



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
 01/14/2025

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.
 Read all provisions of the policy carefully.

| | | | | |
|--------------------------------|-------------------------------|------------------------------------|--|-------------------|
| AGENCY Agency Name | | CARRIER Carrier Name | | NAIC CODE NAIC |
| POLICY NUMBER Policy Number | EFFECTIVE DATE 01/14/20-25 | NAMED INSURED(S) Robin W. Smith | | Code |

| TRANSACTION TYPE | | | | LIMIT OF LIABILITY | | RETAINED LIMIT |
|---|-----------------------------------|--------------------------------------|------------------------------------|--------------------|--------|--------------------------|
| <input checked="" type="checkbox"/> NEW | <input type="checkbox"/> UMBRELLA | <input type="checkbox"/> OCCURRENCE | <input type="checkbox"/> VOLUNTARY | \$ 12,345.67 | EA OCC | \$ 12,345.67 |
| <input type="checkbox"/> RENEWAL | <input type="checkbox"/> EXCESS | <input type="checkbox"/> CLAIMS MADE | Policy | \$ 12,345.67 | AGG | |
| EXPIRING POL #: | Policy Information | Information | 01/14/20-25 | Policy | Policy | Policy Information First |

| | | | |
|---|-------------------------|------------------------|--------------------------|
| LIMIT OF INSURANCE (Per Employee) | AGGREGATE LIMIT FOR EBL | RETAINED LIMIT FOR EBL | RETROACTIVE DATE FOR EBL |
| \$ 12,345.67 | \$ 12,345.67 | \$ 12,345.67 | 12,345.67 |
| NAME OF BENEFIT PROGRAM Employee Benefits Liability Program Name | | | |

| # | NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations) | ANNUAL PAYROLL | ANN GROSS SALES | FOREIGN GROSS SALES | # EMPL |
|---------|--|----------------|-----------------|---------------------|--------|
| Primary | NAME: Robin W. Smith LOCATION: 123 Main St San Francisco CA94106 DESCRIPTION: Description - Primary And Subsidiary Company 1 | \$12,345.67 | \$12,345.67 | \$12,345.67 | 12,345 |
| Primary | NAME: Robin W. Smith LOCATION: 123 Main St San Francisco CA94106 DESCRIPTION: Description - Primary And Subsidiary Company 2 | \$12,345.67 | \$12,345.67 | \$12,345.67 | 12,345 |
| Primary | NAME: Robin W. Smith LOCATION: 123 Main St San Francisco CA94106 DESCRIPTION: Description - Primary And Subsidiary Company 3 | \$12,345.67 | \$12,345.67 | \$12,345.67 | 12,345 |
| Primary | NAME: Robin W. Smith LOCATION: 123 Main St San Francisco CA94106 DESCRIPTION: Description - Primary And Subsidiary Company 4 | \$12,345.67 | \$12,345.67 | \$12,345.67 | 12,345 |
| Primary | NAME: Robin W. Smith LOCATION: 123 Main St San Francisco CA94106 DESCRIPTION: Description - Primary And Subsidiary Company 5 | \$12,345.67 | \$12,345.67 | \$12,345.67 | 12,345 |
| Primary | NAME: Robin W. Smith LOCATION: 123 Main St San Francisco CA94106 DESCRIPTION: Description - Primary And Subsidiary Company 6 | \$12,345.67 | \$12,345.67 | \$12,345.67 | 12,345 |

| LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE | | | | | | | +- RATING MOD |
|--|--|-----------------|-----------------|---------------------------|--------------|------------------------|---------------------|
| TYPE | CARRIER / POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | LIMITS | | ANNUAL RENEWAL PREMIUM | |
| AUTOMOBILE LIABILITY | Underlying Insurance Automobile Liability Insurer Automobile Liability Policy Number | 01/14/2025 | 01/14/2025 | CSL EA ACC | \$ 12,345.67 | \$ 12,345.67 | |
| | | | | BI EA ACC | \$ 12,345.67 | | |
| | | | | BI EA PER | \$ 12,345.67 | | |
| | | | | PD EA ACC | \$ 12,345.67 | | |
| GENERAL LIABILITY POLICY TYPE | Underlying Insurance General Liability Insurer General Liability Policy Number | 01/14/2025 | 01/14/2025 | EACH OCCURRENCE | \$ 12,345.67 | PREM / OPS | |
| | | | | GENERAL AGGR | \$ 12,345.67 | \$ 12,345.67 | |
| | | | | PROD & COMP OPS AGGREGATE | \$ 12,345.67 | PRODUCTS | |
| | | | | PERSONAL & ADV INJURY | \$ 12,345.67 | \$ 12,345.67 | |
| | | | | DAMAGE TO RENTED PREMISES | \$ 12,345.67 | OTHER | |
| | | | | MEDICAL EXPENSE | \$ 12,345.67 | \$ 12,345.67 | |
| | | | | | | | |
| EMPLOYERS LIABILITY | Underlying Insurance Employers Liability Insurer Employers Liability Policy Number | 01/14/2025 | 01/14/2025 | EACH ACCIDENT | \$ 12,345.67 | \$ 12,345.67 | |
| | | | | DISEASE EACH EMPLOYEE | \$ 12,345.67 | | |
| | | | | DISEASE POLICY LIMIT | \$ 12,345.67 | | |
| Underlying Insurance | Underlying Insurance Other Policy Name Other | 01/14/2025 | 01/14/2025 | Underlying Other Policy | \$ 12,345.67 | \$ 12,345.67 | |
| | | | | Underlying Other Policy | \$ 12,345.67 | | |

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED?
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: 01/14/2025

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS GENERAL LIABILITY INFORMATION?
 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: 01/14/2025

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 01/14/2025

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS UNDERLYING GENERAL LIABILITY INFORMATION? YES NO PURCHASED

Underlying General Liability Information Was Tail Coverage Purchased Explanation

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

| CHECK IF APPROPRIATE | | COVERAGE | EXPOSURE | COVERAGE | EXPOSURE | |
|-------------------------------------|------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | ANY AUTO (SYMBOL 1) | <input checked="" type="checkbox"/> | CARE, CUSTODY, CONTROL | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | PROFESSIONAL LIABILITY (E&O) | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | CGL - CLAIMS MADE | <input checked="" type="checkbox"/> | EMPLOYEE BENEFIT LIABILITY | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | VENDORS LIABILITY | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | CGL - OCCURRENCE | <input checked="" type="checkbox"/> | FOREIGN LIABILITY / TRAVEL | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | WATERCRAFT LIABILITY | <input checked="" type="checkbox"/> |
| COVERAGE | | EXPOSURE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | AIRCRAFT LIABILITY | <input checked="" type="checkbox"/> | GARAGEKEEPERS LIABILITY | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Underlying Coverage Other | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | AIRCRAFT PASSENGER LIABILITY | <input checked="" type="checkbox"/> | INCIDENTAL MEDICAL MALPRACTICE | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Coverage Description Other | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | ADDITIONAL INTERESTS | <input checked="" type="checkbox"/> | LIQUOR LIABILITY | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Coverage Description Other | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | POLLUTION LIABILITY | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Coverage Description Other | <input checked="" type="checkbox"/> |

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS: e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

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PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

| DATE | COVERAGE | DESCRIPTION | AMOUNT PAID | AMOUNT OUTSTANDING |
|------------|-------------------|---------------------------------------|-------------|--------------------|
| 01/14/2025 | Loss History Line | Loss History Occurrence Description 1 | \$12,345.67 | \$12,345.67 |
| 01/14/2025 | Business 1 Line | Loss History Occurrence Description 2 | \$12,345.67 | \$12,345.67 |
| 01/14/2025 | Business 2 Line | Loss History Occurrence Description 3 | \$12,345.67 | \$12,345.67 |
| 01/14/2025 | Business 3 Line | Loss History Occurrence Description 4 | \$12,345.67 | \$12,345.67 |
| 01/14/2025 | Business 4 Line | Loss History Occurrence Description 5 | \$12,345.67 | \$12,345.67 |
| 01/14/2025 | Business 5 Line | Loss History Occurrence Description 6 | \$12,345.67 | \$12,345.67 |

NO SUCH CLAIMS of Business 6

CARE, CUSTODY, CONTROL

| LOC | PROPERTY TYPE | VALUE | A* | B* | C* | D* | SQ FT OF BLDG OCC |
|------|---|-------------|----|----|----|--|-------------------|
| Car- | <input checked="" type="checkbox"/> REAL <input type="checkbox"/> PERSONAL | \$12,345.67 | X | X | X | Care Custody Control Insured Liability Other Description | 12,345 |

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
 Care Custody Control Property Description

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

| LOCATION | TYPE | # OWNED | # NON-OWNED | # LEASED | PROPERTY HAULED | RADIUS (MILES) | | |
|-------------------|-------------------|---------|-------------|----------|---|----------------|---------------|---------------|
| | | | | | | LOCAL | INTER-MEDIATE | LONG DISTANCE |
| Trucks | PRIVATE PASSENGER | 12, | 12, | 12, | Vehicles Private Passenger Property Hauled | 12, | 12, | 12, |
| | LIGHT | 325 | 325 | 325 | Description Light Weight Trucks Property Hauled | 325 | 325 | 325 |
| | MEDIUM | 325 | 325 | 325 | Description Medium Weight Trucks Property Hauled | 325 | 325 | 325 |
| | HEAVY | 325 | 325 | 325 | Description Heavy Weight Trucks Property Hauled | 325 | 325 | 325 |
| | EX. HEAVY | 325 | 325 | 325 | Description Extra Heavy Weight Trucks Property Hauled | 325 | 325 | 325 |
| Trucks / Tractors | HEAVY | 325 | 325 | 325 | Description Heavy Weight Trucks/Tractors Property | 325 | 325 | 325 |
| | EX. HEAVY | 325 | 325 | 325 | Description Heavy Weight Trucks/Tractors Property | 325 | 325 | 325 |
| BUSES | | 325 | 325 | 325 | Vehicles Description Property Hauled Description | 325 | 325 | 325 |

ADDITIONAL EXPOSURES

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | | Y / N |
|--|--|-------|
| ADVERTISERS LIABILITY | | |
| 1. MEDIA USED: <u>Additional Exposures Media Used</u> ANNUAL COST: \$ <u>12,345.67</u> | | |
| 2. ARE SERVICES OF AN ADVERTISING AGENCY USED? <u>Additional Exposures Services of Advertising Agency Used</u> | <u>Additional Exposures Services of Advertising Agency Used</u> | |
| 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? <u>Additional Exposures Coverage Provided Under Agency Policy</u> | <u>Additional Exposures Coverage Provided Under Agency Policy</u> | |
| AIRCRAFT LIABILITY | | |
| 4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT? <u>Additional Exposures Aircraft Liability Applicant Own Aircraft</u> | <u>Additional Exposures Aircraft Liability Applicant Own Aircraft</u> | |
| AUTO LIABILITY | | |
| 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? <u>Additional Exposures Auto Liability Explosives, Caustics, Flammables Cargo Hauled</u> | <u>Additional Exposures Auto Liability Explosives, Caustics, Flammables Cargo Hauled</u> | |
| 6. ARE PASSENGERS CARRIED FOR A FEE? <u>Additional Exposures Auto Liability Passengers Carried For a Fee</u> | <u>Additional Exposures Auto Liability Passengers Carried For a Fee</u> | |
| 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? <u>Additional Exposures Auto Liability Unit Not Insured by Underlying Policies</u> | <u>Additional Exposures Auto Liability Unit Not Insured by Underlying Policies</u> | |
| 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? <u>Additional Exposures Auto Liability Any Vehicles Leased or rented to Others</u> | <u>Additional Exposures Auto Liability Any Vehicles Leased or rented to Others</u> | |
| 9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED? <u>Additional Exposures Auto Liability Hired and Non Owned Coverages Provided</u> | <u>Additional Exposures Auto Liability Hired and Non Owned Coverages Provided</u> | |
| CONTRACTORS LIABILITY | | |
| 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? <u>Additional Exposures Contractors Liability Bridge, Dam, Marine Work Performed</u> | <u>Additional Exposures Contractors Liability Bridge, Dam, Marine Work Performed</u> | |
| 11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) <u>Additional Exposures Contractors Liability Description of Job Performed</u> | | |
| 12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) <u>Additional Exposures Contractors Liability Agreement Description</u> | | |
| 13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? <u>Additional Exposures Contractors Liability Applicant Own, Rent, Otherwise Use Cranes</u> | <u>Additional Exposures Contractors Liability Applicant Own, Rent, Otherwise Use Cranes</u> | |
| 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? <u>Additional Exposures Contractors Liability Applicant Subcontractors Carry Coverages or Limits Less than Applicant</u> | <u>Additional Exposures Contractors Liability Applicant Subcontractors Carry Coverages or Limits Less than Applicant</u> | |
| EMPLOYERS LIABILITY | | |
| 15. IS APPLICANT SELF-INSURED IN ANY STATE? <u>Additional Exposures Employers Liability Applicant Self-Insured in Any State</u> | <u>Additional Exposures Employers Liability Applicant Self-Insured in Any State</u> | |
| 16. SUBJECT TO: <input checked="" type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER: <u>Additional Exposures Employers Liability Subject To Description</u> | | |
| INCIDENTAL MALPRACTICE LIABILITY | | |
| 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? <u>Additional Exposures Incidental Malpractice Liability Hospital or First Aid Facility Maintained</u> | <u>Additional Exposures Incidental Malpractice Liability Hospital or First Aid Facility Maintained</u> | |
| 18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? <u>Additional Exposures Incidental Malpractice Liability Coverages Provided for Doctors/Nurses</u> | <u>Additional Exposures Incidental Malpractice Liability Coverages Provided for Doctors/Nurses</u> | |
| 19. INDICATE # OF DOCTORS: <u>12</u> , NURSES: <u>12</u> , BEDS: <u>12,345</u> | | |

ADDITIONAL EXPOSURES (continued)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|---|--|---------------------|--|----------------------------|--|--------------|--|------------|--|---------------------|--|---------------------|--|
| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | | | | | | | | | | Y / N | | | | | | | | | |
| EPA #: Additional Exposures Pollution | | | | | | | | | | POLLUTION LIABILITY | | | | | | | | | |
| 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? Additional Exposures Pollution Liability Current or Past Products Contains Hazardous Materials | | | | | | | | | | | | | | | | | | | |
| 21. INDICATE THE COVERAGES CARRIED: | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION | | <input checked="" type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT | | <input checked="" type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY | | <input checked="" type="checkbox"/> SEPARATE POLLUTION COVERAGE | | | | | | | | | | | | | |
| PRODUCT LIABILITY | | | | | | | | | | | | | | | | | | | |
| 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? Additional Exposures Product Liability Missiles, Engines, Guidance Systems, Frames Installed in Aircraft | | | | | | | | | | | | | | | | | | | |
| 23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815) Additional Exposures Product Liability Foreign Operations | | | | | | | | | | | | | | | | | | | |
| 24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) Additional Exposures Product Liability Loss in Past Three Years | | | | | | | | | | | | | | | | | | | |
| 25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ 12,345.67 \$ 12,345.67 \$ 12,345.67 | | | | | | | | | | | | | | | | | | | |
| PROTECTIVE LIABILITY | | | | | | | | | | | | | | | | | | | |
| 26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Exposures Protective Liability Independent Contractors Describe | | | | | | | | | | | | | | | | | | | |
| WATERCRAFT LIABILITY | | | | | | | | | | | | | | | | | | | |
| 27. DOES APPLICANT OWN OR LEASE WATERCRAFT? | | | | | | | | | | | | | | | | | | | |
| LOC # | | # OWNED | | LENGTH | | HORSEPOWER | | LOC # | | # OWNED | | LENGTH | | HORSEPOWER | | | | | |
| Add-12,345 | | Additional | | Additional | | Additional | | Add-12,345 | | Additional | | Additional | | Additional | | | | | |
| APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS | | | | | | | | | | | | | | | | | | | |
| LOC # | | # STORIES | | # UNITS | | WATER SWIMMING POOL | | WATER DIVING BOARDS | | LOC # | | # STORIES | | # UNITS | | WATER SWIMMING POOL | | WATER DIVING BOARDS | |
| Add-12,345 | | 12,345 | | 12,345 | | Liability, 345 | | Liability, 345 | | Add-12,345 | | 12,345 | | 12,345 | | Liability, 345 | | Liability, 345 | |
| REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | Length 1 | | Horsepower 1 | | Length 2 | | Horsepower 2 | | | |
| Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor. | | | | | | | | | | 1 | | 2 | | | | | | | |

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ 12,345.67 * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ 12,345.67 *
 MEDICAL PAYMENTS COVERAGE: \$ 12,345.67 * * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
 (INITIALS) (INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES.
 (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
 (INITIALS) (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

| | | |
|-----------------------|---|---|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) Robin W. Smith | STATE PRODUCER LICENSE NO (Required in Florida) State Producer |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER National Producer Number |