

BUSINESS OWNERS POLICY (BOP) APPLICATION

Your Name _____ Date _____

Company Name _____

Address _____

City	State (or Province)	Country	ZIP
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Phone Number ()	Fax Number ()	Email
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Date new coverage needs to be effective ____ / ____ / ____

For internal use only. Email address will never be sold or shared.

DESCRIBE YOUR BUSINESS

Legal Entity Corporation Limited Liability Company Partnership Individual Other _____

Please provide a complete description of your business _____

Annual Sales/Receipts \$ _____ Year Business Purchased/Began _____ Federal Employer ID Number _____ (If applicable)

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? Yes No If Yes, please describe on separate page.

Number of employees _____ Full-time: _____ Part-time: _____

PROPERTY AND COVERAGE INFORMATION

Please tell us about each of your locations.

(Copy this section and complete for each additional location, use as many pages as needed.)

How many stories? _____ Location Number: _____ of _____

Location Address: Same as the company address: Yes No

If **No**, please enter the building address:

Street: _____

City: _____ County: _____ State: _____ Zip: _____

Square Feet Occupied: _____ sq. ft. What year was the building built? _____

If older than 20 years, please enter the year any updates were made to the building:

Re-wired _____ Re-roofed _____ Re-plumbed _____ HVAC _____

Approx. total building sq. ft.: _____

Are there other businesses in the same building? Yes No

If **Yes**, please provide a complete description of the other businesses.

Please check the type of building construction (check only one): Frame

Joisted Masonry Non-Combustible Masonry Non-Combustible Fire Resistive

Is your building 100% sprinklered? Yes No

COVERAGE REQUESTED

General Liability Limits: 1M/2M 2M/4M

For this building, are you the: Owner Tenant

Deductible: (check only one) \$500 \$1,000 \$2,500 \$5,000

Building Replacement Cost at 100%: (if owned) \$ _____

Tenant's Improvements and Betterment: \$ _____

Business Contents:

(Indicate the cost to replace with new equipment in the event of a total loss)

Radiograph Equipment: \$ _____

Orthodontia Operatories: (furniture, equipment, instruments) \$ _____

Number Of Chairs: _____

All Other Orthodontia Equipment: \$ _____

Laboratory Equipment: \$ _____

Office/Waiting Room Furniture: \$ _____

Anesthesia Related Equipment: \$ _____

Other (please describe): _____ \$ _____

TOTAL BUSINESS CONTENTS: \$ _____

ADDITIONAL INTERESTS (MORTGAGE, LOSS, PAYEE, ADDITIONAL INSURED)

Name: _____

Address: _____

Relationship With Insured: _____

If you have any questions please call 800.874-9191

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UMBRELLA LIABILITY

This coverage provides your firm additional liability protection.

Please choose one coverage amount: \$1M \$2M Greater than \$2M Do not quote umbrella

Desired Effective Date: ___ / ___ / ___

EMPLOYMENT RETIREMENT INCOME SECURITY ACT (ERISA)

Do you have a retirement plan for your employees? Yes No

Welfare & Retirement Fund Coverage (ERISA): \$ _____ Bond limit (limit equal to 10% of fund balance)

Official Name Of Retirement Plan: _____

Desired Effective Date: ___ / ___ / ___

COMMERCIAL AUTO

Does the insured have a commercial auto policy in force? Yes No What is the maximum radius of operation?

If **No**, do any employees use their personal autos or hired/rental vehicles for part of their job responsibilities? Yes No

If **Yes**, select all that apply. Driving involves: Time constraints Delivery Student or youth transportation Outside sales Routine errands Other

How many of the employees regularly using their personal autos are <= 25 years of age?

Indicate the control measures in place: (select all that apply)

- Employees carry personal auto insurance liability of at least 100/300/50 (\$100,00/\$300,000/\$50,000 split) or \$300,000 CSL (Combined Single Limit)
- Written guidelines requiring minimum age and driving experience before allowing use of personal vehicles in the course of the business
- Drivers' MRVs are on file and checked annually to be insured Other No control measure in place

CLAIMS INFORMATION:

Within the past five years have you had any claims on any line of coverage for which you are applying? Yes No

(If Yes, please attach a separate page with claim detail, payment amount, and status of the claim.)

APPLICATION FRAUD WARNING

Any person who knowingly and with the intent to defraud any insurance company or another person files an application containing materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties.

Duty of Disclosure: In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide the insurers. In this respect, you must provide all information relating to the risk whether favorable or not, which would influence the judgment of prudent insurer in determining whether they will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the contract from its commencement, which may lead to claims not being met.

Signature

Date

PLEASE SIGN AND DATE IN INK



EVENT / PARTY PLANNERS & COORDINATORS QUESTIONNAIRE

- **NOTE: This questionnaire is to be submitted along with the following completed forms:**
 - ACORD Applicant Information Application 125
 - ACORD Commercial General Liability Section 126
 - ACORD Applications for other requested coverages: **Business Auto, Property, Garage, Crime, Inland Marine, Umbrella/Excess Liability**

GENERAL INFORMATION			
1. Name of Insured (Applicant): _____			
Address of Insured (Applicant): _____			
2. Website: _____			
3. FEIN: _____			
4. Types of Events (show % of annual receipts by type of event):			
EVENT	PERCENT	EVENT	PERCENT
After Show Parties	_____	Gun Shows	_____
Auto and RV Shows/Events	<input type="checkbox"/> Static <input type="checkbox"/> Non-Static	Meetings/Seminars	_____
Animal Shows	_____	Motorsports Events	_____
Athletic Events/Contests *	_____	Open Houses	_____
Baby or Wedding Showers	_____	Parades	_____
Bar/Bat Mitzvahs, Baptisms, Quinceañera	_____	Parties – Type: Anniversary Birthday Dinner Holiday New Year Office Sporting Event Themed VIP	_____ _____ _____ _____ _____ _____ _____ _____ _____
Boat Shows	_____	Other: _____	_____
Cannabis Related Events	_____	Political Gatherings, Events or Marches *	_____
Charity Dinners/Events	_____	Product Promotion and Demos	_____
Cocktail Receptions	_____	Recitals	_____
Concerts	_____	Religious Events	_____
Conventions/Trade Shows *	_____	Speaking Engagements	_____
Corporate Parties	_____	Theatre or Movie Showing/Premier Event	_____ _____
Fashion Shows	_____	Touring Events	_____
Festivals *	<input type="checkbox"/> Art, Community & Cultural <input type="checkbox"/> Food, Wine, Beer & Spirits	Travel/Reward Trips	_____
		Weddings and Wedding Receptions	_____

MUSICAL EVENTS

Event Music Type *	Percentage	Event Music Type *	Percentage
Alternative	_____	Gothic	_____
Bluegrass	_____	Hard Rock	_____
Classical or Chamber	_____	Heavy Metal	_____
Country Western	_____	Hip Hop	_____
EDM	_____	Jazz	_____
Electronica	_____	Rap	_____
Gospel	_____	R&B	_____

5. Number of event dates planned for current year: _____
 Number of event dates held last year: _____
 Average attendance per event: _____
 Maximum daily attendance per event: _____
 Average length of event (# of days): _____

6. Total annual receipts/sales: _____
 Total annual cost of subcontractors: _____
 Total annual payroll: _____
 Total number of employees: _____

7. Is applicant involved in other operations or businesses? Yes No
 If yes, describe: _____

8. Services Provided (Indicate Yes, No or N/A)

Additional Services	Performed by Applicant & Employees	Provided by Subcontractors who are hired by applicant	This service is not provided
Amusement Ride/Attraction	_____	_____	_____
Bleachers	_____	_____	_____
Booking Agent	_____	_____	_____
Catering – Food	_____	_____	_____
Catering – Liquor Only – Bartender Service	_____	_____	_____
Consulting Only – No other services provided	_____	_____	_____
Exhibit/Stage Construction	_____	_____	_____
Exhibit/Stage Design	_____	_____	_____
Fireworks	_____	_____	_____
Shuttles	_____	_____	_____
Stage Lighting & Audio	_____	_____	_____

9. **If work is subcontracted:**
 Are certificates of insurance required from all subcontractors/vendors? Yes No
 Is applicant added as additional insured on subcontractor's policy? Yes No
 Are limits of liability on subcontractor's policy \$1,000,000 per occurrence or more? Yes No
 Will applicant ever use UN-insured subcontractors to provide products or services for this event? Yes No

10. **Hold Harmless Agreements:**
 Do you (the Applicant) use a standard client contract which outlines the specific responsibilities of the Applicant? Yes No
 Do others hold Applicant harmless? Yes No
 Does Applicant agree to hold third parties harmless? Yes No
 Does Applicant assume, by contract or verbally, responsibility for any injury or damage that may occur during an event? Yes No

11. Does Applicant have Worker's Compensation coverage in force? Yes No
 Does Applicant lease employees? Yes No

12.	Does Applicant have Professional Liability in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are you responsible for security at the events? If yes, please complete the Security Section of this questionnaire.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are medical facilities/ambulances ever provided at event(s)? _____	
15.	Do you ever have remote parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTRACTUAL INFORMATION

16.	Who has authority to sign contracts on behalf of the proposed named insured and what is the review process? _____	
17.	Is there a system in place for obtaining certificates of insurance where applicable? If yes, who reviews certificates on behalf of named insured? _____ What is the minimum limit of general liability coverage requested from each subcontractor? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

A. EMPLOYEE BENEFITS LIABILITY
(Please complete this section if you need a quote for Employee Benefits Liability Coverage. If you do not need a quote for Employee Benefits Liability, please skip this section and continue to the next section.)

1.	Is there a designated person or department that handles employee benefits enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Number of employees under employee benefit program administered in the U.S. or Canada: _____	
3.	On optional enrollment items, is a signed acceptance/rejection page collected? If yes, is the signed acceptance or rejection retained in the employee's personnel file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are all benefits available to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has any error and omission loss ever been sustained or is any such claim pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. LIQUOR LIABILITY
(Please complete this section if you need a quote for Liquor Liability Coverage. If you do not need a quote for Liquor Liability, please skip this section and continue to the next section.)

1.	Alcoholic beverages sold by subcontracted vendors? If yes, does vendor provide a Certificate of Insurance for Liquor Liability naming you as an additional insured? If yes, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is alcohol sold by the Insured/applicant? If yes, please complete the remainder of Section B.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Name on liquor license: _____	
4.	Liquor license number: _____ Class of license: _____	
5.	Has applicant's liquor license ever been revoked or suspended? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has applicant incurred claims for liquor liability during the last 3 years? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has any insurer cancelled or non-renewed coverage during the last 3 years? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

8.	Has applicant ever been fined by Alcoholic Beverage Control or another governmental regulator? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
9.	Type of beverages sold: _____	
10.	Annual Gross Sales: Liquor Sales \$ _____ Food Sales \$ _____ Other \$ _____	
11.	Are patrons allowed to carry alcoholic beverages onto the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? _____	
12.	Do you exercise the right of search and seizure of contraband items? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do you notify the public of this? _____	
13.	Do you maintain security personnel at entry check points? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? _____	
14.	Are the alcohol sales and consumption contained within one fixed site or are booths/stands located throughout the event site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15.	Number of servers used? _____ Professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	
16.	Do the servers receive any type of alcohol awareness training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ (attach training manuals used)	
17.	Median age of liquor customers: <input type="checkbox"/> 18-25 <input type="checkbox"/> 25-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40 and over	
18.	Explain how ID's are checked: _____	
19.	Are uniformed police officers present at the site of alcohol sales? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ Are undercover police officers present? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ Are private security officers present? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	
20.	Are rules and regulations clearly displayed for patrons viewing? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____	
21.	In what size of container is the alcoholic beverage served? <input type="checkbox"/> Cup _____ oz. <input type="checkbox"/> Pitcher <input type="checkbox"/> Other _____	
22.	Is there a limit placed on the quantity of alcoholic beverages purchased at one time? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	
23.	Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	
24.	Is there any type of designated driver program? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	

25.	Is there any other underlying liquor liability coverage being provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Explain: _____	
26.	Will there be additional limits of liquor liability purchased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the additional limit? _____	

C. SECURITY COVERAGE
(Complete only if security is the responsibility of the insured.)

PART I

1.	Who is primarily responsible (via contract) for liability coverage for security personnel?	
	<input type="checkbox"/> Insured <input type="checkbox"/> Municipality <input type="checkbox"/> Subcontractor	
	Number of security personnel on staff: _____	
	Number of security supervisors: _____	
	Number on premises: _____	
	Number off premises: _____	

2.	Do any security personnel carry a firearm as part of their equipment while on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, number of armed security personnel: _____	

3.	Are the security persons employed or contracted?	<input type="checkbox"/> Employed <input type="checkbox"/> Contracted
	("Employed" means the individual is being paid and supervised directly by the insured. "Contract" means the existence of a written contract with another entity for security services that has insurance coverage separate from the insured's policy for security liability.)	

Note: If "Employed," please answer Section C., Part I, II, and III.
 If "Contracted," please answer Section C., Part I, III, and IV.

4.	If applicable, please provide the estimated payroll for employed security persons.	
5.	Total maximum hours per day permitted at this and all other places of employment: _____	
	Total maximum hours per week? _____	

6.	What are the staffing guidelines per number of patrons? _____	
7.	Are the guidelines determined by: <input type="checkbox"/> Ordinance, or <input type="checkbox"/> Statute?	
	Industry standard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other (please describe): _____	

PART II:

8.	Is there a pre-employment screening procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe: _____	
9.	Does the procedure include contacting previous employers over the previous five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Do you contact at least three personal references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Is a psychological screening profile used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "yes," what type: _____	
12.	Is a criminal background check made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "yes," what agency is used for the criminal background check? _____	
13.	Is completion of a minimum 20 hours initial training program required before deployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Who conducts the training and what are the trainers qualifications: _____

15. Is a minimum of 10 hours on-site training required? Yes No

16. Is a minimum of 4 hours of annual refresher or continuing education training planned and conducted for each security employee? Yes No

17. Is each security person given a personal copy of the training/safety manual? Yes No
 If "yes," has each security person given the park written acknowledgment of the policies and contents? Yes No

NOTE: PLEASE INCLUDE A COPY OF THE MANUAL & A SAMPLE OF THE WRITTEN ACKNOWLEDGMENT.

PART III:

18. Are the security personnel in uniform? Yes No

19. Are guards equipped for constant communication during event (i.e. radios)? Yes No

PART IV:

20. Date the contracting company began business: _____

21. Is there a written agreement with contracting company? Yes No
 If "yes," please enclose a complete copy of the written agreement and certificate of insurance.

D. PYROTECHNICS

(Please complete this section if you need a quote for Pyrotechnics Coverage. If you do not need a quote for Pyrotechnics, please skip this section and continue to the next section.)

1. Limit of liability requested: \$1,000,000 Other: _____

2. Description of Events: _____

3. Location of Events: _____
 Street City State Zip

4. Dates of Events: _____

5. Who is the Authority having jurisdiction over the use of pyrotechnics at the facility?
 Local Fire Department State Fire Marshal Other (please list): _____

6. What permit process must be followed prior to use of pyrotechnics at the facility: _____

7. Have you staged pyrotechnic displays before? Yes No

Complete this section if the Pyrotechnics Operator is a Contractor.

(a) Name: _____

(b) Is there an agreement with the contractor? Yes No
 If yes, please provide a copy of the agreement.

(c) Will liability coverage be provided by the pyrotechnics contractor? Yes No
 If yes, please indicate limits of coverage provided:
 \$1,000,000 Greater than \$1,000,000 Other: _____

Please attach a copy of certificate of insurance including any additional insured listing

(d)	Do you confirm that the contractor has secured the proper pyrotechnic permits for each event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e)	Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process: _____	
8.	Do you ever have events indoors with pyrotechnics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are the events in compliance with NFPA 1123 or 1126 (Code for Fireworks Display)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Is there fencing to keep spectators away from restricted areas during the fireworks shooting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, distance of spectator fencing from launch site: _____	
	Distance of spectator parking area from launch site: _____	
	Distance of closest building or structure from launch site: _____	
11.	Will there be firefighting equipment on site during the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If no firefighting equipment on site, give distance to nearest fire station: _____	
13.	Will you have an ambulance on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, (a) what is the estimated response time of an ambulance? _____	
	(b) distance to nearest medical facility: _____	

E. TRANSPORTATION

1.	Does the promoter own any vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, please provide a completed ACORD Auto Application including Auto Schedule.</i>	
2.	Does the promoter allow the use of employees' personal autos for company business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, number of people employed by the promoter: _____	
3.	Does the promoter rent vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is rental coverage purchased from the rental agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Estimated number of rental days: _____	
	General description of the exposure (transport VIP's and/or guests, employees run errands, etc., rental/lease, contracted transportation, hauling): _____	
4.	Is shuttle service provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are all drivers covered by workers' compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is there a written policy w/respect to the use of company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain: _____	
7.	Are employees allowed to use company vehicles for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Can family members drive company vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Explain the driver selection process (age review, independent MVR review, confirmation of primary insurance, proof of valid driver's license): _____	
10.	What does the promoter do if an individual is found to have three or more moving violations or a DUI or an OUI-type of violation? _____	
11.	Does the promoter have a driving safety/training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12.	Where are the vehicles being stored?	_____
13.	Are there protections in place at the area where vehicles are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	_____
14.	Is there a concentration of values or exposure (major exposure is within a certain time frame) with respect to this insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain:	_____
15.	Does the promoter travel to Canada or Mexico?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Description of any high valued vehicles (over \$75k):	_____
17.	Does the promoter have a vehicle maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	What's the majority radius of the auto fleet?	_____

PLEASE PROVIDE THE FOLLOWING WITH THIS QUESTIONNAIRE:

- Five years of currently valued company loss runs
- Copy of master contract or standard template contract with clients
- Copy of master contract or standard template contract with sub-contractors (e.g. food service, liquor, security, maintenance)
- A schedule of events and all activities and ancillary events

AmRisk Insurance & Financial Services inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL EVALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON A QUESTIONNAIRE MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of this questionnaire.

I confirm that I have read and understand the individual state fraud notices which are a part of this American Specialty questionnaire for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS QUESTIONNAIRE SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Signature

Date

Print Name