



Accountants
Professional Liability Insurance Business Application

APPLICANT'S INFORMATION

Applicant's Legal Name of Business (Include all Named Insured):

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Web Address: _____

Date Established: _____ Policy Effective Date: _____

Select One:

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Professional Corporation ☐ LLC

☐ Other (describe): _____

Limits Requested: ☐ \$250,000/\$250,000 ☐ \$500,000/\$500,000 ☐ \$1,000,000/\$1,000,000

☐ \$2,000,000/\$2,000,000 ☐ \$3,000,000/\$3,000,000 ☐ \$4,000,000/\$4,000,000

☐ \$5,000,000/\$5,000,000 ☐ OTHER _____

Deductible Requested: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$15,000

☐ \$25,000 ☐ \$50,000 ☐ \$100,000 ☐ OTHER

CURRENT PROFESSIONAL LIABILITY COVERAGE

1. Please provide the following information about the Firm's professional liability insurance for the previous five years.

Carrier	Policy Period	Limit	Deductible	Premium	Retroactive Date

2. List all pre-existing entities, including name changes, acquisitions and mergers, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change

3. Is coverage desired for any predecessor Firm? ☐ Yes ☐ No

If "Yes", please provide further details?

4. Are any significant changes in nature or size of applicant's firm anticipated in next twelve (12) months? ☐ Yes ☐ No
If "Yes", please provide further details.

5. Retroactive Date (Prior Acts): _____

6. Has the applicant, predecessor in business or any person for whom coverage is requested had professional liability coverage declined, canceled, rescinded or non-renewed? (Missouri Applicants - Do not answer this question) ☐ Yes ☐ No
If "Yes", please provide further details.

APPLICANT'S INFORMATION

7. Total Staff (includes branch offices)

	Officers, Partners, Owners	Employees
CPA employees providing accounting services whose time is billable to clients		
Non-CPA employees providing accounting services whose time is billable to clients		
Other employees including clerical and nonaccounting employees		
Total Employees		

8. Gross Fees are defined as the exact dollar amount of gross income, including fees paid to subconsultants, but not including interest, rental income, or direct recovery of expenses.

	Previous Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
Gross Fees	\$	\$	\$

9. Provide the approximate percentage of billings generated in the last year by each of the following types of engagements, and if signed engagement letters are used with such services. (Note: Total must equal 100%)

Billings	Percentage of Billing	Prior Year	Engagement Letter Used
Bookkeeping Services	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Write-Up	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payroll Services	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Tax	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Tax	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estate/Trust Tax Services	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compilation/Attest Services/Write-Up	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Private Companies	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Public Companies	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Governmental, Municipal, Non-Profit	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audit: Pension	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management Advisory Services	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Litigation Support	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Investment Advice	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valuations and Projections	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
ERISA	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

Billings	Percentage of Billing	Prior Year	Engagement Letter Used
SEC Engagements Other Than Tax	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fiduciary Services	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Executor / Trustee Services (other than tax)	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Financial Planning	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forensic Accounting	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Business Management	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elder Care	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forecasts and Projections	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Investment Advisory	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate Agent	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life/Health Insurance Agent	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data Processing and Entry	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Selling and/or Training on Computer Software and Hardware	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Development and/or Sale of Computer Software	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitor and Maintaining Client Systems	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Network Design and Installation	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modifying, Developing or Designing Custom Software or Hardware for Use By Single Client	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hosting Web Sites or Web Page Development	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (describe):	%	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Does the Firm share with another Firm:

Client Industry	Estimated No. of Clients	Estimated percentage of total audit fees
Agribusiness – not including Grain Elevators		
Agribusiness – including Grain Elevators		
Automotive/Dealerships		
Banks		
Broker Dealers		
Construction		
Employee Benefits Plan		
Entertainment Services		
Government/Education		
Healthcare		
Insurance		
Investment Companies & Funds: Hedge Funds and funds of funds		
Investment Companies & Funds: Other		
Manufacturing		
Media		
Mining/Oil & Gas		
Not-for-Profit		
Real Estate		
Retail		
Services Providers		
Transportation		
Unions		
Warehousing/Distribution		
Other (please describe)		

11. Excluding activities as a receiver or trustee in bankruptcy, within the past three (3) years has the Firm rendered any audit, review or attest services for a client that subsequently declared or filed bankruptcy, defaulted on a debt obligation or become insolvent?

If yes, please complete the following chart:

Client Industry	Date of bankruptcy Default or Insolvency	Services Performed & Dates when those services were performed by the Firm	Type of Audit Opinion	Going Concern Reference
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Has the Firm or any owner, partner or officer rendered professional services or conducted business activities under a separate entity within the last five (5) years? ☐ Yes ☐ No

If yes, please provide further details.

13. Please provide the following information about the Applicant's three (3) largest clients:

Client Name	Client Injury	Services Performed	Percentage of Revenue	Number of Years you have Represented
			%	
			%	
			%	

14. Please complete the following chart based upon the Firm's gross revenue for each category:

The total must equal %100

Type of Client	Percentage of Practice	Type of Client	Percentage of Practice
Individuals	%	Small Public Companies (<\$100M revenues)	%
Financial Institutions	%	Large Public Companies (<\$100M revenues)	%
Small Private Companies (<\$100M revenues)	%	Trusts (>\$5M)	%
Large Private Companies (<\$100M revenues)	%	Small Public Companies (<\$100M Revenues)	%

15. Has the Firm ever provided accounting services to a Financial Institution or an Insurance Company?

☐ Yes ☐ No *If yes, please provide further details.*

16. Has the firm ever provided professional services?

a. To a publicly traded company? ☐ Yes ☐ No

b. Used in conjunction with issuance, offering or sale of securities? ☐ Yes ☐ No

c. To clients who are subject to SEC periodic reporting requirements or whose securities are registered with the SEC? ☐ Yes ☐ No

If "Yes", to ANY of the above, please provide further details.

17. a. Does the Firm delegate work to other accounting firms? ☐ Yes ☐ No

b. Has the Applicant performed professional services as a subcontractor or per diem accountant for other accounting firms? ☐ Yes ☐ No

If "Yes", provide details including the name of other accounting firms, nature of work and percentage of firm's billings.

18. a. Does the firm have any professional staff involved in activities as a Registered Representative? ☐ Yes ☐ No

b. Is coverage desired for these activities? ☐ Yes ☐ No

If yes, please attach proof of current coverage

19. Within the past three years, has the firm provided:

a. Professional services or received commissions, fees, reciprocity or revenue for referrals in connection with the sale or promotion of any investments or tax shelter, including investment partnerships designated for tax shelters? ☐ Yes ☐ No

b. Recommendations as to the sale or purchase of any investments, including specific stocks, bonds or other securities for which the firm received compensation? ☐ Yes ☐ No

c. Financial planning, asset management or investment advisory services? ☐ Yes ☐ No

If yes, is the firm registered with the SEC as an investment advisor? ☐ Yes ☐ No

If yes to either a., b. or c. above, please provide further details.

CONFLICT MANAGEMENT

20. In last five (5) years, has the Firm provided professional services to clients in which Firm, any Firm member or any related individual served as an officer, director, trustee or partner or owned an equity or financial interest?

If "Yes", provide the following information:

Client	Type of Business	Annual Fees	Positions Held	Services Rendered	Equity Percentage
		\$			%
		\$			%
		\$			%
		\$			%

21. Ownership Control:

a. Does the Firm wholly or partly own, manage or control any other enterprise? ☐ Yes ☐ No

If "Yes", please provide further details.

- b. Is the Firm wholly or partly own, manage or controlled by any other enterprise? ☐ Yes ☐ No

If "Yes", please provide further details.

22. Has the Firm or any predecessor in business or any enterprise wholly or partially owned by the Firm or by the Firm's principals, partnerships, directors, or officers ever:

- a. Received commissions, fees, reciprocity, or revenues for the sale or promotion of investments?

☐ Yes ☐ No

- b. Organized, arranged or procured investments or real estate? ☐ Yes ☐ No

- c. Prepared projections for use in any prospectus, offering or sales material? ☐ Yes ☐ No

- d. Made recommendations as to the sale or purchase of specific stocks, bonds or other investments?

☐ Yes ☐ No

If "Yes", please provide further details.

23. Has the Firm or any member of the Firm disbursed, received, invested or in any way acted in a decision-making capacity with respect to client funds within the last five (5) years? ☐ Yes ☐ No

If "Yes", please provide further details.

24. a. Is the Firm or any member of the Firm licensed or operating as the following:

Lawyer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Escrow Agent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investment Advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Agent/Broker	<input type="checkbox"/> Yes <input type="checkbox"/> No

- b. Is any revenue earned from the above professions? ☐ Yes ☐ No

If "Yes", please provide the revenue earned. _____

- c. Under what Firm name are such services provided? _____

- d. Do any accounting clients also receive other professional services? ☐ Yes ☐ No

- e. Is a separate professional liability policy purchased for the above professionals? ☐ Yes ☐ No

If "Yes" provide name of insurer and limit of liability: _____

RISK MANAGEMENT

25. a. Is the Firm's standard practice to use engagement letters stipulating the nature and scope of work to be performed? ☐ Yes ☐ No

If "No", please provide an explanation.

- b. What percentage of services are covered by signed engagement letters stipulating nature and scope of work to be performed? _____%

- c. Is the Firm's standard practice to use termination or disengagement letters when competing or terminating representation? ☐ Yes ☐ No

If "No", please provide an explanation.

26. Engagement Letters are updated:
- Annually for all engagements ☐ Yes ☐ No
 - Annually for all attest engagements ☐ Yes ☐ No
 - As Engagement Changes ☐ Yes ☐ No
 - Not Used ☐ Yes ☐ No
- If used:
- Do they clearly define who is being represented? ☐ Yes ☐ No
 - Do they define the specific services to be performed? ☐ Yes ☐ No
 - Do they describe billing rate and procedures? ☐ Yes ☐ No
 - Do they contain alternative dispute Resolution clauses? ☐ Yes ☐ No
27. Does the firm use declination or non-engagement letters on new matters that will not be undertaken?
☐ Yes ☐ No
28. Does the firm use termination or disengagement letters when completing or terminating representation?
☐ Yes ☐ No
29. Second partner review:
- Attest Services ☐ Yes ☐ No
 - Tax Services ☐ Yes ☐ No
 - Other ☐ Yes ☐ No
 - No second partner review of any services ☐ Yes ☐ No
30. If you are a sole practitioner providing audit services, have you made arrangements for another CPA to perform a cold review for those services? ☐ Yes ☐ No
31. a. Has the Firm adopted a policy against suing for fees? ☐ Yes ☐ No
b. Please indicate number of suits filed for collection of fees during the last five (5) years. _____
32. In the past five years has any professional in the firm:
- Served as a Director, Officer, Trustee, partner or Employee or had an ownership interest in any entity?
☐ Yes ☐ No
 - Had or have financial interests or any outside interest in any entity? ☐ Yes ☐ No
If "Yes", please provide further details.
 - Acted as trustee for or exercised any form of fiduciary control over any client funds? ☐ Yes ☐ No
If "Yes", please provide further details.
33. Does the firm have procedures in place that observes the independence rules for accountants that perform attest services?
☐ Yes ☐ No
34. Has the Firm, predecessors in business or any other person for whom insurance is requested ever been the subject of a complaint to or disciplinary action or reprimand by any state board of accountancy (or equivalent); the S.E.C.; the IRS; any governmental regulatory or tax authority; federal, state, local court; any state or national accounting society? ☐ Yes ☐ No
If "Yes", please provide further details.
35. Have any of your staff attended a loss control seminar or completed a loss control course within the last three (3) years?
☐ Yes ☐ No

36. a. Has the Firm had a quality review under sponsorship of the AICPA, a state society or any other professional association? ☐ Yes ☐ No
- b. If "Yes", is the Firm in compliance with all peer review requirements? ☐ Yes ☐ No
- c. If "Yes", please attach copy of the opinion, along with management's response.
- b. Date of most recent review: _____

Result: ☐ Pass ☐ Pass with Deficiencies ☐ Fail

If result is "Pass with Deficiencies" or "Fail", please provide further details.

37. a. Do you maintain a calendar control system to ensure timely completion of reports, filings and tax returns?
☐ Yes ☐ No
- b. Does the Firm use written procedure manuals? ☐ Yes ☐ No
- c. Does the Firm have a written system for screening and evaluating new clients? ☐ Yes ☐ No
If "No" to ANY of the above, describe what procedures and systems are used (if required, please attach additional sheet).

38. Has the firm undergone a peer or quality review? ☐ Yes ☐ No Unqualified? ☐ Yes ☐ No

Date of Review ____/____/____

If qualified or modified, please provide further details.

39. a. Does your organization have a social engineering fraud risk management strategy in place, including an employee training and awareness program? ☐ Yes ☐ No
- b. Does the Firm use written procedure manuals? ☐ Yes ☐ No

40. Does the firm have a written system for screening and evaluating clients that includes background checks and assessing available resources to service clients:
- a. New Clients ☐ Yes ☐ No
- b. Existing clients ☐ Yes ☐ No
- c. Both ☐ Yes ☐ No

41. Does the firm have procedures in place for identifying potential or actual conflicts of interest?
- a. Are conflict checks performed before accepting any new client? ☐ Yes ☐ No
- b. How does the firm maintain its conflict of interest avoidance system? (Please check all applicable categories)
☐ Computer ☐ Index File ☐ Conflict Committee ☐ Oral/Memory ☐ Other
- c. How often is the conflict of interest system updated?
☐ Daily ☐ Weekly ☐ Other _____
- d. If a conflict or potential conflict exists does the firm require written disclosures to all parties? ☐ Yes ☐ No

42. Does the firm have procedures in place that observes the independence rules for accountants that perform attest services?
☐ Yes ☐ No

43. In the past three years, how many times has the Firm sued in order to collect fee? _____. If any fee suits, please complete table and questions a. and b. below:

	Client No. 1	Client No. 2	Client No. 3
Name of Client			
Professional Services			
Date Suit Filed			
Amount of Dispute			
Has the SOL Run?			
Status			
Date Suit Closed			
Outcome			

- a. For fee suits that are currently pending have steps been taken to avoid a possible counter suit?
☐ Yes ☐ No

- b. Have steps been taken to prevent fee suits in the future? *(Explain steps below)*

44. Are all client invoices maintained current within 90 days? (if no, explain % over 90 days below). ☐ Yes ☐ No

45. a. Do you buy a separate stand-alone cyber insurance policy? ☐ Yes ☐ No

- b. If "Yes", what carrier? _____

- c. If "Yes", what limit and deductible? _____

CLAIMS HISTORY

If any of the below questions are "Yes", complete a Claims Supplement Application or attach a statement providing full details.

46. In last five (5) years, have any claims involving professional services ever been made against the Firm, predecessors in business or any other person for whom coverage is requested? ☐ Yes ☐ No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 30 IS EXCLUDED FROM THE PROPOSED INSURANCE.

47. Has the Firm or any predecessor firm reported a potential claim to a professional liability insurer in the last five (5) years?
☐ Yes ☐ No

48. After inquiry, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission, or circumstance which may result in a claim being made against them or any other basis to reasonably anticipate a claim being made against them? ☐ Yes ☐ No

If "Yes", have you reported same to your current insurer? ☐ Yes ☐ No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 32 IS EXCLUDED FROM THE PROPOSED INSURANCE.

49. Has any member of the Firm ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities? ☐ Yes ☐ No

If "Yes", how many? _____

50. In the last five (5) years have you or anyone in your Firm received any complaints concerning products or services provided by you or anyone else on your behalf? ☐ Yes ☐ No

If "Yes", how many? _____

It is recommended that you report any incidents, acts or omissions to your current insurance carrier. Please note that any incident or omission about which you are currently aware, will not be covered by a subsequently issued claims made policy

FRAUD STATEMENT/SIGNATURES

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies)

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

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.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

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.

Kansas

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 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.

Kentucky

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.

Maine

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 denial of insurance benefits.

Maryland

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.

New Jersey, New Mexico

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.

Ohio

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.

Oklahoma

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.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false,

incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, Washington

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.

New York

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.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations? ☐ Yes ☐ No

Did your office control this risk in the past year? ☐ Yes ☐ No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE