



Houses of Worship Product

This all-in-one package is designed to meet the needs of your small house of worship operations. The product specializes in covering small community, start-ups, storefront or inner city operations for all types of religious faiths and denominations.

Product Options:

- ▶ General liability
- ▶ Property coverage
- ▶ Directors and officers and employment practices liability

General Liability:

- ▶ Pastoral professional coverage (up to \$1,000,000 in limits)
- ▶ Abuse and molestation (up to \$1,000,000 in limits)
- ▶ Personal and advertising coverage
- ▶ Hired and non-owned auto liability coverage available
- ▶ No designation premises endorsement
- ▶ No general liability deductible
- ▶ Optional certain criminal or civil proceeding defense cost reimbursement coverage

Property Features:

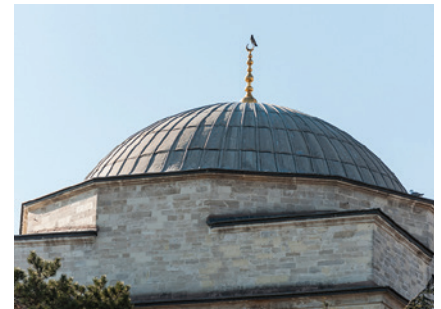
- ▶ Value Plus Endorsement – 14 valuable coverage enhancements including: \$25,000 (fine arts), \$10,000 (signs), \$10,000 (transit), \$5,000 (money and securities), \$5,000 (employee dishonesty) and more
- ▶ Special cause of loss form
- ▶ Optional equipment breakdown – includes free boiler inspection if required in your jurisdiction

Directors and Officers/Employment Practices Features:

- ▶ Separate limits of liability for directors and officers and employment practices liability claims (directors and officers limit not eroded by employment claims)
- ▶ Full prior acts coverage
- ▶ Third party discrimination and harassment coverage
- ▶ Defense cost outside the limit of liability
- ▶ Lifetime occurrence reporting provision – unlimited reporting extension for former directors and officers who are not on board when coverage is cancelled or not renewed
- ▶ Data & Security+ endorsement – \$50,000 expense sub-limit each for data breach, identity theft, workplace violence and kidnap

Additional Advantages:

- ▶ Quick quote turnaround
- ▶ Quick binder confirmation
- ▶ A.M. Best rated A++ carrier
- ▶ Low minimum premiums
- ▶ Business Resource Center – free HR hotline with unlimited number of calls and no time limits plus discounted services such as background checks and online HR training modules





Houses of Worship Product



Our broad policy is designed to meet the needs of all types of religious faiths and denominations with the opportunity to include general liability, property insurance, directors and officers liability and employment practices liability.

Why does your church need to purchase all of these coverages?

- ▶ Houses of worship board members can be sued for the decisions they make
- ▶ Employment-related laws are the same for any type of organization
- ▶ Most houses of worship have an annual budget that is less than the average cost to defend a claim by litigation
- ▶ Houses of worship have a large general liability and property exposure

Why should you choose our Houses of Worship product?

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

COVERAGE FEATURES	USLI	COMPETITORS
Separate limits of liability for directors and officers, employment practices liability and general liability		
Defense outside the limit of liability for directors and officers, employment practices liability		
Third party sexual harassment and third party discrimination coverage for employment practices liability		
Mental anguish and emotional distress included in the general liability definition of bodily injury		
Abuse and molestation sub-limit and pastoral professional included in the general liability limits		
Functional building cost available		
Equipment breakdown coverage available		
Value Plus Endorsement – 14 valuable coverage enhancements including water back-up, money and securities, employee dishonesty, signs, transit and more		
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 non profit		

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.



Houses of Worship Product

Claim Examples

- ▶ **Nonprofit Directors and Officers:** A church elder breached his duty of loyalty by organizing a majority of the congregation into a separate church that ousted the remaining congregation from the church property. The elder held secret meetings among his supporting faction and prepared legal documents to transfer the property, all without informing the church's pastor of his plans. The court ruled that the elder owed a duty to the whole congregation, and could not favor the interests of the majority over the minority. As a result, the property was returned to the original congregation and money damages were assessed personally against the elder.

With its membership growing rapidly, a church's board of directors appointed a new building committee to find land for a larger church. The board selected one of its members to head the committee. That director steadily pressed the committee to approve purchase of a land parcel viewed by the other committee members as pricey, but otherwise perfect. After much discussion, the committee approved the purchase, and the transaction was completed. It was then discovered that the head of the committee had a financial interest in the property. Several congregants took action and named the committee head and the overall board in a lawsuit alleging improper self-dealing, negligence and fraudulent conduct.

- ▶ **Employment Practices Liability:** The director of Children's Ministries was terminated and replaced. Her successor was a younger Caucasian male, whom she believed was being paid more than she was. She files suit with the EEOC against the Ministries, alleging racial discrimination, age discrimination, sex discrimination and pay discrimination.
- ▶ **General Liability:** After the religious service, a congregant tripped on a crack in the concrete and tumbled down an outdoor flight of stairs, resulting in a concussion.

A volunteer was decorating the church for a social gathering. While she was standing on a chair to arrange the decorations, she lost her balance and fell, resulting in severe arm injuries.

- ▶ **Property:** A fire destroyed a church sanctuary, resulted in smoke and water damage to the structure and contents of the administrative office. In addition to replacing fixtures, furnishings, equipment and inventory, the church needed to rent space for worship services until the sanctuary was rebuilt.
- ▶ **Pastoral Professional:** The wife of a married couple sought counseling services from their pastor due to being physically abused in the household. The victim was contemplating divorce and sought advice. The pastor encouraged the wife to stay with her husband due to the sanctity of marriage in God's eyes and to seek couples counseling. As a result, the wife went back to the abusive relationship and was later hospitalized with severe injuries from her husband. She then sued the church and pastor stating that, as a result of the pastor's advice, she stayed in the unhealthy marriage which led to her injuries.
- ▶ **Abuse and Molestation:** A Sunday School teacher was accused of sexually molesting a teenager after a bible study session. The teacher quickly denied the charges but was forced to step aside pending a church investigation. After a thorough inquiry, the alleged victim's credibility crumbled when it was reported that she had a long history of inventing stories about herself and others. Moreover, the parents and students who knew the teacher offered evidence that raised serious doubts that the molestations could have occurred. After an exhausting investigation, the teacher was eventually reinstated to his duties. Defending the allegation with no merit was costly.
- ▶ **Equipment Breakdown:** A cracked section of a cast-iron boiler resulted in replacement of the boiler, causing in \$9,000 of property damage and and extra expense at \$1,500 to relocate worship services to an available facility nearby.

Policyholders have access to many services through our Business Resource Center that will assist in growing and protecting their nonprofit!



HOUSES OF WORSHIP

OUR VOCATION, YOUR SECURITY

GET A
QUOTE
FAST

ALL WE NEED IS:

- **SQUARE FOOTAGE**
- **PROPERTY LIMITS**
- **CONSTRUCTION TYPE**
- **YEAR BUILT**

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GENERAL LIABILITY

Included:

- \$100,000/\$300,000 abuse or molestation sublimit
- Blanket special events
- Church members as additional insureds

Optional:

- \$1 million abuse or molestation limit
- Certain civil/criminal defense cost reimbursement
- Hired and non-owned auto
- Pastoral professional

DIRECTORS AND OFFICERS/EMPLOYMENT PRACTICES LIABILITY

Included:

- Third party discrimination and harassment
- Data and Security+ endorsement
- Lifetime Occurrence Reporting Provision

Optional:

- Fiduciary liability
- Extended reporting period
- Pricing options for broad or standard coverage in most states

PROPERTY COVERAGE IS AVAILABLE WITH UP TO \$3 MILLION IN LIMITS

Optional: Special Form including theft, replacement cost, property enhancement endorsement, equipment breakdown and building ordinance

CRIME COVERAGE IS AVAILABLE WITH UP TO \$100,000 IN LIMITS

Optional: Employee dishonesty, monies and securities inside and outside, robbery inside and outside, safe burglary

Contact your underwriter for more information:

USLI.COM | 888-SPD-USLI





CARRIER:

Empty box for carrier information

Houses of Worship Application

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW. INSTANT QUOTE IS ONLY AVAILABLE FOR ACCOUNTS WITH NO LOSSES IN THE PAST THREE YEARS.

Coverage(s) Desired: Property General liability Management liability

I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): _____

Location address: _____

City: _____ State: _____ Zip code: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Website/Social media: _____ Year of formation: _____ Years at current location: _____

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

How many square feet does the applicant occupy? _____ sq. ft.

Description of operations

Large empty box for description of operations

Additional Exposures (Please check all that apply, and provide additional details in the space below)

<input type="checkbox"/> Parsonage Square feet: _____	<input type="checkbox"/> Apartment # of units: _____ Total square feet: _____	<input type="checkbox"/> Rental dwelling # of units: _____	<input type="checkbox"/> Space leased to others Square feet: _____ Occupancy: _____
<input type="checkbox"/> Retreats Annual number: _____	<input type="checkbox"/> Outreach activities Provide details below	<input type="checkbox"/> Food bank Square feet: _____	<input type="checkbox"/> Thrift store Annual Sales: _____
<input type="checkbox"/> Soup kitchen # Meals of served annually: _____	<input type="checkbox"/> Shelter Square feet: _____	<input type="checkbox"/> Cemetery Total acreage: _____	<input type="checkbox"/> Overnight mission trips Provide details below

Other: _____

Full details on above items: _____

Liability Coverage

1. Occurrence/Aggregate limit \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Optional Liability Coverages Requested (Check all that apply)

<input type="checkbox"/> Pastoral professional	<input type="checkbox"/> Hired and non-owned auto	<input type="checkbox"/> Legal defense cost reimbursement
<input type="checkbox"/> Blanket additional insured	<input type="checkbox"/> Employee dishonesty limit \$ _____	
Abuse and molestation limit options:	<input type="checkbox"/> \$100,000/\$300,000 (automatically included) <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$1,000,000	

Property Information (If there are more than three buildings, please provide the below information on a separate sheet)

Cause of Loss <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	Valuation <input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Coinsurance <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%
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	Building # _____	Building # _____	Building # _____
Usage			
Location address			
City/State/Zip			
Total square feet			
Building construction			
Protection class			
Year built			
Plumbing	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____
Roof type	<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: _____	<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: _____	<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: _____
Roof age	_____ years	_____ years	_____ years
Is the building fully protected by an operational sprinkler system covering 100% of the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building limit	\$ _____	\$ _____	\$ _____
Business personal property limit	\$ _____	\$ _____	\$ _____
Central station burglar alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optional Property Coverages (Check all that apply)

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Value Plus endorsement	<input type="checkbox"/> Business income limit \$ _____
<input type="checkbox"/> Torah scrolls (\$120,000 maximum limit) \$ _____		<input type="checkbox"/> Stained glass limit \$ _____

Loss History

2. Have there been any losses, claims, or known circumstances that could result in a claim in the past three years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

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

II. ELIGIBILITY CRITERIA

3. 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? Yes No
4. Do all public areas, occupancies and/or habitational units have functional and operational smoke and/or heat detectors? Yes No
5. Has insurance coverage been canceled or non-renewed in the past three years? *(not applicable in MO)* Yes No
If "Yes," please provide the reason: _____
6. Does any building built prior to 1978 have aluminum wiring or knob and tube wiring? Yes No
7. For any building built prior to 1978, is 100% of the wiring on functional and operational circuit breakers? Yes No

General Liability

8. Are there at least two means of egress (exits) for every floor with public access? Yes No
9. Do operations include a commercial child care center, a grade/high school, a convent, a monastery, missionary housing, a retreat house, a retreat center or a campground? Yes No
10. Does the organization engage in any international travel or activities? Yes No
11. Have there been any incidents of alleged molestation or abuse in the past, or are there any currently under investigation? Yes No
12. Are all exit signs on the premises illuminated? Yes No
13. Are any renovations or other construction projects anticipated in the next 12 months? Yes No
14. Is designated in-house or external security personnel used to respond to intruders, violent incidents or other similar threats? Yes No

Abuse and Molestation Liability

15. Are all prospective employees required to have their prior employment and personal references verified? Yes No
16. Except for a bona fide counseling session, are minors ever left alone with only one adult in any program, service, event or other activity sponsored by the organization? Yes No
17. Is there a policy/procedure that is followed for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all programs, services, events or other activities? Yes No
18. Does the hiring process for employees and volunteer workers include questions about whether they have ever been convicted of any crime or involved in any lawsuit, claim or charge involving sexual abuse, sexual molestation or sexual misconduct? Yes No

Pastoral Professional Liability

19. Does the organization have more than five pastors/clergy on staff at any one location? Yes No
20. Are there procedures in place to protect the confidentiality of members? Yes No
21. Are there any prior allegations, claims or suits as a result of counseling services? Yes No

Hired and Non-Owned Auto Liability

22. Is there a commercial auto insurance policy in force? Yes No
23. Are employees or volunteers required to use their personal automobiles to conduct the applicant's business on a regular basis? Yes No
24. Are vehicles used to transport people or deliver goods or products on a regular basis? Yes No

III. MANAGEMENT LIABILITY COVERAGES

25. Is any entity proposed for insurance involved in research, development or testing? Yes No
26. Is any entity proposed for insurance involved in certification, accreditation or standard-setting? Yes No
27. Is any entity proposed for insurance involved in disciplinary actions as a result of peer review activities? Yes No
28. Has any entity proposed for insurance closed, downsized, laid off or reduced staff, sold, merged with or acquired any company in the past 12 months, or does any entity anticipate doing so in the next 12 months? Yes No
29. Has the applicant separated or does the applicant plan on separating from their parent organization/governing body? Yes No
30. Does the applicant have any subsidiaries requiring coverage?
If "Yes," please complete the Nonprofit Subsidiary Addendum (NPSADD). Yes No
31. Does the organization currently carry general liability insurance? Yes No
32. Is any entity proposed for insurance involved in administration or sponsorship of any insurance programs? Yes No
33. Does the organization have tax exempt status by the IRS? Yes No

34. Has any policy for directors and officers or employment practices liability ever been canceled or non-renewed? *(Not applicable in MO)* Yes No
35. Does the organization perform any operations located outside the U.S.? Yes No
If "Yes," please provide the reason: _____
36. Is any entity proposed for insurance involved in labor/union negotiations or collective bargaining? Yes No

37. Total number of employees: Full time: _____ Part time: _____ Volunteers: _____

38. Please provide the following financial information for the past three (3) years. (If the organization has been in existence for less than three years, please provide a budgeted revenue/expense statement for the next three years.)

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

*Fund balance = total assets - total liabilities

39. Has the applicant or any person proposed for coverage (whether of not in the service of the applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative, or administrative proceeding(s)? Yes No
40. Within the past five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including but not limited to the 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
If "Yes," please forward a completed USLI supplemental claims application.
41. Is any person proposed for this insurance aware of any fact, circumstance or situation that 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.

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.

Ohio Fraud Statement: 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 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 and Pennsylvania 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.

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 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: _____