



Submitted by: _____
Effective Date: _____
Submission Date: _____
Quote Deadline: _____

1. Legal name of applicant: _____ FEIN: _____

2. (a) Applicant's Address: _____

2. (b) Applicant's Website: _____

3. List all Subsidiaries or additional Named Insureds to be covered. Please include FEIN(s) for each named insured and attach separate sheet if necessary):

4. Describe applicant's operations: _____

5. Current/Expiring Program:

Insurer/Reinsurer: _____ Policy Period: _____

Limits: Coverage A: _____ Retentions: Coverage A: _____

Coverage B: _____ Coverage B: _____

Aggregate: _____ Aggregate Loss Fund (\$): _____

Current Coverage Extensions/Endorsements:

6. Coverage(s) Requested:

Limits: Coverage A: _____ Retentions: Coverage A: _____

Coverage B: _____ Coverage B: _____

Aggregate: _____ Aggregate Loss Fund (\$): _____

Requested Coverage Extensions/Endorsements:

Actual quoted coverage (if any) may not include requested coverages. Depending upon the applicant's experience and exposures, state regulations and/or carrier underwriting criteria, requested coverages may not be available to all applicants.

7. States or jurisdictions where the applicant will operate as a self-insurer: _____

8. Date applicant qualified as a self-insurer: _____

9. Does the applicant have operations in any states/jurisdictions that will not be covered under the proposed policy?

Yes No If "yes", please list: _____

Colorado

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.

Florida

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.

New Jersey

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

New York

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.

Louisiana

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.

Other States and Jurisdictions:

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 false or deceptive statement is guilty of insurance fraud.

This application is NOT a binder or offer of coverage. The application must be signed by the applicant or the applicant's authorized representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Applicant's Name (printed):

Applicant's Signature:

Applicant's Title:

Date:

In addition to the information provided in this application, please also include the following supporting items:

- Copy of supporting carrier and/or TPA loss runs.
- Detailed description of applicant's safety/loss control program.
- Copy of applicant's most recent financial statement(s).