

# PRODUCTS LIABILITY - OCCURRENCE COVERAGE FORM APPLICATION



<b>APPLICANT'S INSTRUCTIONS</b>	
1)	ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTIONS IS NONE, PLEASE STATE NONE.
2)	APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
3)	BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.
4)	THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.

<b>PRODUCER</b>	PRODUCER CODE
ADDRESS	CITY/STATE
ZIP	

<b>1. APPLICANT INFORMATION</b>		
A)	NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS)	
_____		
_____		
B)	MAILING ADDRESS (OF FIRST NAMED INSURED)	
_____		
C)	a. APPLICANT OPERATES AS AN:	b. YEARS IN BUSINESS
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (DESCRIBE)		
<input type="checkbox"/> TRUST <input type="checkbox"/> LLC (LIMITED LIABILITY CORPORATION)		c. STATE OF FORMATION
D)	a. EFFECTIVE DATE OF THIS INSURANCE	
_____		
b. PROPOSED RETROACTIVE DATE:		c. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:
_____		_____
E)	a. INSPECTION (CONTACT/PHONE)	b. ACCOUNTING RECORDS (CONTACT/PHONE)
_____		_____
F)	YEARS IN BUSINESS PRESENT NAME:	YEARS IN BUSINESS SAME MAJORITY NAME:
_____		_____
HAVE ANY OF THE PRINCIPALS EVER ENGAGED IN THIS OR SIMILAR ENTERPRISES UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH DETAILS.		
G)	WEBSITE	
_____		

<b>2. DESCRIPTION OF APPLICANT'S OPERATIONS AND PRODUCTS</b>		
A)	<input type="checkbox"/> MANUFACTURER <input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAILER <input type="checkbox"/> IMPORTER <input type="checkbox"/> EXPORTER <input type="checkbox"/> SERVICES	
DESCRIBE OPERATIONS:		
_____		
_____		
B)	LIST AND DESCRIBE PRODUCT(S) AND NUMBER OF YEARS PRODUCT HAS BEEN ON THE MARKET (ATTACH SEPARATE LIST IF NECESSARY AND ATTACH SALES BROCHURES, IF ANY):	
_____		
_____		
ARE ANY OF YOUR PRODUCTS ACCOMPANIED BY ANY WRITTEN BROCHURE, LABELS, INSTRUCTIONS OR OTHER WRITTEN STATEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, ATTACH COPIES.		

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C)	DESCRIBE MATERIALS OR COMPONENTS THAT PRINCIPALLY COMPRISE EACH PRODUCT (ATTACH A SEPARATE SHEET IF NECESSARY)		
D)	DESCRIBE THE INTENDED USE OF YOUR PRODUCT AND THE TYPE OF INDUSTRY SOLD TO:		
E)	LOCATION(S) AT WHICH PRODUCT(S) ARE MANUFACTURED BY APPLICANT OR DISTRIBUTED BY APPLICANT:		
		<b>YES</b>	<b>NO</b>
F)	DO YOU MANUFACTURE THE COMPLETE PRODUCT? IF NO, WHAT COMPONENTS ARE PURCHASED?	<input type="checkbox"/>	<input type="checkbox"/>
	ARE ANY PARTS PURCHASED FROM FOREIGN MANUFACTURERS? IF YES, DESCRIBE:	<input type="checkbox"/>	<input type="checkbox"/>
G)	DO YOU ASSEMBLE THE PRODUCTS?	<input type="checkbox"/>	<input type="checkbox"/>
H)	DO YOU PERFORM ORIGINAL INSTALLATION OF THE PRODUCTS? IF NO, DOES THE INSTALLER SUPPLY PARTS NOT MANUFACTURED BY YOU?	<input type="checkbox"/>	<input type="checkbox"/>
I)	DO YOU MAINTAIN AND/OR SERVICE THE PRODUCTS? IF YES, ATTACH FULL DETAILS INCLUDING COPY OF YOUR STANDARD WRITTEN SERVICE CONTRACT AND GROSS RECEIPTS FROM THIS SOURCE.	<input type="checkbox"/>	<input type="checkbox"/>
J)	DO YOU MAINTAIN QUALITY CONTROL PROCEDURES? IF YES, ATTACH OUTLINE OF SUCH PROCEDURES.	<input type="checkbox"/>	<input type="checkbox"/>
K)	DO YOU MAINTAIN COMPLETE INVENTORY RECORDS OF SHIPMENTS AND/OR DELIVERIES TO VENDORS?	<input type="checkbox"/>	<input type="checkbox"/>
L)	ARE SERIAL AND/OR BATCH NUMBERS SHOWN ON THE FINISHED PRODUCTS AND ON SHIPMENT INVOICES?	<input type="checkbox"/>	<input type="checkbox"/>
M)	CAN THE DATE OF MANUFACTURE OF EACH PRODUCT BE IDENTIFIED BY THE FACTORY NUMBER STAMPED ON IT?	<input type="checkbox"/>	<input type="checkbox"/>
N)	DO YOU KEEP SAMPLES OF PRODUCTS INVOLVED IN YOUR QUALITY CONTROL PROCEDURES? IF YES, HOW LONG ARE SAMPLES RETAINED?	<input type="checkbox"/>	<input type="checkbox"/>
O)	HAVE YOU EVER RECALLED ANY OF YOUR PRODUCTS FOR ANY REASON? IF YES, ATTACH DETAILS.	<input type="checkbox"/>	<input type="checkbox"/>
P)	DO YOU HAVE A PRODUCTS RECALL PLAN? IF YES, ATTACH DESCRIPTION.	<input type="checkbox"/>	<input type="checkbox"/>
Q)	HAVE YOUR PRODUCTS EVER BEEN SUBJECT TO ANY INQUIRY OR INVESTIGATION BY ANY GOVERNMENTAL AGENCY CONCERNING THE EFFICIENCY, ADEQUACY OF LABELING, HAZARDOUS CONTENTS OR SAFETY? IF YES, ATTACH FULL DETAILS AND RESULT OF SUCH INQUIRY.	<input type="checkbox"/>	<input type="checkbox"/>
R)	ARE YOUR PRODUCTS USED BY THE AIRCRAFT, AUTOMOBILE, MARINE, SPACE OR ENERGY INDUSTRIES?	<input type="checkbox"/>	<input type="checkbox"/>
S)	ARE THE PRODUCTS SOLD UNDER YOUR LABEL? IF YES, ATTACH SAMPLE LABEL.	<input type="checkbox"/>	<input type="checkbox"/>
T)	HAVE THE PRODUCTS BEEN TESTED BY UNDERWRITERS LABORATORY OR SIMILAR FACILITY?	<input type="checkbox"/>	<input type="checkbox"/>
U)	DO ANY INDUSTRY OR GOVERNMENTAL STANDARDS APPLY? IF YES, PROVIDE STANDARD #S:	<input type="checkbox"/>	<input type="checkbox"/>
	DO THE PRODUCTS MEET OR EXCEED THOSE STANDARDS?	<input type="checkbox"/>	<input type="checkbox"/>
V)	HAVE YOU CEASED TO MANUFACTURE ANY PRODUCTS DURING THE PAST 5 YEARS? IF YES, ATTACH DESCRIPTION AND SALES BY YEAR AND SHOW REASON FOR DISCONTINUANCE.	<input type="checkbox"/>	<input type="checkbox"/>
W)	DO YOU PLAN TO MANUFACTURE ANY NEW PRODUCTS TO BE MARKETED WITHIN THE NEXT 12 MONTHS? IF YES, ATTACH DESCRIPTION.	<input type="checkbox"/>	<input type="checkbox"/>
X)	ARE ANY OF YOUR PRODUCTS SUBJECT TO DETERIORATION OR REQUIRE SPECIAL HANDLING OR PACKAGING TO AVOID ENVIRONMENTAL IMPAIRMENT? IF YES, ATTACH DESCRIPTION AND GIVE PERIOD.	<input type="checkbox"/>	<input type="checkbox"/>
Y)	ARE ANY OF YOUR PRODUCTS FLAMMABLE, TOXIC, OR EXPLOSIVE? IF YES, ATTACH DETAILS.	<input type="checkbox"/>	<input type="checkbox"/>

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3. SHOW SALES OF PRINCIPAL PRODUCTS FOR PREVIOUS 5 YEARS				
YEAR	GROSS SALES	PRINCIPAL PRODUCTS NAME	PERCENT	NUMBER OF UNITS

4. PROVIDE AN ESTIMATE FOR NEXT 12 MONTHS SALES:		PAYROLL:

5. DESCRIBE CONTRACTUAL RELATIONSHIPS APPLICANT HAS		YES	NO
A)	WHAT CONTRACTUAL ARRANGEMENTS OR HOLD-HARMLESS AGREEMENTS DO YOU HAVE WITH THE MANUFACTURERS OF COMPONENT PARTS? <input type="checkbox"/> NONE <input type="checkbox"/> COPY OF EACH AGREEMENT IS ATTACHED.		
B)	DO YOU ISSUE GUARANTEES OR WARRANTIES TO PURCHASERS? IF YES, FOR WHAT PERIODS DO YOU GUARANTEE OR WARRANT YOUR PRODUCTS? _____ ATTACH FULL DETAILS AND COPY OF YOUR FORM OF GUARANTEE OR WARRANTY.	<input type="checkbox"/>	<input type="checkbox"/>
C)	DO YOU AGREE TO HOLD DEALERS, DISTRIBUTORS, OR SUPPLIERS HARMLESS AGAINST CLAIMS, OR SUITS FOR PERSONAL INJURIES OR PROPERTY DAMAGE IN CONNECTION WITH YOUR PRODUCTS? IF YES, ATTACH COPIES OF YOUR STANDARD FORMS	<input type="checkbox"/>	<input type="checkbox"/>
D)	ARE ANY OF THE ABOVE DEALERS AFFILIATED WITH YOU? IF YES, ATTACH EXPLANATION.	<input type="checkbox"/>	<input type="checkbox"/>
E)	IF YOU ARE A DISTRIBUTOR, DOES THE MANUFACTURER INSURE YOU?	<input type="checkbox"/>	<input type="checkbox"/>

6. PRIOR CARRIER INFORMATION					
	YEAR 20__	YEAR 20__	YEAR ____	YEAR ____	YEAR ____
A) CARRIER POLICY NO. POLICY TYPE RETROACTIVE DATE POLICY LIMITS: OCCURRENCE PROD. AGGREGATE  PREMIUM SIR OR DED EXPENSE WITHIN POLICY LIMIT?					
	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC	<input type="checkbox"/> CM <input type="checkbox"/> OCC
	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO
B) HAS ANY INSURER EVER CANCELLED, RESTRICTED OR REFUSED TO RENEW YOUR POLICY OR ANY COVERAGE IN THE PAST 5 YEARS? IF YES, PLEASE EXPLAIN:	YES                      NO				
	<input type="checkbox"/> <input type="checkbox"/>				
C) HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? IF YES, PLEASE EXPLAIN:	YES                      NO				
	<input type="checkbox"/> <input type="checkbox"/>				

7. CLAIMS HISTORY (5 YEARS): (YOU MAY ATTACH AN EQUIVALENT LIST)					IF NO LOSSES, CHECK HERE <input type="checkbox"/>	
INDICATE IF AMOUNTS SHOWN ARE FULL CLAIM FIGURES OR JUST THE AMOUNT IN EXCESS OF A DEDUCTIBLE.						
	CLAIMS PAID		RESERVES OPEN		NUMBER CLOSED	CLAIMS
YEAR	NUMBER	AMOUNT	NUMBER	AMOUNT	NO PAYMENT	EXPENSES PAID

A) IF ANY INDIVIDUAL CLAIM (PAID OR RESERVED) EXCEEDS \$10,000, GIVE DESCRIPTION, DATE AND AMOUNT.		
B) ARE YOU AWARE OF ANY INCIDENTS, NOT YET RESERVED, THAT MAY RESULT IN CLAIMS AGAINST YOU? IF YES, ATTACH DETAILS.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C) HAS ANY INSURER EVER CANCELLED OR REFUSED TO ISSUE OR RENEW YOUR PRODUCTS LIABILITY INSURANCE? IF YES, ATTACH DETAILS.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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D) ATTACH YOUR MOST RECENT ANNUAL REPORT AND DIRECTORS AND OFFICERS REPORT. IF NOT AVAILABLE, STATE REASON.

**SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

## **FRAUD NOTICES:**

***PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.***

**ARKANSAS:** AR CODE §23-66-503 "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:** CO STAT. §10-1-127 "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."

**DISTRICT OF COLUMBIA:** DC CODE §22-3825.9 "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**FLORIDA:** FL STAT. §817.234 "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."

**HAWAII:** HI STAT. §431:10C-307.7 "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

**KENTUCKY:** KY STAT. §304.47-030 "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

**LOUISIANA:** LA STAT. §1424 "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."

**MAINE:** ME STAT. TI 24-1, §2186 "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 DENIAL OF INSURANCE BENEFITS."

**NEW JERSEY:** NJ STAT. §17:33A-6 "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NEW MEXICO:** NM STAT. §59A-16C-8 "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 CIVIL FINES AND CRIMINAL PENALTIES."

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<p><b>OHIO:</b> OH CODE §3999.21 "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."</p>	
<p><b>OKLAHOMA:</b> OK STAT. TI 36, §3613. "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."</p>	
<p><b>OREGON</b> Bulletin 98-5 ANY PERSON, WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION FOR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."</p>	
<p><b>PENNSYLVANIA:</b> PA STAT. TI 18, §4117 "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."</p>	
<p><b>RHODE ISLAND:</b> RI GEN. LAWS §27-54-8 "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."</p>	
<p><b>TENNESSEE:</b> TN CODE §56-53-111 "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."</p>	
<p><b>VIRGINIA:</b> VA CODE §52-40 "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."</p>	
<p><b>OTHER STATES:</b> WARNING: "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 INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."</p>	
<p><b>NEW YORK:</b> NY COMPILATION OF CODES, RULES &amp; REGULATIONS TITLE 11, SECTION 86 "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."</p>	
<p><b>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.</b></p>	
Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email