



**IRONSHORE COMPANIES**

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 Toll Free: (877) IRON411

**APPLICATION FOR  
 PUBLIC OFFICIALS LIABILITY INSURANCE POLICY  
 INCLUDING EMPLOYMENT PRACTICES CLAIMS COVERAGE**

**NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT THE DEDUCTIBLE FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND DEFENSE COSTS. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.**

1. Legal Name of Public Entity: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Internet Web Page address: \_\_\_\_\_

Have any of the Applicant's insurance carriers indicated an intent not to offer renewal terms?

Yes  No

(If "Yes," please provide details as an attachment to this Application.)

2.

Type of Public Entity	Check all that apply
(A) Local Government (city, county, village, township, etc)	
(B) Special District	
Port Authority (Air or Water Utility)	
Housing Authority	
Transit Authority	
Utility (Electricity, Gas, Cable, etc)	
Water/Sewer Authority	
Development / Finance Authority	
Sports/Convention Center/Parks Department	
(C) Other Describe in Detail Below	

3. Public Entity was created in: (Year) \_\_\_\_\_
4. (a) Present population: \_\_\_\_\_ Change from three (3) years ago: \_\_\_\_\_  
 (b) Name of largest city: \_\_\_\_\_ Population of largest city: \_\_\_\_\_

5. (a) How many board members are: Elected? \_\_\_\_\_ Appointed? \_\_\_\_\_

(b) If board members are elected, are they elected via:

- Single member district?
- At large?
- Combination of both?

If board members are appointed, who are they appointed by? \_\_\_\_\_

**II. FINANCIAL INFORMATION**

6. Fiscal Year : \_\_\_\_\_

Figures shown below are to include the totals from the Public Entity and all component units (if applicable) as indicated in Question 2.

	(Budgeted)	(Actual)	(Budget)
	Current	Prior	Projected
Total Revenues			
Total Expenditures			
Surplus/Deficit			

Total accumulated surplus or deficit \$ \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR MOST RECENT COMPREHENSIVE ANNUAL FINANCIAL REPORT**

7. Does the Public Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next three (3) years?  
 \_\_\_\_\_  
 \_\_\_\_\_

8. (a) Total amount of outstanding bonds \_\_\_\_\_  
 (b) Latest Moody's, Standard and Poor's and/or Fitch's bond rating: \_\_\_\_\_

If the bonds are not rated, please explain: \_\_\_\_\_  
 \_\_\_\_\_

(c) Has the Public Entity been in default on the principal or interest of any bond? Yes  No

If "yes," provide details. \_\_\_\_\_

(d) Please include a copy of the Bond Offering Statement or prospectus for all bonds issued in the past year.

9. Are all investments made by or on behalf of the Public Entity rated at or above Baa by Moody's Investors Services or BBB by Standard & Poor's Corporation? Yes  No
- If "no," please attach the most current investment portfolio.

### III. OPERATIONS

10. Does the authority of the Public Entity cover any of the operations listed below? Yes  No

If so, indicate the total amount of current year expenditures from Question 6. allocated to each operation:

<u>Covered Operation</u>	<u>Current Year Expenditures included in Question 6.</u>		<u>Current Year Expenditures</u>	<u>Check here if coverage is requested *</u>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
(a) Port Authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	
(b) Housing Authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	
(c) Transit Authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	
(d) Utilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	
(e) Municipal Water/Sewer Authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	
(f) Hospital, clinic, nursing home or other health care operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	
(g) School	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	
(h) Jails or detention facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	
(i) Law enforcement agencies, including security and related operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	
(j) Fire fighting authorities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$ _____	

\* NOTE: COVERAGE IS NOT PROVIDED FOR THE ABOVE UNLESS SPECIFICALLY INDICATED ON THE DECLARATIONS OR BY ENDORSEMENT TO THE POLICY. REQUESTING COVERAGE FOR THESE OPERATIONS DOES NOT NECESSARILY MEAN IT WILL BE GRANTED. NOTE ALSO THAT WHERE INDICATED ABOVE AS "N/A" THERE IS NO COVERAGE UNDER THE POLICY.

11. Have any of the following situations occurred within the Public Entity during the last five (5) years
- (a) Strike, slowdown or other disruption by employees? Yes  No

- (b) Disputes involving integration, segregation, discrimination or violation of civil rights? Yes  No
- (c) Grand jury investigations, recall proceedings or indictments of any elected or appointed officials? Yes  No

If "yes," to any of the foregoing please attach full details on a separate sheet of paper.

For Municipalities:

12. Do you have zoning authority in your municipality? Yes  No
13. Do you have a planning and zoning board? Yes  No
14. Does your municipal attorney attend all meetings of your planning and zoning board? Yes  No
15. Advise the estimated number of building permits granted in the past year: \_\_\_\_\_
16. Advise the estimated number of building permits denied in the past year: \_\_\_\_\_

#### IV. EMPLOYMENT PRACTICES

##### 17. Staff Size

- (a) Total number of employees including elected and appointed board members: \_\_\_\_\_
- (b) Total number of: Full Time Employees \_\_\_\_\_ Part Time Employees \_\_\_\_\_
- (c) Number of law enforcement agency personnel, including security and related operations personnel currently employed: \_\_\_\_\_
- (d) Number of fire fighting authority personnel currently employed: \_\_\_\_\_
- (e) Number of jail or detention facility personnel currently employed: \_\_\_\_\_
- (f) Number of hospital, clinic, nursing home or other health care operations personnel currently employed: \_\_\_\_\_
- (g) Total number of volunteers: \_\_\_\_\_

##### 18. Number of elected/appointed officials or employees who are:

- Attorneys \_\_\_\_\_ Accountants(CPA's) \_\_\_\_\_
- Architects \_\_\_\_\_ Engineers \_\_\_\_\_
- Is Professional Liability Insurance purchased for these individuals? Yes  No

##### 19. Does the Public Entity have a Human Resources Department? Yes No

If No, Explain how this function is handled: \_\_\_\_\_

##### 20. Does the Public Entity have a written human resources manual? Yes No

- a) Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements? Yes  No

If "Yes", please attach complete details.

- b) Have there been any structured layoffs in the past 24 months? Yes  No
- c) If "Yes," what percentage of employees?  1-10%  11-25%  Over 25%
- d) Did the Applicant or any of its Subsidiaries use Outside Counsel during the lay-off procedure?  
Yes  No
- e) Were severance packages offered in exchange for releases not to sue and will they be offered for future layoffs? Yes  No  If "No", please attach complete details
- f) Please provide the number of layoffs that have occurred or are about to occur. \_\_\_\_\_
- g) Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work? Yes  No
- h) Has any employee of the Public Entity been suspended, demoted, dismissed, transferred or had a contract of employment non-renewed within the last twelve (12) months? Yes  No   
If "yes," explain: \_\_\_\_\_

21. How many employees have resigned, been terminated (with or without cause) or retired?

Current Year: Employees \_\_\_\_\_ Elected/Appointed Officials \_\_\_\_\_  
 Prior Year: Employees \_\_\_\_\_ Elected/Appointed Officials \_\_\_\_\_

22. Has any employee or elected/appointed official of the Public Entity made allegations of unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment? Yes  No

If "yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

23. Does the Public Entity:

- a. Use an employment application for all of your applicants for hire? Yes  No
- b. Use any tests to screen applicants for employment or to promote employees? Yes  No
- c. Have a formal orientation program for all new employees? Yes  No
- d. Publish an employment handbook? Yes  No   
If "yes," do you distribute to all employees? Yes  No
- e. Provide regular, written performance evaluations for all employees? Yes  No
- f. Have a formally implemented and adopted anti-sexual harassment policy? Yes  No   
If "yes," is it distributed annually to all workers? Yes  No
- g. Have a written procedure for handling employee complaints of discrimination and sexual harassment?  
Yes  No
- h. Have a policy on AIDS or on assisting employees with life-threatening or communicable diseases?  
Yes  No
- i. Have a policy on accommodating the disabled as required by the Americans with Disabilities Act?  
Yes  No
- j. Comply with the Family Medical Leave Act? Yes  No

24. Does the Public Entity require terminations to be reviewed by its:

- Human Resources department? Yes  No   
Legal department? Yes  No   
Outside counsel? Yes  No

25. Does the Public Entity conduct exit interviews? Yes  No

V. INSURANCE AND LOSS HISTORY

26. Does the Public Entity presently carry Public Officials Liability insurance or similar insurance? Yes  No

Name of Company \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

27. Does the Public Entity presently carry Employment Practices Liability insurance? Yes  No

Name of Company : \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Limits: \_\_\_\_\_ Deductible : \_\_\_\_\_ Premium: \_\_\_\_\_

28. Name of primary General Liability Insurance carrier \_\_\_\_\_

Name of Law Enforcement/Police Professional Liability Insurance carrier \_\_\_\_\_

29. Has any similar Public Officials or Employment Practices Liability insurance ever been declined, cancelled or non-renewed (MISSOURI APPLICANTS NEED NOT REPLY)? Yes  No

If "yes," please attach explanation.

30. List all Public Officials and Employment Practices Liability claims made against the Public Entity or any other proposed Insured(s) during the past five (5) years.

No claims made during the past five (5) years.

<u>Date of Claim</u>	<u>Claimant</u>	<u>Nature of Claim</u>	<u>Defense Costs</u>	<u>Indemnity Amount</u>	<u>Reserve, if open</u>	<u>Current Status</u>

Only complete if the Applicant does not have any insurance in place.

- a) On a separate attachment, please provide full details on all inquiries, investigations, grievance filings or other administrative hearings previously filed during the last five years or currently before any local, state or federal agency governing employer responsibility to employees. (If none, check here )
- b) Are there any pending claims against anyone for whom this insurance is intended which may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? Yes  No   
If Yes, provide complete details
- c) Has anyone for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances which may give rise to a claim being made against the Public Entity, Public Official or Employees? Yes  No

If Yes, provide complete details.

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, WHETHER REPORTED OR NOT REPORTED, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM HAVE BEEN REPORTED, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

- d) Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance?  
Yes  No

If Yes, provide complete details.

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IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS WHETHER DISCLOSED ABOVE OR NOT, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY.**

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE **APPLICANT** TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THIS APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED. IF THE INFORMATION IN THIS APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE **APPLICANT** WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND INSURANCE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD;
- (II) THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "COSTS OF DEFENSE," AND, IN SUCH EVENT, THE UNDERWRITER WILL NOT BE RESPONSIBLE FOR THE CONTINUED "COSTS OF DEFENSE" OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED THE LIMIT OF LIABILITY; AND
- (III) "COSTS OF DEFENSE" WILL BE APPLIED AGAINST THE RETENTION.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL 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 COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUHTORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.



**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. PRV.001 (8/07 Ed.)

**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 COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE AND 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/SHE 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 OREGON 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 MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME.

**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 (365:15-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION 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 COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANT:** 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 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 (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**The undersigned is a duly authorized representative of the Applicant and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.**

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

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

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

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

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.