



CONTRACTORS APPLICATION

AS USED IN THIS APPLICATION, THE “NAMED INSURED” IS REFERRED TO AS “APPLICANT” OR “YOU”.

AS USED IN THIS APPLICATION, “POLICY YEAR” IS THE 12 MONTH PERIOD FOR WHICH APPLICANT SEEKS TO BE COVERED BY THE GENERAL LIABILITY INSURANCE POLICY WHICH IS THE SUBJECT OF THIS APPLICATION. THE “EXPIRING POLICY YEAR” IS THE 12 MONTH PERIOD PRIOR TO THE DESIRED POLICY EFFECTIVE DATE.

FOR THE PURPOSE OF DETERMINING THE PREMIUM DUE FOR ANY POLICY ISSUED PURSUANT TO THIS APPLICATION, “GROSS RECEIPTS” ARE THE NAMED INSURED’S TOTAL RECEIPTS DURING THE POLICY PERIOD, WITH NO DEDUCTION FOR THE COST OF GOODS OR PROPERTY SOLD, LABOR COSTS, INTEREST EXPENSE, DISCOUNTS PAID, DELIVERY COSTS, STATE OR FEDERAL TAXES, OR ANY OTHER EXPENSES. GROSS RECEIPTS WILL BE DEEMED TO INCLUDE ANY AND ALL PAYMENTS MADE THROUGH A VOUCHER SERVICE, LENDER OR SIMILAR ORGANIZATION OR SERVICE WHICH DISTRIBUTES FUNDS TO SUBCONTRACTORS, INDEPENDENT CONTRACTORS, MATERIAL SUPPLIERS, EQUIPMENT SUPPLIERS OR THE LIKE WITH RESPECT TO ANY PROJECT FOR WHICH AN INSURED IS SERVING AS A GENERAL CONTRACTOR OR REMODELING CONTRACTOR, OR IN A SIMILAR ROLE.

| | |
|------------------------|---------------------------|
| 1. PRODUCER NAME: | |
| 2. PRODUCER ADDRESS: | |
| 3. PRODUCER TELEPHONE: | 4. PRODUCER CONTACT NAME: |
| 5. PRODUCER FAX: | 6. PRODUCER E-MAIL: |

| | | | | | | |
|---|--|--------------------------------------|--------------------------------------|---|------------------------------|--------------------------------|
| 7. APPLICANT NAME TO BE SHOWN ON POLICY AS NAMED INSURED: | | | | | | |
| 8. | <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> LLC | <input type="checkbox"/> OTHER |
| 9. APPLICANT’S MAILING ADDRESS: | | | | | | |
| 10. CITY | | | 11. STATE | | 12. ZIP | |
| 13. APPLICANT’S STREET ADDRESS: | | | | | | |
| 14. CITY | | | 15. STATE | | 16. ZIP | |
| 17. APPLICANT’S OFFICE PHONE NUMBER: | | 18. APPLICANT’S CELL PHONE NUMBER: | | 19. APPLICANT’S E-MAIL ADDRESS: | | |
| 20. INSPECTION CONTACT NAME: | | 21. CLAIMS CONTACT NAME: | | 22. YEARS APPLICANT HAS BEEN IN BUSINESS: | | |
| 23. NAMES OF PRIOR OR EXISTING BUSINESSES UNDER COMMON CONTROL WITH APPLICANT: | | | | 24. TOTAL YEARS TRADE EXPERIENCE OF APPLICANT AND PREDECESSORS: | | |
| 25. CONTRACTOR LICENSE NUMBER(S): | | 26. LICENSED STATE(S): | | 27. TAX ID NUMBER: | | |
| 28. DESCRIPTION OF APPLICANT’S CURRENT AND PROSPECTIVE OPERATIONS DURING THE POLICY YEAR: | | | | | | |



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|---|---------------------------------|------------------------------------|--|---|---------------------------------------|
| 29. DOES APPLICANT NOW HAVE, OR WILL APPLICANT HAVE DURING THE POLICY YEAR, ANY OPERATIONS, BUSINESS ACTIVITIES OR SOURCES OF REVENUE NOT DESCRIBED IN ITEM 28 ABOVE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | IF YES, DESCRIBE THOSE OPERATIONS: | | |
| 30. DOES THE APPLICANT HAVE SEPARATE INSURANCE FOR THE ACTIVITIES DESCRIBED IN QUESTION 29 ABOVE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | IF YES, INSURANCE COMPANY NAME AND POLICY #: | | |
| 31. DOES THE APPLICANT HAVE ANY OPERATIONS DESCRIBED IN QUESTION 28 ABOVE FOR WHICH IT HAS SEPARATE INSURANCE (INCLUDING WRAP-UP COVERAGE)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | IF YES, PLEASE PROVIDE DETAILS OF COVERAGE: | | |
| POLICY INFORMATION: | | | | | |
| 32. POLICY EFFECTIVE DATE: | | 33. DEDUCTIBLE: | | <input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE | |
| 34. OCCURRENCE LIMIT: \$ | | 35. GENERAL AGGREGATE LIMIT: \$ | | 36. PRODUCTS/COMPLETED OPS. AGG LIMIT: \$ | |
| 37. BLANKET ADDITIONAL INSURANCE COVERAGE: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 38. BLANKET WAIVER OF SUBROGATION: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 39. SUNSET CLAUSE LIMITATION: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 40. DAMAGE TO RENTED PREMISES LIMIT: | \$50,000 <input type="checkbox"/> | \$100,000 <input type="checkbox"/> |
| 41. LIST SPECIFIC ADDITIONAL INSURED'S IF REQUIRED: | NAME | | ADDRESS | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 42. SPECIFIC COVERAGE REQUESTS: | | | | | |

43. HAVE YOU PERFORMED DURING THE THREE (3) YEAR PERIOD BEFORE THE POLICY YEAR, OR WILL YOU PERFORM DURING THE POLICY YEAR ANY OF THE FOLLOWING JOBS OR OPERATIONS?

| | | | | | | | | | | | |
|----------------------------------|---------------------------------|--------------------------------|----------------------------------|---------------------------------|--------------------------------|--------------------------------------|---------------------------------|--------------------------------|---------------------------------------|---------------------------------|--------------------------------|
| A. AIRPORT WORK | YES <input type="checkbox"/> | NO <input type="checkbox"/> | F. DAMS LEVEES OR BRIDGES | YES <input type="checkbox"/> | NO <input type="checkbox"/> | K. MOLD REMIDATION | YES <input type="checkbox"/> | NO <input type="checkbox"/> | P. OIL OR GAS WELL DRILLING | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| B. ASBESTOS OR LEAD ABATEMENT | YES <input type="checkbox"/> | NO <input type="checkbox"/> | G. EMPLOYEE LEASING | YES <input type="checkbox"/> | NO <input type="checkbox"/> | L. RAILROADS | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Q. EQUIPMENT LEASING | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| C. BLASTING OPERATIONS | YES <input type="checkbox"/> | NO <input type="checkbox"/> | H. WORK OVER 3 STORIES | YES <input type="checkbox"/> | NO <input type="checkbox"/> | M. SCAFFOLD ERECTION | YES <input type="checkbox"/> | NO <input type="checkbox"/> | R. USE OF CRANES OR LIFTS | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| D. CHEMICAL SPRAYING | YES <input type="checkbox"/> | NO <input type="checkbox"/> | I. FIRE SPRINKLER SYSTEMS | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N. EFIS SYSTEMS | YES <input type="checkbox"/> | NO <input type="checkbox"/> | S. EARTHQUAKE RETROFIT | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| E. EXTERMINATION OR PEST CONTROL | YES <input type="checkbox"/> | NO <input type="checkbox"/> | J. TORCH DOWN OR OPEN FLAME WORK | YES <input type="checkbox"/> | NO <input type="checkbox"/> | O. CONSTRUCTION MANAGEMENT FOR A FEE | YES <input type="checkbox"/> | NO <input type="checkbox"/> | T. TRAFFIC CONTROL OR TRAFFIC SIGNALS | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

EXPLAIN ALL "YES" RESPONSES



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DURING THE POLICY YEAR - TYPE OF WORK YOU WILL PERFORM:

| | | | | | |
|--|---------------------------------|-------------------------------------|---|--------------------------------------|--|
| 44. RESIDENTIAL VS COMMERCIAL PROJECTS = 100% | | RESIDENTIAL | % | COMMERCIAL | % |
| 45. GEN. CONTRACTOR VS SUBCONTRACTOR = 100% | | GENERAL CONTRACTOR | % | SUBCONTRACTOR | % |
| 46. NEW GROUND UP VS REMODEL/REPAIR= 100% | | NEW CONSTRUCTION | % | REMODELING OR REPAIR | % |
| 47. DURING THE POLICY YEAR, HOW MANY BUILDINGS WILL YOU WORK ON IN THESE CATEGORIES: | CUSTOM HOMES NOT IN TRACTS: | TRACT HOMES IN 2 TO 10 UNIT TRACTS: | TRACT HOMES IN 11 TO 50 UNIT TRACTS: | TRACT HOMES IN TRACTS OVER 50 UNITS: | |
| 48. IN THE POLICY YEAR, HOW MANY BUILDINGS WILL YOU WORK ON IN THESE CATEGORIES: | APARTMENTS: | CONDOMINIUMS: | TOWNHOUSES OR ROW HOMES: | COMMERCIAL BUILDINGS: | |
| 49. DURING THE POLICY YEAR, WILL YOU PERFORM ANY WORK FOR CONDOMINIUM/TOWNHOUSE DEVELOPERS OR HOMEOWNER ASSOCIATIONS (IN THEIR COMMON AREAS OR OTHERWISE)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 50. DURING THE POLICY YEAR, WILL YOU DO WORK FOR CONDOMINIUM/TOWNHOUSE UNIT OWNERS? | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 51. DO YOU HAVE ANY WORK PLANNED UNDER OCIP OR "WRAP-UP" PROJECTS DURING THE POLICY YEAR? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 52. IF YES, WHAT ARE YOUR EXPECTED RECEIPTS FROM WORK DONE IN "WRAP-UP" PROJECTS? | | |
| FINANCIAL INFORMATION | | DOLLAR (\$) AMOUNTS: | | | |
| PERIOD: | 52. YEAR | 53. GROSS RECEIPTS | 54. SUBCONTRACTING COSTS | 55. GROSS PAYROLL | 56. # OF PROJECTS WORKED UPON |
| A. UPCOMING POLICY YEAR (ESTIMATED \$ AMOUNTS) | | \$ | \$ | \$ | 57. # OF PROJECTS COMPLETED |
| B. EXPIRING POLICY YEAR: | | \$ | \$ | \$ | |
| C. 1 ST PRIOR POLICY YEAR: | | \$ | \$ | \$ | |
| D. 2 ND PRIOR POLICY YEAR: | | \$ | \$ | \$ | |

PRIOR INSURANCE COMPANY INFORMATION:

| | | | | | | |
|---|--------------------------|---------------------------------|--------------------------------|---------------------------|--------------------------|------------------------|
| PERIOD | 58. POLICY PERIOD | 59. INSURANCE COMPANY | 60. POLICY NUMBER | 61. POLICY PREMIUM | 62. POLICY LIMITS | 63. POLICY DED. |
| A. EXPIRING POLICY YEAR | | | | \$ | \$ | \$ |
| B. 1 ST PRIOR POLICY YEAR | | | | \$ | \$ | \$ |
| C. 2 ND PRIOR POLICY YEAR | | | | \$ | \$ | \$ |
| 64. HAS APPLICANT OR ANY OF ITS PREDECESSORS OR PRINCIPALS EVER BEEN ADJUDGED BANKRUPT OR INSOLVENT? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | IF YES, PROVIDE DETAILS: | | |
| 65. DOES THE APPLICANT OR ITS PREDECESSORS HAVE ANY UNPAID JUDGMENTS, LIENS OR UNPAID INSURANCE PREMIUMS OR DEDUCTIBLES? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | IF YES, PROVIDE DETAILS: | | |
| 66. STATES IN WHICH THE APPLICANT HAS PERFORMED CONTRACTING WORK DURING THE THREE YEARS BEFORE THE POLICY YEAR OR WILL PERFORM CONTRACTING WORK DURING THE POLICY YEAR? | | | | | | |



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PLEASE LIST YOUR THREE LARGEST JOBS IN THE LAST THREE YEARS:

| 67. PROJECT NAME & TYPE | 68. DATE/YEAR OF WORK | 69. NATURE OF WORK | 70. GROSS RECEIPTS |
|-------------------------|-----------------------|--------------------|--------------------|
| A. | | | \$ |
| B. | | | \$ |
| C. | | | \$ |

PLEASE LIST THE TWO LARGEST PROJECTS THAT YOU ARE CURRENTLY WORKING ON OR WILL COMMENCE IN THE POLICY YEAR:

| 71. PROJECT NAME & TYPE | 72. DATE/YEAR OF WORK | 73. NATURE OF WORK | 74. GROSS RECEIPTS |
|-------------------------|-----------------------|--------------------|--------------------|
| A. | | | \$ |
| B. | | | \$ |

| | | | |
|-----|--|---------------------------------|--------------------------------|
| 75. | WILL YOU USE SUBCONTRACTORS DURING THE POLICY YEAR? (IF YES, QUESTIONS 76, 77, 79 & 80 ARE CONDITIONS OF ANY POLICY THE COMPANY MAY ISSUE) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 76. | DO YOU NOW, AND WILL YOU DURING THE POLICY YEAR, HAVE A WRITTEN CONTRACT WITH EACH OF YOUR SUBCONTRACTORS WHICH HOLDS YOU HARMLESS RELATIVE TO WORK PERFORMED BY THE SUBCONTRACTOR? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 77. | ARE YOU NOW NAMED AS AN ADDITIONAL INSURED ON YOUR SUBCONTRACTORS' POLICIES, AND WILL YOU BE NAMED AS AN ADDITIONAL INSURED ON SUCH POLICIES DURING THE POLICY YEAR? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 78. | DO YOU HOLD OTHERS HARMLESS OR ARE YOU REQUIRED TO PROVIDE ADDITIONAL INSURED ENDORSEMENTS FOR OTHERS? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 79. | ARE YOUR SUBCONTRACTORS REQUIRED TO PROVIDE YOU WITH A CERTIFICATE OF INSURANCE BEFORE COMMENCING WORK, DEMONSTRATING THAT THEY HAVE GENERAL LIABILITY INSURANCE COVERAGE FOR THE POLICY YEAR? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 80. | DO YOU REQUIRE YOUR SUBCONTRACTORS TO MAINTAIN LIMITS OF LIABILITY OF AT LEAST \$1,000,000 PER OCCURRENCE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 81. | DO YOU NOW, OR WILL YOU DURING THE POLICY YEAR, HAVE ANIMALS OF ANY TYPE ON YOUR PREMISES OR AT JOBSITES? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

LOSS AND CLAIM INFORMATION (5 YEARS): IF THERE HAVE BEEN NO LOSSES, CLAIMS OR SUITS IN THE LAST 5 YEARS, PLEASE CHECK HERE

| PERIOD | 82. YEAR | 83. \$ TOTAL OF LOSSES | 84. # OF CLAIMS | 85. LARGEST LOSS | 86. CAUSES OF LARGEST LOSS |
|--------------------------------------|----------|------------------------|-----------------|------------------|----------------------------|
| A. EXPIRING POLICY YEAR | | \$ | | \$ | |
| B. 1 ST PRIOR POLICY YEAR | | \$ | | \$ | |
| C. 2 ND PRIOR POLICY YEAR | | \$ | | \$ | |
| D. 3 RD PRIOR POLICY YEAR | | \$ | | \$ | |
| E. 4 TH PRIOR POLICY YEAR | | \$ | | \$ | |

87. ARE YOU AWARE OF ANY FACTS, CIRCUMSTANCES, INCIDENTS, SITUATIONS, DAMAGES OR ACCIDENTS THAT MAY GIVE RISE TO A CLAIM OR LAWSUIT (WHETHER OR NOT SUCH CLAIM IS VALID OR COVERED BY INSURANCE)?

ANSWER YES OR NO: YES NO IF YES PLEASE COMPLETE QUESTIONS 88 THRU 91:

| 88. PROJECT NAME & TYPE | 89. DATE/YEAR OF WORK | 90. NATURE OF YOUR WORK | 91. CLAIMED DAMAGES |
|-------------------------|-----------------------|-------------------------|---------------------|
| | | | \$ |
| | | | \$ |



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| | | | |
|-----|---|---------------------------------|--------------------------------|
| 92. | IN THE PAST FIVE YEARS, HAS ANY LOCAL, STATE OR FEDERAL GOVERNMENT AGENCY OR LICENSING BOARD INVESTIGATED OR CITED APPLICANT OR ANY PREDECESSOR OR PRINCIPAL OF APPLICANT FOR ACTUAL OR ALLEGED VIOLATION OF ANY LAW OR REGULATION? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 93. | IN THE PAST FIVE YEARS, HAS APPLICANT OR ANY PREDECESSOR OR PRINCIPAL OF APPLICANT BEEN THE SUBJECT OF ANY CLAIM, OR BEEN NAMED IN LITIGATION OR ARBITRATION, REGARDING FAULTY CONSTRUCTION? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 94. | IN THE PAST FIVE YEARS, HAS ANY PERSON OR ENTITY DEMANDED THAT APPLICANT, OR ANY PREDECESSOR OR PRINCIPAL OF APPLICANT, DEFEND THEM, OR HOLD THEM HARMLESS, IN ANY CLAIM OR LAWSUIT? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 95. | IN THE PAST FIVE YEARS, HAS ANY LAWSUIT BEEN FILED OR CLAIM BEEN MADE AGAINST APPLICANT, OR ANY PREDECESSOR OR PRINCIPAL OR AFFILIATE OF APPLICANT, OR ANY PERSON OR ENTITY ON WHOSE BEHALF APPLICANT HAS ASSUMED LIABILITY, THAT HAS NOT BEEN DISCLOSED ELSEWHERE IN THIS APPLICATION? FOR THE PURPOSES OF QUESTIONS 92, 93 AND 94. A CLAIM OR LAWSUIT INCLUDES A RECEIPT OF A DEMAND FOR MONEY, SERVICES, ARBITRATION OR MEDIATION. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

IF APPLICANT ANSWERED QUESTIONS 92, 93, 94 OR 95 WITH "YES", PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CLAIM AND/OR LAWSUIT:

| 96. PROJECT NAME | 97. PROJECT TYPE | 98. NATURE OF YOUR WORK | 99. GROSS RECEIPTS |
|------------------|------------------|-------------------------|--------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |



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ATTENTION:

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF CLAIMS.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION BECOMES INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE QUESTIONNAIRE AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

WASHINGTON RESIDENTS: NO ORAL OR WRITTEN MISREPRESENTATION OR FALSE WARRANTY MADE IN THE NEGOTIATION OF AN INSURANCE CONTRACT BY THE INSURED OR ON THE INSURED'S BEHALF SHALL BE DEEMED MATERIAL OR DEFEAT OR AVOID THE CONTRACT OR PREVENT IT ATTACHING UNLESS THE MISREPRESENTATION OR FALSE WARRANTY IS MADE WITH INTENT TO DECEIVE.

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN ANY POLICY ISSUED PURSUANT TO THIS APPLICATION WILL VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE COMPANY'S POLICY FORM PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT PROVIDED UNDER THE "ISO" INSURANCE POLICY OR THE POLICIES ISSUED BY OTHER COMPANIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE THAT IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

Signature of Applicant: _____

Date: _____

Title (Officer, Member, or Owner) _____

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.

ALASKA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW.

EMAIL, FAX OR MAIL APPLICATION TO

TOTEM AGENCIES, INC
P.O. BOX 3419, KIRKLAND, WA 98083-3419
PAMF@TOTEMAGENCIES.COM
425-827-5177 FAX