

CONTRACTOR ENVIRONMENTAL COVERAGE APPLICATION (CEC)

INSTRUCTIONS

1. Please answer all questions completely for each coverage that you applied for. If any question does not apply, please check 'no' or state N/A.
2. If additional space is required to complete an answer, please provide supporting information on your firm's letterhead and reference the application question number of the sheet.
3. This form must be signed and dated by an owner, partner, director/officer or principal of the Applicant.
4. Please provide the following supplemental information:
 - Brochure/statement of qualification
 - Resume of key personnel and ALL project managers
 - Sample client and sub-contractor contract forms
 - Quality Assurance/Quality Control Plan
 - Copy of mold training and management program utilized by your firm.
 - SF254 or 10 largest Project List
 - Applicant's audited financials for the past two (2) years and current interim financials.
 - The Applicant's last five (5) years of currently valued environmental and professional liability, general liability, and automobile liability loss runs and include a detailed description of any loss over \$25,000.
 - For a project policy only – a copy of the fully executed contract with the client

SECTION I - GENERAL INFORMATION
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Applicant/Named Insured:
Address:
Website:
Telephone:
Principal Contact / Title:
E-Mail:
Mailing Address of Principal Contact:
Telephone:
Fax:
Date Company Founded:

Company is:	Non-Profit Public	Corporation Private	Partnership Other:	Joint Venture	LLC/LLP
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EPA Number(s):
Related entities to be listed on the policy and relationship to the Named Insured:

Name of Company	Relationship to Insured	Services Provided	Revenue
			\$
			\$

During the past five (5) years, has your company purchased any other companies or been engaged in any type of merger, acquisition or name change?

Yes No

If yes, please provide a detailed description:

1. Coverage Request

Proposed Effective Date:

Please indicate your requested Coverage and Limits of Insurance that you would like:

Selection	Coverage Parts	Limits of Insurance	Retroactive Date
	Occurrence – Contracting Operations Environmental Liability	\$	
	Claims Made – Contracting Operations Environmental Liability	\$	
	Claims Made – Waste Disposal Liability	\$	
	Claims Made – Your Insured Location Liability	\$	
	Other:	\$	

Requested Total Policy Aggregate Limit and Deductible:

Total Policy Aggregate Limit	Deductible
\$	\$
\$	\$
\$	\$

2. Your Company's Staff:

Position	Number of Personnel	Number of Certified Professionals and Type of Certification
Principals, Officers, Directors		
Architects/Engineers		
Geologists/Scientists		
Industrial Hygienists		
Project Managers		
Supervisors/Foremen		
Fields Personnel		
Total Staff:		
Principals, Officers, Directors		

What professional organizations is your firm or its key personnel a member?

3. General Project / Client Information:

a. Revenue:

Insured's gross receipts per last two (2) tax returns:

\$ for the period ending (month/year)

\$ for the period ending (month/year)

Anticipated Gross Revenue for:

Current Fiscal Year: \$

Next Fiscal year: \$ Next Twelve (12) Months: \$

b. Has your company experienced significant shifts in revenue by services in the past two (2) years or anticipate significant shifts in the next two (2) years? Yes No

If yes, please provide a detailed description:

c. Company Operating Territory – Please indicate the top five states by percentage of gross revenue and any work performed outside of the United States.

State:	%	State:	%	State:	%	State:	%	State:	%

Outside the United States: Description of Services, Location and percent of the gross revenue.

d. What percentage of revenue is derived from your largest client? % Client Name:

(1) Please provide the following information on the three largest contracts from the past year:

Client	Revenue	Services Provided	Current Status
	\$		
	\$		
	\$		

e. Please provide information on any projects abandoned or discontinued by your company in the past five years:

Client	Project: Value, Date Started and Date Discontinued	Description of Services Contracted	Description of Situation

- f. Do you construct wood frame buildings? Yes No
- g. Do you perform residential work? Yes No
- h. Are you involved with Exterior Insulation Finishing Systems?
If yes, please describe your services. Yes No

SECTION II – CONTRACTING OPERATIONS ENVIRONMENTAL LIABILITY COVERAGE

1. Description of contracting operations, services and work performed by your company:

2. Has your company experienced significant shifts in revenue by services in the past two (2) years or anticipate significant shifts in the next two (2) years?
If yes, please provide a detailed description: Yes No

3. Please provide the number of vehicles you operate by type:

Vehicle Type	Number of units	Cargo or Material Hauled (indicate if hazardous)	Radius of Operation
Private Passenger			
Light Truck			
Medium Truck			
Hvy/Extra Hvy Truck			
Trailers			
Other:			

4. Do you sub-contract out any type of transportation of materials or waste?
If yes, please describe: Yes No

5. Does your company own, operate or lease any type of waste (i.e. construction, household, or hazardous) recycling, treatment, storage or disposal facility?
If yes, please provide a detailed description: Yes No

6. Contracting Services Revenue Breakdown

		(A) + (B) = 100%	
Contracting Service	Projected Revenue Next Twelve (12) months	(A) % Work Retained In- House	(B) % Work Sub-Contracted Out
Contracting Services			
General Contracting	\$	%	%
Construction Management	\$	%	%
Excavation/Grading	\$	%	%
Street/Road	\$	%	%
Heavy Highway/Bridge/Tunnel	\$	%	%
Steel Erection	\$	%	%
Pipeline Construction/Cleaning	\$	%	%
Utility – Electric/Gas/Cable	\$	%	%
Water/Sewer	\$	%	%
HVAC	\$	%	%
Mechanical	\$	%	%
Electrical	\$	%	%
Plumbing	\$	%	%
Carpentry	\$	%	%
Drywall	\$	%	%
Masonry/Concrete	\$	%	%
Painting	\$	%	%
Roofing/Insulation	\$	%	%
Residential Developer/Home builder	\$	%	%
Process Piping	\$	%	%
Demolition	\$	%	%
Drilling (Type:)	\$	%	%
Dredging	\$	%	%
Fire Sprinkler	\$	%	%
Industrial cleaning	\$	%	%
Oil Field/Lease Work	\$	%	%
Marine Construction and Services	\$	%	%
Stone/Metal Restoration	\$	%	%
Fire/Water Restoration Contractor	\$	%	%
Other (Specify):	\$	%	%
Environmental Contracting			
Soil Excavation	\$	%	%
Groundwater Recovery and Treatment	\$	%	%
In-Situ Soil or Groundwater Treatment	\$	%	%
Emergency Spill Response	\$	%	%
Barrier or Liner Installation	\$	%	%
Well Drilling/Soil Borings	\$	%	%
Landfill Construction	\$	%	%
Lab Packing	\$	%	%
Medical Waste Collection	\$	%	%
Tank Removal (Type:)	\$	%	%
Tank Installation, Upgrades or Retrofit (Type:)	\$	%	%
Tank Cleaning (Type:)	\$	%	%
Environmental Dredging	\$	%	%
Asbestos/Lead Abatement	\$	%	%
Mold Remediation Services	\$	%	%
Demolition/Deconstruction/Dismantling	\$	%	%
PCB Retrofit, Removal and Disposal	\$	%	%
Other (Specify):	\$	%	%
Total All Contracting Services	\$	%	%

SECTION III –WASTE DISPOSAL LIABILITY COVERAGE

N/A

Please provide the following Waste Disposal information:

1. Have you ever been in a legal action or suit or given PRP status concerning the disposal of waste materials? Yes No
 If yes, please provide details:

WASTE SOURCE	TYPE OF WASTE MATERIAL	ESTIMATED QUANTITY	METHOD OF TRANSPORTATION	DISPOSAL COMPANY/ WASTE SITE
Owned Location No(s): Project Sites	Construction Debris/Office Trash Vehicle Maintenance Fluids Hazardous Material (Specify): Other (Specify):	per month quarter year	Own vehicles Third party carrier (specify):	by:
Owned Location No(s): Project Sites	Construction Debris/Office Trash Vehicle Fluids Hazardous Material (Specify): Other (Specify):	per month quarter year	Own vehicles Third party carrier (specify):	by:
Owned Location No(s): Project Sites	Construction Debris/Office Trash Vehicle Fluids Hazardous Material (Specify): Other (Specify):	per month quarter year	Own vehicles Third party carrier (specify):	by:

SECTION IV- YOUR OWNED LOCATION LIABILITY COVERAGE

N/A

1. Location(s) Name and Address:

Name	Address	Description and Operation or Activities Performed
1.		
2.		
3.		
4.		
5.		

2. Do you have any environmental site assessments, questionnaires or air, NPDES or other discharge permits that have for your location(s) or site(s) listed above? **If yes, please attach.** Yes No
3. Are there any existing or historic environmental issues, including reportable discharges or releases of any hazardous substances or pollutants, or remediation conducted at any of your locations listed above? Yes No
 If yes, please describe:

4. Are there any anticipated changes in use of the location during the policy period? Yes No
 If yes, please describe:

5. Hazardous, Toxic or Bulk Materials Stored at Your Location

Location Name/ Number	Hazardous, Toxic or Bulk Material	QUANTITY (at any one time)	STORAGE (on pallet, 55 gallon drum, etc.):

6. Storage Tanks - Please utilize the table and key below to provide information about your storage tanks. **UST means underground storage tank. AST means aboveground storage tank.**

Are all of your tanks in compliance with the applicable regulations?
If no, please provide details:

Yes No

Location and Tank ID No.	UST	AST	Size (gallons)	Age	Construction (type of material and single wall or double wall)	Contents (specify material)	Leak Detection Prevention Method* (specify method)	Containment (ASTs only)	Piping **see key below
								Diked Yes No Construction:	
								Diked Yes No Construction:	
								Diked Yes No Construction:	
								Diked Yes No Construction:	
								Diked Yes No Construction:	
								Diked Yes No Construction:	

*If tank tightness testing, leak detection or inventory monitoring and control systems, **please provide copies of the most recent test data.**

**Piping Key: P= pressure flow, S= suction flow, DBW =double wall, SW = single wall

SECTION V- RISK MANAGEMENT PRACTICES

N/A

1. Do you have a person dedicated to risk management practices at your firm and what percentage of their job responsibilities is considered risk management? Yes No
Name and Title: Percentage of Time: %
2. Contract Management
 - i. What percentage of your work is performed under written contract? %
 - ii. Are master service agreements utilized? Yes No
 - iii. Are consensus documents utilized? Yes No
 - iv. Are Limitation of Liability provisions required in contracts? Yes No
 - v. Do you accept consequential damage provisions? Yes No
3. Do you have a standard contract or purchase order to use with your sub-contractors with indemnification/hold harmless provisions in your favor? Yes No
4. Are subcontractors certificates of insurance retained on file? Yes No
5. Do you require sub-contractors to schedule you as an Additional Insured? Yes No
6. What limits of insurance do you require for sub-contractors?

General Liability	\$	Limit	%	Percentage of Time
Professional Liability	\$	Limit	%	Percentage of Time
Contractor Environmental Liability	\$	Limit	%	Percentage of Time
with mold coverage?	Yes No		%	Percentage of Time

7. Site Safety and Environmental Management
- i. Do you have a person responsible for site safety management and training? Yes No
Name of responsible person and qualifications:
 - ii. Do you have a person trained and responsible for environmental compliance? Yes No
Name of responsible person and qualifications:
 - iii. Do you have formal training and protocols for working in areas with contamination? Yes No
8. Do you have a formal quality assurance and quality control program? Yes No
9. Do you have a training program or procedures to manage water intrusion or mold? Yes No
If yes, please attach.
10. Do you have training program or procedures to control and manage legionella? Yes No
If yes, please attach.
11. Do you take title or manifest to other's waste materials? Yes No
12. Have you been notified of any complaints, concerns or issues regarding your use or your projects with drywall products produced outside of the United States? Yes No
If yes, please describe the situation in detail.

13. Current Insurance Program

Coverage	Carrier	Limit Incident/Aggregate	Deductible	Policy Term/Expiration Date	Retroactive Date	Premium
General Liability		\$ /	\$			\$
Professional Liability		\$ /	\$			\$
Contractor Environmental Liability		\$ /	\$			\$
Site Environmental Liability		\$ /	\$			\$

- i. Does your current environmental or professional Liability program provide any project excess coverage for any projects? Yes No
If yes, please describe the situation in detail.
- ii. Has any Underwriter refused, canceled, or non-renewed coverage? Yes No
(Not applicable in Missouri)
If yes, please describe the situation in detail.

SECTION VI. LOSS INFORMATION

IF QUESTIONS 1, 2, OR 3 BELOW ARE ANSWERED YES, PLEASE ATTACH A DETAILED DESCRIPTION

1. Has the applicant or any other party to the proposed insurance ever been subject to disciplinary action as a result of their professional activities? Yes No
2. In the past five (5) years:
- a. Has any claim been made against your company, including any predecessor companies or any company that you own control or manage, or any member of such companies concerning or alleging liability for contamination or a result of your professional services? Yes No
 - b. Have there been any claims made against you resulting from the actual or alleged release of pollutants at, on, under, or from your location for which you are seeking coverage? Yes No

3. Are you aware of any fact or circumstance that could reasonably be expected to result in any professional or environmental liability claim, suit, government action or notice of incident against your company or any party to this insurance? Yes No

No application will be accepted unless signed by the Applicant

The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any facts thereto, commits a fraudulent insurance act, which is a crime.

Application Addendum

Philadelphia Insurance Companies or its authorized representatives are hereby authorized to conduct such inquiries as necessary to verify all information contained in this application. Authorization is also given to obtain a personal credit report on the principal of the company.

FRAUD NOTICE STATEMENTS

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 INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO ALASKA RESIDENTS APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS RESIDENT 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 ARIZONA RESIDENTS APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO COLORADO RESIDENTS 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 RESIDENTS 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 OF THE THIRD DEGREE."

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 RESIDENTS 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 RESIDENTS 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.”

RESIDENTS OF 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.”

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

RESIDENTS OF 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.”

RESIDENTS OF NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.”

RESIDENTS OF 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.”

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

RESIDENTS OF 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.”

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF 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."

RESIDENTS OF TENNESSEE 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VIRGINIA 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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF 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."

Insured's Signature

Date

Producer's Signature

Date