

Child Care Product Application – All States

Coverage(s) Desired (Check all that apply): ☐ Property ☐ Abuse and molestation (*question 22 required*) ☐ General liability
☐ Certain civil/criminal defense cost and reimbursement (*question 22c required*) ☐ Hired and non-owned (*questions 52–55 required*)

Applicant's name (include DBA name): _____

Mailing address: _____

Location address: _____

City: _____ State: _____ Zip code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Form of business: ☐ Individual ☐ Corporation ☐ Partnership ☐ Nonprofit corporation ☐ LLC ☐ Other _____

Classification (Check all that apply):

☐ Commercial centers ☐ Residential (*questions 47–48 required*) ☐ 100 percent percent day camp (*question 50 required*)
☐ 100 percent before and/or after care (*question 49 required*) ☐ 100 percent drop-in care (*question 51 required*) ☐ Montessori

Description of Operations:

1. Have there been any losses/claims in the last five years? ☐ Yes ☐ No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet. (Abuse and molestation = A&M)

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> A&M			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> A&M			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> A&M			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. Have there been any actual or alleged child molestation or abuse incidents in the past or are there any currently under investigation? ☐ Yes ☐ No

3. What year did the business start? _____

4. How many years has the applicant been at the current location? _____

5. Is the child care facility currently licensed or registered with the state?

☐ Yes ☐ No ☐ License pending ☐ Exempt from licensing ☐ Unknown

If "Yes,"

a. Provide the name on the center's license: _____

b. Provide the license number: _____

6. Has the child care facility's license, registration or certification ever been revoked or suspended? ☐ Yes ☐ No

7. What is the licensed capacity for the child care facility? _____

Enrollment/Staffing

Age Group	Maximum Number of Children in a Single Day	Number of Staff Members in the Room
0–12 months old		
13–24 months old		
2 years old		
3 years old		
4 years old		
5 years old		
6 years old and older		
Total		

8. What is the child care facility's in-force Accident and Health policy limit? ☐ \$2,000 ☐ \$3,000 ☐ \$5,000 ☐ \$10,000 ☐ None
9. What types of animals are there on premises? ☐ Dog or cat ☐ Frogs, guinea pigs, gerbils, domestic rats, parakeets or canaries
☐ None ☐ Other, please describe: _____
10. Are there any field trips to a swimming pool? ☐ Yes ☐ No
 If "Yes," please check all that apply: ☐ Public pool(s) ☐ Residential pool(s)
11. Is the child care facility accredited by any of the following associations? ☐ Yes ☐ No
 If "Yes," please check all that apply:
☐ NAA – National After School Association ☐ NAEYC – National Association for Education of Young Children
☐ NAFCC – National Association for Family Child Care ☐ NECPA – National Early Childhood Program Association
12. Will the children ever be left exclusively with caregivers under the age of 18 or any persons who have not had a background check performed by the child care facility? ☐ Yes ☐ No
13. Are there finger guards installed on all doors? *(Not applicable for Residential Child Care)* ☐ Yes ☐ No
14. Does the child care facility ever transport or arrange for the transportation of children in their care? ☐ Yes ☐ No
 If "Yes," please complete questions 52–55
15. Are children permitted to play outside?
☐ Yes, on premises ☐ No, children are not permitted to play outside
 Is there a permanently installed fence? ☐ Yes ☐ No
 Is the playground equipment permanently installed? ☐ Yes ☐ No
☐ Yes, off premises
 Describe where the children are taken: _____
16. Is there a swimming pool, wading pool deeper than 12 inches or any other water hazard on premises? ☐ Yes ☐ No
17. Is the child care facility a "Mommy/Daddy and Me" operation where the parent stays on the premises and participates in all activities? ☐ Yes ☐ No
18. Is the child care facility open for more than 14 hours? ☐ Yes ☐ No
 If "Yes,"
 a. How many hours? _____
 b. Is the child care facility locked and/or alarmed after 7 p.m.? ☐ Yes ☐ No
19. Are there any physically, medically or mentally challenged children or children with special needs currently enrolled? ☐ Yes ☐ No
 If "Yes,"
 a. Are there any children enrolled who are non-functioning in a social atmosphere or have displayed violent or aggressive behavior that may cause harm to themselves or others? ☐ Yes ☐ No
 b. Do all children have independent movement, are ambulatory and are mobile? ☐ Yes ☐ No
 c. Is the child care facility's special needs enrollment 20 percent or greater? ☐ Yes ☐ No
 d. Are there children who require invasive medical procedures or care? ☐ Yes ☐ No

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry NC <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Noncombustible <input type="checkbox"/> Fire resistive									
Protection Class _____	Cause of Loss <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad		Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000			Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None		
What year was the building constructed? _____									
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____									
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____									
What is the age of the roof? _____ years									
Is the building fully protected by an operational sprinkler system covering 100 percent of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No									
What is the square footage of the entire structure? _____ sq. ft.									
Building Limit:		\$ _____		Coinsurance (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC			
Business Personal Property Limit:		\$ _____		Coinsurance (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC			
Business Income Limit:		\$ _____		Coinsurance _____ <u>or</u>		Monthly Limit of Indemnity			
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense				<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100 percent		<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6			

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Electronic data	<input type="checkbox"/> Interruption of computer operations
<input type="checkbox"/> Value Plus endorsement	<input type="checkbox"/> Power outage	<input type="checkbox"/> Fence coverage \$ _____
<input type="checkbox"/> Outdoor sign coverage \$ _____	<input type="checkbox"/> Playground equipment coverage \$ _____	
<input type="checkbox"/> Valuable papers coverage \$ _____	<input type="checkbox"/> Accounts Receivable Coverage \$ _____ (Not Applicable for Residential Child Care)	

20. Occurrence limit: ☐ \$100,000/\$200,000 ☐ \$300,000/\$600,000 ☐ \$500,000/\$1,000,000 ☐ \$1,000,000/\$2,000,000

21. Add employee benefits liability? ☐ Yes ☐ No If "Yes," please list the total number of employees _____

22. Add abuse and molestation liability coverage? (*Residential Child Care is eligible for limits up to \$100,000/\$300,000*) ☐ Yes ☐ No
If "Yes,"

a. Defense cost coverage: ☐ Inside the limit ☐ Outside the limit (*Not available for Residential Child Care in most states*)

b. Desired limit : ☐ \$25,000 / \$50,000 ☐ \$100,000 / \$100,000 ☐ \$100,000 / \$300,000 ☐ \$300,000 / \$300,000
☐ \$300,000 / \$600,000 ☐ \$500,000 / \$500,000 ☐ \$500,000 / \$1,000,000 ☐ \$1,000,000 / \$1,000,000

c. Add defense cost reimbursement for certain civil or criminal suits? ☐ Yes ☐ No

23. Provide the number of wading pools 12 inches or less: _____ ☐ N/A

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. ELIGIBILITY CRITERIA

General Eligibility

- | | | |
|--|------------------------------|-----------------------------|
| 24. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Has insurance coverage been cancelled or non-renewed in the past three years? (Not applicable in MO) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Liability Eligibility

- | | | |
|--|------------------------------|--|
| 29. Does pre-employment screening include verification that all employees and volunteers have never been convicted of a crime, including sex-related or child abuse offenses, and the child care facility continues to conduct periodic screenings after employment and volunteering begins? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Is the child care facility owned by or associated with any operations other than the child care at this location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. Are cubbies and bookcases over 24 inches in height anchored to a wall or floor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. Are Jacuzzis or hot tubs secured and inaccessible to the children? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33. Are there any prior or current state citations/violations for lack of supervision, inadequate staff to child ratio, incomplete medical records for enrolled children or inadequate state required background checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34. Are there any wood-burning stoves, space heaters or temporary heating devices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 35. Does the child care facility accept children who require skilled or specialized medical care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 36. Does the child care facility open no earlier than 5 a.m. and close no later than 11 p.m.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 37. Are kitchen facilities and heating appliances, such as crock pots, physically separated from the children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 38. Are martial arts or organized contact sports offered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 39. Are medications ever dispensed without the parent's/guardian's and physician's (when required) written consent and instruction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 40. Are there field trips to off-premises residential swimming pools, lakes, beaches, skiing, ice/roller skating rinks, amusement/water parks, or overnight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 41. Does the child care facility obtain a student application on every student that includes complete medical, emergency and contact information completed and signed by a parent or legal guardian prior to the child's first stay? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 42. Does the child care facility own or ever rent trampolines, moonwalk or bounce equipment, gymnastic or wall-climbing equipment, or ball-pits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43. Does the child care facility provide either standalone adult day care operations or child/adult care at the same location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 44. Does the child care facility provide nanny services, adoption services or referral operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 45. Does the child care facility travel to destinations to provide child care services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 46. Have all violations cited in an inspection (conducted by state or insurance company) been corrected within the deadline for compliance? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Residential Child Care Facilities Only ☐ N/A

- | | | |
|---|------------------------------|-----------------------------|
| 47. Applicant maintains a minimum 1:6 staff-to-child ratio for all children enrolled at the residential home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 48. Are infants placed in cribs and not beds during naptime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Before and/or After School Care ☐ N/A

- | | | |
|--|------------------------------|-----------------------------|
| 49. Does this child care facility provide 100 percent before and/or after school care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes," please complete the following: | | |
| a. Does the child care facility operate as an independent entity with no ownership or oversight by the public or private school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the child care facility operate in a gymnasium or cafeteria? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Day Camp or Summer Camp ☐ N/A

- | | | |
|--|------------------------------|-----------------------------|
| 50. Does the child care facility operate as a 100 percent Day Camp or Summer Camp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes," please complete the following: | | |
| a. Are the children permitted to stay at the camp overnight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are there any enrolled children over the age of 15 at the camp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- c. Does the camp operation offer specialized care such as weight management camp or sports camp? ☐ Yes ☐ No
- d. For all camp staff under the age of 21 and volunteers, are they supervised by an employee over the age of 22? ☐ Yes ☐ No
- e. Is any camp staff member under 18? ☐ Yes ☐ No
- f. Is the camp operation seasonal? (e.g. open in summer months – June through August) ☐ Yes ☐ No

Drop-in Child Care ☐ N/A

51. Is this a 100 percent drop-in child care facility? (i.e. short-term care less than four hours, parents on premises or easily accessible.) ☐ Yes ☐ No
- a. Does the child care facility offer “sick child” services? ☐ Yes ☐ No

Hired and Non-owned Auto ☐ N/A

52. Does the child care facility ever transport or arrange for the transportation for children in their care? ☐ Yes ☐ No
- If “Yes,” ☐ Yes ☐ No
- a. Are children ever transported on field trips or other destinations in child care owners’/ employees’/parents’ cars (other than their own children)? ☐ Yes ☐ No
- b. Does the child care facility contract with a driver-provided bus service that maintains minimum auto coverage of \$1,000,000 combined single limit? ☐ Yes ☐ No
53. Is there a Commercial Auto Insurance policy in force? ☐ Yes ☐ No
54. Are there any owned or leased (long-term) vehicles? ☐ Yes ☐ No
55. Are employees or volunteers required to use their personal automobile to conduct the applicant’s business on a regular basis? ☐ Yes ☐ No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and 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 Fraud Statement: 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.

Florida Fraud Statement: 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 Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: 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

Maryland Fraud Statement: 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 Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Oklahoma Fraud Statement: 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 Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: 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.

Fraud Statement (All Other States): 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.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____