or builder? Yes ☐ No ☐
- a. If yes, what percentage? %
16. What percentage of properties sold were properties constructed or developed by the applicant, or Agent, Broker, Independent Contractor or any related person or entity to anyone providing professional services on their behalf? %
17. Risk Management:
- a. What percentage of residential transactions include a home protection, home warranty or commercial building warranty program? %
-
- b. What percentage of transactions include the use of local board, state association, and/or other association approved contracts, disclosures, and other forms? %
-
- c. What percentage of transactions include a home inspection or commercial building inspection from an accredited inspector? %
-
- d. What percentage of transactions include a signed property disclosure form? %

Property Management Services

18. Gross income including fees, rents collected and commissions before splits or deduction of expenses:

Property Management	Past 12 Months		Next 12 months		**Service Fees	*Owned Property
	Number of Units	Gross Revenue	Number of Units	Gross Revenue	Average % of rents collected	% of Property Ownership
Residential 1–4 Unit Dwellings		\$		\$	%	%
Residential 4+ Unit Dwellings/ Apartments/Co-Ops		\$		\$	%	%
Condos/Town Houses		\$		\$	%	%
Hotel/Motel		\$		\$	%	%
Vacation Rentals		\$		\$	%	%
Trailer Parks		\$		\$	%	%
Government Subsidized/Low Income Housing		\$		\$	%	%
Office Buildings		\$		\$	%	%
Shopping Centers		\$		\$	%	%
Warehouse, Industrial, Manufacturing		\$		\$	%	%
Healthcare Facilities		\$		\$	%	%
Other – Describe:		\$		\$	%	%
Total:		\$		\$	%	%

*Owned Property means real property with any financial or ownership interest held by the Applicant, their employees, related entities, related persons, or any other person or entity performing services on their behalf.

**If the property under management is 100% owned, this value should be left blank.

19. Does the Applicant use standard contracts and agreements with their clients? Yes ☐ No ☐

a. If no, please explain:

b. Do the contracts include indemnification and/or hold harmless agreements in their favor? Yes ☐ No ☐

c. If no, please explain:

20. Does the Applicant obtain a credit report and background check for each prospective tenant? Yes ☐ No ☐

21. Does the Applicant have a written procedure manual for the handling of tenant and other third-party relations? Yes ☐ No ☐

If yes, does the manual include:

a. A process for tenant evictions? Yes ☐ No ☐

b. Anti-discrimination and anti-sexual harassment policies and procedures for handling complaints of discrimination, harassment, and unfair eviction by a tenant/other third party? Yes ☐ No ☐

c. Do the Applicant's managed facilities have access for the disabled in compliance with local, state and/or federal laws? Yes ☐ No ☐

22. Is commercial general liability (CGL) insurance in place on all properties under management (landlord or rental property insurance is also acceptable for single family homes under management)? Yes ☐ No ☐

a. If yes, please provide information for your current General Liability insurance carrier:

Insurance Carrier	Limits		Effective Dates	
	Per Claim	Aggregate	From	To
	\$	\$		
	\$	\$		

b. Is the Applicant listed as an additional insured on the property owners CGL policy? (If the Applicant owns the property under the same entity applying for insurance, please select N/A) Yes ☐ No ☐ N/A ☐

23. Does the Applicant make capital improvements, repairs, etc.? Yes ☐ No ☐

If yes:

a. What is the total cost of the largest project performed in the last 12 months, or that is planned to be performed in the next 12 months? \$

b. Do any of these projects require the stamp of an architect or engineer? Yes ☐ No ☐

c. Does the Applicant carry general liability insurance with products/completed operations coverage? Yes ☐ No ☐

d. Does the Applicant have authority, under written agreement, to make them on properties where they do not have any ownership interest? Yes ☐ No ☐ N/A ☐

- i. If yes, what is the highest dollar amount the Applicant has authority for to make capital improvements or repairs, for any one project, building or unit? \$

24. Is the Applicant required to place any insurance on any properties managed? Yes ☐ No ☐

- a. If yes, does the Applicant use and consult with a properly licensed and insured insurance agent for the insurance needs on all properties the insured is responsible for procuring and maintaining insurance? Yes ☐ No ☐

25. Are subcontractors used? Yes ☐ No ☐

If yes:

- a. Please describe what services they perform:

b. Are they required to carry General Liability Insurance by written agreement? Yes ☐ No ☐

c. Are they required to carry Professional Liability Insurance by written agreement? Yes ☐ No ☐

d. Are they required to provide a certificate of insurance, or declarations page as proof of the above? Yes ☐ No ☐

e. Does your subcontractor agreement contain a hold harmless and indemnification clause in your favor? Yes ☐ No ☐

Insurance Information

26. Do you have a policy in force that covers your services? Yes ☐ No ☐

- a. If yes, please provide details in the chart below:

Insurance Carrier	Term	Retroactive Date	Limits	Deductible	Premium
	to		\$	\$	\$
	to		\$	\$	\$

27. Have any individuals to be insured ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes ☐ No ☐

- a. If yes, please explain:

Claims Details

28. Does any person or insured have knowledge or information of an act, error, or omission that could reasonably be expected to give rise to a claim or potential claim against them or the entity? Yes ☐ No ☐

- a. If yes, please explain.

29. After inquiry, have any claims been made against any proposed Insured(s) during the past five (5) years? Yes ☐ No ☐

- a. If yes, please explain.

If yes to any of the above Claims Details questions, please specify details below and/or submit additional information.

Details of Claim: Please include the date of claim, parties to the claim, and current status of the claim, in addition to the allegations giving rise to the claim.

Please note: It is understood and agreed that if any claim or action arises from a misrepresentation in the Claims Details section above, such claim or action may be excluded, subject to applicable state law, from this proposed coverage.

APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel or modify any outstanding quote for insurance coverage or any policy that may have been issued. We will have no obligation to make any payments in connection with any claim, event, occurrence, or other covered matter arising from such material change.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application. You also consent to us sharing the information you provided in this application with our third party risk engineering firm for risk assessment and underwriting purposes. You must notify us in writing, within three (3) business days of submitting this application, if you do not consent to sharing your information.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

Please read the following statement carefully and sign where indicated in the Applicant Information section below:

The undersigned Applicant (or their representative authorized to sign on their behalf) hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned Applicant (or their representative authorized to sign on their behalf) hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

You may choose to sign this form electronically by inserting your typed name or a digital or imaged signature in the space below. If you elect to do so, you hereby consent and agree that such action 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. Once completed, please forward the form to your agent or broker via email. If you choose to otherwise sign the form, please print the completed form and then sign and forward the document to your broker by email or mail.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 INSURANCE 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 AUTHORITIES.

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 KANSAS APPLICANTS: ANY PERSON WHO COMMITS A FRAUDULENT INSURANCE ACT IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES AND CONFINEMENT IN PRISON. A FRAUDULENT INSURANCE ACT MEANS 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 OR INSURANCE AGENT OR BROKER, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR INSURANCE, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT UNDER AN INSURANCE POLICY, WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY MATERIAL FACT THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

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

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE 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 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

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 (365:15-1-10, 36 §3613.1).

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

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 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 INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK 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 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.

Applicant Information:

Applicant Name:

By (Authorized Signature):

Name/Title:

Date:

Producer Information:

Producer Name:

Producer Signature*:

Date:

Address of Producer:

Street:		
City:	State:	Zip:
E-Mail Address:		

Producer License Number**:

*required only in the following State(s): Iowa
**required only in the following State(s): Florida

A copy of this application should be retained for your records.