

# FINANCIAL SERVICES

## MORTGAGEHOLDERS COVERAGE PROGRAM POLICY INSURANCE APPLICATION



Atlantic Specialty Insurance Company  
(Stock company owned by OneBeacon Insurance Group)

[Onebeaconfs.com](http://Onebeaconfs.com)

**NOTICE: PLEASE REVIEW AND COMPLETE ALL SECTIONS OF THE APPLICATION. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state "None" or "0" in the space provided.

### Application Instructions:

Whenever used in this Application, the term "Applicant" shall mean the entity identified in response to Question 1 of Section I. of this Application.



## I. APPLICANT

1. Named Insured:
2. Street Address:  
Mailing Address (if different):
3. City: State: Zip Code:
4. Authorized individual (Executive Officer) to receive notices and information regarding the proposed insurance:  
Name: Title:  
E-mail address: Phone: Fax:



## II. COVERAGE SELECTIONS Please note that requested coverage is not automatically provided. The policy, if issued, will determine actual coverage.

### 5. MORTGAGEHOLDER'S INTEREST

Coverages (Select requested coverages with an X)		Limit of Insurance	Deductible
<input type="checkbox"/>	A1. Loss Due to Lack of Required Insurance	\$	\$
<input type="checkbox"/>	Residential Mortgages	\$	\$
<input type="checkbox"/>	Commercial Mortgages	\$	\$
<input type="checkbox"/>	Manufactured Homes	\$	\$
<input type="checkbox"/>	A2. Loss of Mortgage Guarantee or Mortgage Insurance	\$	\$
<input type="checkbox"/>	A3. Balance of Perils		
<input type="checkbox"/>	a. All Risks – Subject to Exclusions	\$	\$
<input type="checkbox"/>	b. Flood – Outside SFHA	\$	\$
<input type="checkbox"/>	c. Flood – SFHA Excess	\$	\$
<input type="checkbox"/>	d. Earthquake and Volcanic Action	\$	\$
<input type="checkbox"/>	A4. Government Confiscation of Mortgaged Property	\$	\$
<input type="checkbox"/>	A5. Loss of Security Interest – Real Property	\$	\$
Endorsements (Select requested endorsements with an X)			
<input type="checkbox"/>	A6. Secured Business Property	\$	\$
<input type="checkbox"/>	A7. Security Interest – Personal Property Endorsement	\$	\$
<input type="checkbox"/>	Mutual Aid Society Plan Endorsement		

### 6. FORECLOSED PROPERTY

The limits and deductibles will match those selected in Insuring Agreement A1.

7.

**MORTGAGEHOLDER'S LIABILITY**

Coverages (Select requested coverages with an X)		Limit of Insurance	Deductible
<input type="checkbox"/>	C1. Failure to Purchase or Maintain Property Insurance	\$	\$
<input type="checkbox"/>	C2. Failure to Purchase or Maintain Other Insurance	\$	Same as C1
<input type="checkbox"/>	C3. Failure To Pay Real Estate Taxes	\$	Same as C1
<input type="checkbox"/>	C4. Failure To Determine Flood Zone	\$	Same as C1
<input type="checkbox"/>	C5. Failure To Perform Document Custodial Services	\$	\$
<input type="checkbox"/>	C6. Failure to Purchase or Maintain Mortgage Life and Disability Insurance	\$	\$
<input type="checkbox"/>	C7. Failure to Effect Title Insurance	\$	\$
<input type="checkbox"/>	C8. Failure to Purchase or Maintain Insurance For Property Held In Trust	\$	\$
<b>Endorsements (Select requested endorsements with an X)</b>		<b>Retroactive Date</b>	
<input type="checkbox"/>	Retroactive Mortgageholder's Liability Coverage Endorsement		

**III. MORTGAGEHOLDER'S INTEREST** (This section must be completed)

8.

MORTGAGE PORTFOLIO	A. Owned & Serviced		B. Serviced For Others		C. Owned – Not Serviced		Total Owned Mortgages (A + C)	
	Number	Value	Number	Value	Number	Value	Number	Value
Number of Residential Mortgages <sup>1,2</sup>		\$		\$		\$		\$
Number of 2 <sup>nd</sup> Mortgages & HELs/HELOCs		\$		\$		\$		\$
Number of Condominium Mortgages		\$		\$		\$		\$
Number of Manufactured Homes <sup>2</sup>		\$		\$		\$		\$
Number of Commercial Mortgages		\$		\$		\$		\$
Totals (sum of all entries in the column)		\$		\$		\$		\$

<sup>1</sup>If possible, break out 2<sup>nd</sup> Mortgages and Home Equity Loans/Lines of Credit and Residential Condominium Loans from Residential Mortgages – lower rates apply. Do not include Manufactured Homes under Residential Mortgages.

<sup>2</sup>Manufactured Homes must have the loan amounts shown in order for coverage to apply. No limit will be shown for Manufactured Homes if the number and value of loans are not provided.

9.

MORTGAGE LARGE OUTSTANDING BALANCES:				
Mortgage Type	Total Outstanding Balance	Largest Outstanding Balance	% Mortgages Over:	
Residential Mortgages	\$	\$	\$1,000,000	%
2 <sup>nd</sup> Mortgages & HELs/HELOCs	\$	\$	\$1,000,000	%
Condominium Mortgages	\$	\$	\$1,000,000	%
Manufactured Homes	\$	\$	\$100,000	%
Commercial Mortgages	\$	\$	\$2,500,000	%

10.

MORTGAGE ORIGINATIONS	Most Recent 12 months		Prior 12-24 Months		Prior 24-36 Months	
	Residential	Commercial	Residential	Commercial	Residential	Commercial
Number of Originations						
Value of Originations	\$	\$	\$	\$	\$	\$

#### IV. FORECLOSED PROPERTY (This section must be completed)

11.	<b>FORECLOSURES</b>		<b>Most Recent 12 mos</b>		<b>Prior 12-24 Months</b>		<b>Prior 24-36 Months</b>	
			Residential	Commercial	Residential	Commercial	Residential	Commercial
	Number of Foreclosures							
	Value of Foreclosures		\$	\$	\$	\$	\$	\$
	Number of Delinquencies							
1	Does the Applicant have insurance coverage for Foreclosed Properties?							<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Automatic Insurance – No Reporting		<input type="checkbox"/> Reporting Insurance Policy		<input type="checkbox"/> No Insurance Policy		<input type="checkbox"/> Other Type:	
2	Maximum Limit of Insurance available for Foreclosed Properties:							
	Residential							\$
	Commercial							\$

#### V. REQUIRED INSURANCE – Explain any “No” answers or exceptions to “Yes” answers in the space provided below. Use an attachment to this application when more space is needed.

If, “No,” or exceptions to “Yes,” answers please attach complete details.

- |     |   |  |
|-----|---|--|
| 12. | Does the Applicant require that the borrower obtain HAZARD insurance that, at a minimum, covers fire and extended coverage for the mortgaged property?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | Does the Applicant require that the Limit of Insurance for the mortgaged property be at least equal to the outstanding balance of the mortgage or the replacement cost of the property?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | Does the Applicant require that the insurer of the mortgaged property for HAZARD insurance have an A. M. Best rating of A- or better?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. | If the flood zone determination indicates that the mortgaged property is in a Special Flood Hazard Area (SFHA), does the Applicant require that the borrower obtain FLOOD coverage for the duration of the mortgage?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Does the Applicant require that the limit of insurance on the FLOOD insurance policy be at least equal to the outstanding balance of the mortgage, the replacement cost of the property or the maximum limit available under the National Flood Insurance Program (NFIP)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. | Does the Applicant require that the insurer of the mortgaged property for FLOOD, have an A. M. Best rating of A- or better?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. | Does the Applicant require that the Applicant is named as a mortgagee on all of the borrower's required insurance policies that cover the mortgaged property?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. | Does the Applicant or the Applicant's legal representatives verify, at or prior to the mortgage origination, that all required insurance has been purchased and complies with the Applicant's requirements, including listing the Applicant as mortgagee?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. | Does the Applicant obtain a copy of the Declarations Page of the applicable policy(ies) when verifying compliance with insurance requirements?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. | Does the Applicant retain copies of the evidence used to verify compliance with the insurance requirements?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments:

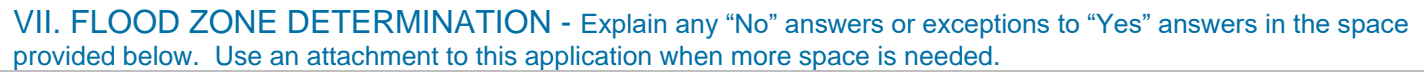
#### VI. TRACKING PROCEDURES – Explain any “No” answers or exceptions to “Yes” answers in the space provided below. Use an attachment to this application when more space is needed.

If, “No,” or exceptions to “Yes,” answers please attach complete details.

- |     |   |   |   |   |   |
|-----|---|---|---|---|---|
| 22. | How does the Applicant track compliance with HAZARD Insurance Requirements for mortgaged property other than FLOOD? |   |   |   |   |
|     | <input type="checkbox"/> Automated / Continuous   | <input type="checkbox"/> Partly Automated Annual Checking | – | <input type="checkbox"/> Exception Checking | <input type="checkbox"/> Manual Tracking <input type="checkbox"/> No Tracking |

23.	Describe the type of Insurance Tracking done for HAZARD insurance other than FLOOD.	
	<input type="checkbox"/> Employees Annual - Manually <input type="checkbox"/> Outside Vendor Automated - Continuous <input type="checkbox"/> Employees Spot Check - Manually <input type="checkbox"/> Other (describe):	
	a. If an outside vendor, provide name: b. Does the Applicant require evidence of E&O insurance from vendor?	
	<input type="checkbox"/> Yes - \$1M or more <input type="checkbox"/> Yes – Less than \$1M <input type="checkbox"/> No <input type="checkbox"/> N/A – Do not use a vendor	
24.	Does the Applicant send annual reminders notifying the borrowers of the HAZARD insurance, other than FLOOD, they are required to maintain on mortgaged property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	If the Applicant becomes aware that the borrower's HAZARD insurance, other than FLOOD, on the mortgaged property is no longer in force does the Applicant purchase Lender Placed HAZARD Coverage within 90 Days?	
	<input type="checkbox"/> Yes Automatic Coverage <input type="checkbox"/> Yes Reporting Policy <input type="checkbox"/> Yes Add to / Buy a Policy <input type="checkbox"/> No <input type="checkbox"/> Other (describe below):	
26.	How does the Applicant track compliance with Insurance Requirements for FLOOD?	
	<input type="checkbox"/> Automated – Continuous <input type="checkbox"/> Partly Automated – Annual Checking <input type="checkbox"/> Exception Checking <input type="checkbox"/> Manual Tracking <input type="checkbox"/> No Tracking	
27.	Describe the type of Insurance Tracking done for FLOOD insurance.	
	<input type="checkbox"/> Employees Annual - Manually <input type="checkbox"/> Outside Vendor Automated - Continuous <input type="checkbox"/> Employees Spot Check - Manually <input type="checkbox"/> Other (describe):	
	a. If an outside vendor, provide name: b. Does the Applicant require evidence of E&O insurance from vendor?	
	<input type="checkbox"/> Yes - \$1M or more <input type="checkbox"/> Yes – Less than \$1M <input type="checkbox"/> No <input type="checkbox"/> N/A – Do not use a vendor	
28.	Does the Applicant send annual reminders notifying the borrowers of the FLOOD insurance they are required to maintain on mortgaged property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	If the Applicant becomes aware that the borrower's FLOOD insurance on the mortgaged property is no longer in force does the Applicant purchase Lender Placed FLOOD Coverage within 90 Days?	
	<input type="checkbox"/> Yes Automatic Coverage <input type="checkbox"/> Yes Reporting Policy <input type="checkbox"/> Yes Add to / Buy a Policy <input type="checkbox"/> No <input type="checkbox"/> Other (describe below):	
30.	Does the Applicant confirm at least annually that Real Estate Taxes have been paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Describe the type of Tracking done for payment of REAL ESTATE TAXES.	
	<input type="checkbox"/> Employees Annual - Manually <input type="checkbox"/> Outside Vendor Automated - Continuous <input type="checkbox"/> Employees Spot Check - Manually <input type="checkbox"/> Other (describe):	
	If an outside vendor, provide name: Does the Applicant require evidence of E&O insurance from vendor?	
	<input type="checkbox"/> Yes - \$1M or more <input type="checkbox"/> Yes – Less than \$1M <input type="checkbox"/> No <input type="checkbox"/> N/A – Do not use a vendor	
32.	Which insurer provides the Applicant's Lender Placed HAZARD, other than FLOOD, coverage?	
33.	Which insurer provides the Applicant's Lender Placed FLOOD coverage?	
34.	If the Applicant's Lender Placed Insurer is responsible for tracking, do they provide an automatic guarantee if there is uninsured damage to property for which they are responsible for tracking insurance?	
	a. For HAZARD, other than FLOOD, Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>N/A - Lender Placed Insurer not responsible for tracking</b>	
	b. For FLOOD Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>N/A - Lender Placed Insurer not responsible for tracking</b>	

Comments:



☐ Employees  
☐ Outside Vendor

- a. If an outside vendor, provide name:
- b. Does the Applicant require evidence of E&O Insurance from vendor?

36. Does the Applicant obtain Life of Loan coverage on all Flood Zone Determinations? ☐ Yes ☐ No

## VIII. LOCATION OF MORTGAGES

Group	Group A	Group B	Group C	Group D	Group E	Group F
States	AK, CA, OR, WA	HI	AL, FL, GA, LA, NC, TX, VA	SC	AR, IA, IL, IN, KY, MO, MS, NV, OH, OK, SD, TN, UT	AZ, CO, CT, DC, DE, ID, KS, MA, MD, ME, MI, MN, MT, ND, NE, NH, NJ, NM, NY, PA, RI, VT, WI, WV, WY
<input type="checkbox"/> % or <input type="checkbox"/> # of Loans						
<input type="checkbox"/> % or <input type="checkbox"/> \$ Loan Values						



**X. SECURED INTEREST – PERSONAL PROPERTY** – If coverage is requested for this coverage, answer these questions.

## XI. MORTGAGEHOLDER'S LIABILITY *(Complete only if coverage is requested)*

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## XII. NOTIFICATION ADDRESSES FOR ADDITIONAL INSURED

43. If the Applicant services mortgages for any of the following entities, please provide the addresses where any notices are to be mailed. We will only send notices if the Applicant provides the necessary mailing address information.

Freddie Mac (FHLMC)	
Fannie Mae (FNMA)	
Ginnie Mae (GNMA)	



## XIII. CERTIFIED ACTS OF TERRORISM

☐ Include Terrorism ☐ Exclude Terrorism



## XIV. CLAIMS / LOSSES AND REPRESENTATIONS/PRIOR KNOWLEDGE OF FACTS / CIRCUMSTANCES

44. During the past five (5) years, has the Applicant or any individual or entity proposed for coverage under this insurance submitted any claim or loss, or given notice of any fact, circumstance, situation, transaction, event, act, error, or omission which the Applicant, any such individual or any such entity has reason to believe may, or could reasonably be foreseen to, give rise to a claim or loss that may fall within the scope of insurance with any insurer or self-insurance instrument of which the requested coverages would be a direct or indirect replacement? ☐ Yes ☐ No

If "Yes," please provide details, including (if applicable) date of loss, claimant name, all defense and indemnity payments, all defense and indemnity reserves (if claims are open) and claim status (open/closed):

**NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER IT IS AGREED THAT ANY CLAIM OR LOSS REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 44 IS EXCLUDED FROM THE PROPOSED INSURANCE, AND THAT ANY CLAIM OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR, OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 44 IS EXCLUDED FROM THE PROPOSED INSURANCE.**



## XV. ATTACHMENTS:

- *Currently valued loss history for the last five (5) years*
- *Additional details explaining "No" answers or exceptions to "Yes" answers*



Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**ALABAMA AND MARYLAND APPLICANTS:** 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.

**ARKANSAS, MINNESOTA, AND OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

**COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 APPLICANTS:** 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 APPLICANTS:** 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 APPLICANTS:** 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.

**KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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, NEW MEXICO AND RHODE ISLAND APPLICANTS:** 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.

**MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**OKLAHOMA APPLICANTS:** 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 AND TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**PENNSYLVANIA APPLICANTS:** 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.

**PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.





## XVII. SIGNATURE AND AUTHORIZATION

The undersigned, as the authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

The Underwriter will maintain the information contained in and submitted with this Application on file.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the Applicant or the Underwriter to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Underwriter under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, the Applicant must notify the Underwriter immediately and the Underwriter may modify or withdraw any quotation or agreement to bind insurance. Note this sentence does not apply to Maine Applicants.

**NEW YORK APPLICANTS:** 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

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

IF THE APPLICANT PREFERS TO ELECTRONICALLY SUBMIT THIS APPLICATION TO THE UNDERWRITER, ITS AUTHORIZED AGENT SHOULD DO SO BY CHECKING THE BELOW BOX AND TYPING HIS/HER NAME AND THE DATE. BY DOING SO, THE APPLICANT AND ITS AUTHORIZED AGENT HEREBY CONSENT AND AGREE THAT SUCH AUTHORIZED AGENT'S USE OF A KEY PAD, MOUSE OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES HIS/HER/ITS SIGNATURE, ACCEPTANCE AND AGREEMENT AS IF ACTUALLY SIGNED BY SUCH AUTHORIZED AGENT IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.

A digital signature is a simple as:

1. Check the box.
2. Type authorized agent's name and the date.

The box must be checked by the chairperson, president, chief executive officer or chief financial officer of the Applicant (or equivalent positions thereof).

### ☐ AUTHORIZED AGENT SIGNATURE AND ACCEPTANCE

Applicant Name	
By (Authorized Signature) <i>Or Sign/Type/Print the Name of the chairperson, president, CEO or CFO (or equivalent positions thereof) who signed this form electronically by checking the box above.</i>	
Name/Title	
Date	

NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHAIRPERSON, PRESIDENT, CHIEF EXECUTIVE OFFICER OR CHIEF FINANCIAL OFFICER OF THE APPLICANT (OR EQUIVALENT POSITIONS THEREOF) ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

Produced By (Insurance Agent)
Insurance Agency



Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State:                  Zip:

Submitted By (Insurance Agency)	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: State:                  Zip: