



SPORTS ADVANTAGE

Over 45 million people are involved in organized sports each year

Participation in recreational sports continues to rise, and organizations face a wide variety of exposures ranging from participant and spectator injury to decisions made in managing the operations. Whether it is a team, league, association, camp or clinic, we have you covered. Our broad product can meet the needs of the organizations by providing general liability, directors and officers liability, employment practices liability, hired and non-owned auto, property, inland marine, commercial umbrella and crime coverage.



HIGHLIGHTS

General Liability: Includes coverage for spectators, abuse and molestation, assault and battery and ability to include youth participants

Property and Inland Marine: Includes sports equipment, field maintenance equipment and concession stand

Directors and Officers*/Employment Practices Liability: Protect members of the board and their personal assets

**For nonprofit entities*

Product Options

General Liability Features:

- ▶ Participant coverage is available for youth
- ▶ Abuse and molestation limits of \$100,000/\$200,000 included with the option to increase limits to \$1,000,000 for youth-only organizations
- ▶ Assault or battery sublimit at no additional charge
- ▶ Fundraisers and certain special events included
- ▶ Landlord listed as an additional insured for no additional cost
- ▶ No designated premise limitation
- ▶ No liability deductible

Property and Inland Marine Features:

- ▶ Property limits are available up to \$3,000,000 (\$1,000,000 in coastal territories)
- ▶ Value Plus endorsement – 14 valuable coverage enhancements including: \$25,000 fine arts, \$10,000 sign, \$10,000 transit, \$5,000 monies and securities, \$5,000 employee dishonesty and more
- ▶ Ability to provide inland marine on a scheduled or blanket basis up to \$500,000 (\$25,000 maximum value per scheduled item)

Directors and Officers / Employment Practices Liability Features:

- ▶ \$1,000,000 additional Side A coverage included on all policies
- ▶ Lifetime occurrence reporting provision
- ▶ Volunteers are included within the definition of “employee”
- ▶ Third-party harassment and third-party discrimination coverage
- ▶ Data & Security+ endorsement – \$50,000 sublimit each for data breach, identity theft, workplace violence and kidnap expenses, plus free identity theft services for directors and officers
- ▶ Full prior acts coverage
- ▶ Breach of contract coverage
- ▶ Fair Labor Standards Act (FLSA/Wage and Hour) sublimit of \$100,000 for defense cost and loss (available in most states)
- ▶ Defense and settlement provision (hammer clause) at 80/20 in favor of the insured
- ▶ Retention forgiveness included at no charge



Sports Advantage Product

Claim Examples

- ▶ **General Liability:** A fan was attending the local adult softball game. While waiting for the game to begin, the fan was struck in the head by an overthrown ball, resulting in a head fracture and blood clot. The injured fan then filed a lawsuit for pain and suffering against the organization.
- ▶ **Property:** The local sports organization's storage shed was broken into by vandals. All the uniforms for the baseball, basketball and soccer teams were stolen, as well as a pitching machine and other miscellaneous sports equipment. The organization suffered a loss of \$10,000 as a result of the stolen property.
- ▶ **Hired and Non-Owned Auto:** A coach for the local sports organization was driving to the sporting goods store to pick up uniforms for the organization's soccer team. While in route to the sporting goods store, the coach sideswiped another vehicle. The coach suffered minor injuries, but the other driver sustained severe bodily injuries and sued the coach's personal auto policy. The other driver's injuries were so severe they ultimately exceeded the coach's personal auto limits and a secondary claim was made against the hired and non-owned policy of the organization.
- ▶ **Youth Participant:** A child was injured sliding into second base when the base became dislodged and the child suffered injuries from the metal that was protruding from the bottom of the base. The child's family filed suit for personal injuries against the organization and claim costs exceeded \$35,000.
- ▶ **Abuse and Molestation:** The local youth girl's soccer team was traveling overnight for a weekend tournament out of town. The star player could not make the trip because her parents were working the weekend of the tournament. The head coach offers to take the girl to the tournament and her parents consent. During the trip, the girl is sexually molested by the coach. The girl's parents sue the organization's abuse and molestation coverage for bodily injury and mental duress.
- ▶ **Employment Practices:** A mother volunteers to serve as the treasurer for her daughter's softball organization. After serving for a week, the organization's president tells her he is making her the organization's secretary because that role is more suitable for a woman. The organization immediately replaced her as treasurer with another player's father. The woman sued the organization's employment practices policy for sexual discrimination.

The Business Resource Center is available to all insureds with discounts on background check services, tenant screenings, motor vehicle records, safety resources and other great services!



Sports Advantage Product

This package product is designed to insure organizations that offer organized sports such as, baseball, softball, basketball, soccer, volleyball, tennis, golf, swimming and track and field. Our broad package policy offers the opportunity to include general liability, directors and officers liability, employment practices liability, hired and non-owned auto, property, inland marine, commercial umbrella and crime coverage.

Why does your sports organization need to purchase all of these coverages?

- ▶ Bodily injuries and property damage that occur at your athletic events and/or on your premises
- ▶ Damage to your sports equipment, concession stands and other property that you own
- ▶ Lawsuits brought against your board of directors for the decisions they make
- ▶ First and third-party coverage for employees and volunteers due to claims of discrimination and harassment

Why should you choose our Sports Advantage product?

Maximize efficiency: One application, quote, underwriter, policy, renewal and carrier for all claims with one concurrent effective date.

COVERAGE FEATURES	USLI	COMPETITORS
General liability coverage is available for youth participants		
Abuse and molestation limits and assault and battery sublimit included in the general liability		
Hired and non-owned auto is available in certain states		
Separate limits of liability for general liability and directors and officers/employment practices liability		
First dollar coverage (no deductibles) for all liability coverages		
Special cause of loss and replacement coverage on buildings, contents, loss of income and extra expense		
Directors and officers coverage includes a lifetime occurrence reporting provision for former directors and officers		
Directors and officers/Employment practices liability coverage is available with unlimited defense cost outside the limit and full prior acts coverage		
One of only 20 A++ rated insurance groups in the United States by A.M. Best		
Policyholders have access to many services through our Business Resource Center that will assist in growing and protecting their businesses		

This document does not amend, extend or alter the coverage afforded by the policy. For a complete understanding of any insurance you purchase, you must first read your policy, declaration page and any endorsements and discuss them with your agent. A sample policy is available from your agent. Your actual policy conditions may be amended by endorsement or affected by state laws.



CARRIER:

Sports Advantage Product Application

Organization's name: _____

Location address: _____

City: _____ State: _____ Zip: _____

Mailing address (If different then above): _____

City: _____ State: _____ Zip: _____

Web address: _____

Is this a nonprofit organization? Yes No

Sports organized, operated, managed, and sponsored by organization: (Check all that apply)

- | | | | | | |
|-------------------------------------|--|--|---|-------------------------------------|---|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Camps/Clinic | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis | <input type="checkbox"/> Other(s), please describe:

_____ |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football (Flag) | <input type="checkbox"/> Non-competitive Cheerleading* | <input type="checkbox"/> Softball | <input type="checkbox"/> Track | |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football (Tackle) | <input type="checkbox"/> Running | <input type="checkbox"/> Swimming (no diving) | <input type="checkbox"/> Volleyball | |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Golf | | | | |

Ineligible sports: diving, gymnastics, hockey, martial arts, rugby, skiing, wrestling, others as determined by the insurer.

**Competitive Cheerleading includes but is not limited to tumbling, tossing, lifts, throws, flips, stunts, pyramids, gymnastics and similar activities whether or not performed or intended to be performed in front of judges. "Competitive Cheerleading" does not include dance routines that do not involve any of the activities listed herein.*

For all sports, complete as applicable: League, travel team, tournament play, and similar programs

Sport	Number of Participants 14 years of age and under	Number of Participants 15-18 years of age	Number of Adult Participants*	Overnight Travel? (If "Yes," complete a-c)
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Adult Participant means an individual 18 years of age or older working for the organization as a coach, employee, volunteer, chaperone, camp counselor, instructor or other position.*

How many nights per trip? _____

What is the maximum number of nights per trip? _____

How many trips per year? _____

Camps and/or Clinics

Sport	Number of Camps/Clinics Throughout the year	Average Number of Days per Camp/Clinic	Average Number of Participants per Camp/Clinic	Number of Adult Participants	Overnight Travel? (If "Yes," complete a-e)
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

a. Does organization allow single minor(s) or minor(s) of the opposite gender to occupy sleeping quarters at any time when not accompanied by a parent or guardian? Yes No

- b. Confirm adult to participant ratio: _____ to _____ (e.g., 1 adult to 8 participants). Yes No
- c. Does organization ensure that all facilities, including sleeping quarters, are secured with access permitted only by "Adult Participants" during any overnight stay Yes No
- d. Does organization ensure that Adult Participants do not socialize or fraternize with minors except in connection with supervised organization activities? Yes No
- e. Does organization ensure that participants are picked up or dropped off from activities by a parent, guardian or adult with proper clearance? Yes No

II. GENERAL LIABILITY

1. Any general liability losses in the past three years? If "Yes", please provide loss runs. Yes No
2. Is the organization a school team or sponsored by a school? Yes No
3. Are participants* or parents/legal guardians of minor participants required to sign waiver of liability and release forms for all activities? Yes No
- *Participant(s) are any persons, including players, coaches, managers, staff members, team workers, officials, cheerleaders, customers and volunteers, who are instructing, supervising, training, practicing, participating or otherwise involved in any games, sports or athletic activity, contest or exhibition.*
4. Are all athletic participants 18 years of age or younger? Yes No
5. Does organization maintain copies of signed waiver of liability and release forms? Yes No
6. Does organization have trips that require them to travel by airplane, train or bus? Yes No
7. Does organization have a written code of conduct or policy of zero tolerance for abusive or unsportsmanlike conduct applicable to all participants? Yes No
8. Are staff or volunteers trained/certified in CPR, first aid or the use of an Automated External Defibrillator (AED)? Yes No

Accident Medical Coverage (Subject to underwriting approval by licensed accident and health insurer not affiliated with United States Liability Insurance Group)

9. Does organization maintain accident and health coverage for the benefit of participants? Yes No
- a. Have there been any accidental medical losses in the past three years? Yes No
- b. Select accident medical deductible: \$0 \$100 \$250 \$500
- c. Select accident medical limit: \$25,000 \$50,000 \$100,000 \$250,000

Field and Facility

10. Does organization own, lease, maintain or operate athletic fields, facilities, or buildings? Yes No
11. Does organization lease its fields or facilities to others? Yes No
- a. Does organization require those using the fields or facilities to provide certificates of general liability insurance? Yes No
- b. How many acres is the field? _____ N/A
- c. What is the square footage of the facility/building? _____ sq. ft. N/A
- d. Are there any outdoor sport courts on the premises? Yes No
- i. Total number: _____
- ii. Type (check all that apply): Basketball Tennis Volleyball Other _____
12. Does organization own, lease or operate a swimming pool? Yes No

Concessions

13. Does organization operate a concession stand? Yes No
- a. Total receipts: \$ _____

Abuse and Molestation

14. Have there been any previous claims of sexual or physical abuse? Yes No
15. Are background checks regularly conducted on all employees and volunteers (which include sex related or child abuse claims)? Yes No
16. Does organization staff (paid and volunteers) employment application include questions about whether the individual has ever been convicted of any crime, including sex related or child abuse related offenses? Yes No
17. Does organization have written procedures for addressing claims of sexual abuse or molestation? Yes No
18. Does organization have a formal procedure for monitoring employees and volunteers in contact with children, both on and off premises? Yes No

Concussion Safety

19. Does the applicant have a Concussion Policy Statement on file that requires all staff or non-volunteers to be certified in concussion training that is consistent with the CDC's Head's Up Program? Yes No
20. If a concussion is suspected, does the applicant comply with state requirements to remove the participant from athletic activities immediately and only return after at least 24 hours and after being cleared by a healthcare/medical professional? Yes No

Hired/Non Owned Auto

21. Is Hired/Non Owned Auto coverage desired? Yes No
If "Yes," please answer questions 22-26
22. Does organization have a motor vehicle liability insurance policy in place? Yes No
23. Does organization own any motor vehicles or lease any motor vehicles on a long term basis? Yes No
24. Does organization use hired or non-owned vehicles with passenger capacities exceeding eight passengers? Yes No
25. Does organization use hired or non-owned vehicles for emergency medical transportation or emergency medical services? Yes No
26. Does organization require a minimum of \$100,000 CSL or \$100,000/\$300,000 personal auto liability limits from employees and volunteers? Yes No

III. PROPERTY

Construction: Frame Joisted masonry Noncombustible Fire resistant

Protection class: _____

Requested cause of loss: Basic Special

Requested valuation: Replacement cost Actual Cash Value

Deductible: \$1,000 \$2,500 \$5,000

Coinsurance: 80% 90% 100%

Building limit: _____ Year constructed: _____ Total area: _____ sq. ft.

Business personal property: _____

27. Any property losses in the past three years? *If "Yes," please provide loss runs.* Yes No
28. Age of roof: _____ years Plumbing updated: _____ years
Electrical updated: _____ years Heating updated _____ years
29. Roof type: Flat Wood shake Shingle Metal Tile Slate Other _____
30. Plumbing type: PVC Copper Lead Galvanized Other: _____
31. Burglar alarm: Central station Local None Other: _____
32. Functioning and operational smoke and/or heat detectors in all common areas? Yes No
33. Is all electric wiring on functional and operational circuit breakers? Yes No
34. Is there any aluminum or knob and tube wiring? Yes No
35. Is there commercial cooking on the premises? *If "Yes," complete a. through d.* Yes No
- a. Is there a cleaning contract in force with an outside firm? Yes No
- b. Describe cooking equipment used: Grills Open flame Oven Deep fat fryers Charcoal grill
- c. Functional and operating fire extinguishing system in place? Yes No
If "Yes," what type? Wet Dry
- d. Is the cooking area, hood and duct system protected per NFPA 96 guidelines? Yes No

IV. INLAND MARINE

Schedule of Property and Equipment for which coverage is requested:

Item	Description	Serial Number	Limit of Insurance
1			
2			
3			
*Attach another page if necessary		Total Scheduled	

Blanket Coverage description (if requesting blanket coverage) – individual items under \$2,500 in value:

Description	Largest Item	Limit of Insurance

36. Deductible: \$1,000 \$2,500 \$5,000 \$10,000

37. Does the insured lease, loan or rent covered property or equipment to others? Yes No
38. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use? Yes No
39. Are any objects unique or difficult to replace? Yes No
40. Do any objects have value beyond their apparent worth due to being rare or collectible? Yes No
41. Is all insured's covered property or equipment brought back to their place of business at the end of each day? Yes No
If so, is the place or storage protected by a central station alarm system? Yes No

V. Non Profit Directors and Officers

42. Is the organization involved in product research, development, testing and/or certification? Yes No
43. Does organization engage in any disciplinary actions as a result of peer review activities? Yes No
44. Does organization administer or sponsor any insurance programs? Yes No
45. Is the organization involved in any accreditation or standard setting activities? Yes No
46. Total number of employees: Full time: _____ Part time: _____ Volunteers _____ Seasonal _____
47. Number of members: _____
48. Does organization currently carry general liability insurance? Yes No
49. Please provide the following financial information for the last three years. (If organization in existence less than three years, please provide budgeted revenue/expense statement for next three years)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

*Fund balance = Total Assets - Total Liabilities

50. Has organization closed, downsized, laid off, reduced staff, sol, merged with or acquired any company in the last 12 months or anticipates doing so in the next 12 months? Yes No
51. Has the Applicant or any person proposed for coverage (whether or not in the service of Applicant) been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative hearings? Yes No
52. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization? Yes No
53. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers? Yes No
If "Yes," please forward a completed USLI supplemental claims application.

VI. FIDUCIARY LIABILITY (Available for 100 employees or less)

54. Does each pension plan use an outside investment manager? (If "No," Fiduciary will not be offered.) Yes No
55. Does each plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? (If "No," please attach details) Yes No
56. In the past two years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan? (If "Yes," please attach details) Yes No
57. Has there been or is there now pending any claim(s) against any proposed Insured arising out of any plan? (If "Yes," please attach details) Yes No
58. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? (If "Yes", please attach details) Yes No

VII. CRIME COVERAGE

59. Employee dishonesty: Limit: _____

a. Number of employees:

b. Does organization have an annual financial statement prepared?

Yes No

c. Is the organization's bank account(s) reconciled by someone other than the person also authorized to withdraw deposits or transfer funds?

Yes No

d. Do checks written by the organization require a countersignature?

Yes No

60. Money and securities: Limit inside: _____ Limit outside:: _____

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.

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 may be 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.

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 herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

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.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____