

## James River Insurance Company and its Subsidiaries

6641 West Broad Street, Suite 300 Richmond, VA 23230

## Family Entertainment Center Supplemental Application

## SPORTS & ENTERTAINMENT Division

Email to SE@jamesriverins.com

## APPLICANT'S INSTRUCTIONS:

- 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
- 2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
- 3. Please read the statements at the end of this application carefully. Thank you!

| SECTION I – GENERAL INFORMATION                                               |                           |                                |        |      |        |
|-------------------------------------------------------------------------------|---------------------------|--------------------------------|--------|------|--------|
| Applicant name:                                                               |                           |                                |        |      |        |
| Address:                                                                      |                           |                                |        |      |        |
| City:                                                                         |                           |                                | State: | Zip: |        |
| Phone:                                                                        | Ext:                      | Website:                       |        |      |        |
| Years in business under current management:                                   |                           | Date established               | :      |      |        |
| Total gross receipts:                                                         |                           | Annual admissio                | ns:    |      |        |
|                                                                               |                           |                                |        |      |        |
|                                                                               | SECTION II – O            | PERATIONS                      |        |      |        |
| 1. Provide hours of operation:                                                |                           |                                |        |      |        |
| 2. Provide park capacity:                                                     |                           |                                |        |      |        |
| 3. Describe parking facilities and lighting:                                  |                           |                                |        |      |        |
| 4. Is security present:  a. During open hours Yes  b. During closed hours Yes | ☐ No<br>☐ No              |                                |        |      |        |
| 5. Are security personnel: Employe If "subcontracted", provide the name of t  | <del></del> -             | ontracted<br>tach certificate. |        |      |        |
| 6. Is security: Armed                                                         | Unarmed                   |                                |        |      |        |
| 7. Does applicant provide babysitting/day ca                                  | are services?             |                                |        |      | Yes No |
| If "Yes":                                                                     |                           |                                |        |      |        |
| a. What is the child to attendant ratio?                                      |                           |                                |        |      |        |
| b. Describe service provided:                                                 |                           |                                |        |      |        |
| c. Are these services provided by: Er                                         | nployees Subco            | ontractors                     |        |      |        |
| 8. Describe first aid facilities:                                             |                           |                                |        |      |        |
| 9. Provide the number of employees certifie                                   | ed in CPR:                |                                |        |      |        |
| 10. What is the minimum number of CPR trai                                    | ned employees on duty     | at any time?                   |        |      |        |
| 11. Provide distance to ambulance/response                                    | time:                     |                                |        |      |        |
| 12. Provide distance to fire department/response                              | onse time:                |                                |        |      |        |
| a. Closest fire hydrant feet                                                  |                           |                                |        |      |        |
| b. Number of extinguishers on premises                                        |                           |                                |        |      |        |
| c. Is facility equipped with emergency lig                                    |                           |                                |        |      | Yes No |
| 13. Describe physical security (i.e., alarms, de                              | eadbolts, fencing, etc.): |                                |        |      |        |
|                                                                               |                           |                                |        |      |        |
|                                                                               |                           |                                |        |      |        |

| 14. | Does applicant host special events such as concerts or fireworks displays?         |                        | Yes           | ☐ No |
|-----|------------------------------------------------------------------------------------|------------------------|---------------|------|
|     | If "Yes", please complete and attach James River Special Events Supplemental       | application.           |               |      |
| 15. | List all the rides, attractions, areas at your park and the number of units applic | cable (# karts, holes, | games, etc.): |      |
|     | Attraction area                                                                    | # units                | Receipts      |      |
|     |                                                                                    |                        |               |      |
|     |                                                                                    |                        |               |      |
|     |                                                                                    |                        |               |      |
|     |                                                                                    |                        |               |      |
|     |                                                                                    |                        |               |      |
|     |                                                                                    |                        |               |      |
|     |                                                                                    |                        |               |      |
|     |                                                                                    |                        |               |      |
|     |                                                                                    |                        |               |      |
| 16. | What is the frequency of attraction self-inspection?                               |                        |               |      |
|     | a. Is this inspection documented?                                                  |                        | Yes           | ☐ No |
| 17. | Is instructional signage posted for each attraction?                               |                        | Yes           | ☐ No |
|     | If "Yes", describe:                                                                |                        |               |      |
|     |                                                                                    |                        |               |      |
|     |                                                                                    |                        |               |      |
|     | SECTION III – ATTRACTION INFORM                                                    | MATION                 |               |      |
| 1.  | Arcades – if "Not Applicable" check here  and proceed to question 2.               |                        |               |      |
|     | a. Provide the following attraction information:                                   |                        |               |      |
|     | # of units: Receipts: # of attendar                                                | nts:                   |               |      |
|     | b. Does the applicant: Own games Lease games                                       |                        |               |      |
|     | c. Who provides service/maintenance on machines?                                   |                        |               |      |
|     | d. Describe type of floor covering:                                                |                        |               |      |
|     | e. Are all machines properly grounded?                                             |                        | Yes           | ☐ No |
| 2.  | Batting Cages – if "Not Applicable" check here  and proceed to question 3.         |                        |               |      |
|     | a. Provide the following batting cage information:                                 |                        |               |      |
|     | # of units: Receipts: # of attendar                                                | nts:                   |               |      |
|     | Manufacturer: Oldest unit:                                                         |                        |               |      |
|     | b. What is the minimum age for participants:                                       |                        |               |      |
|     | c. Provide the number of participants allowed in cage at one time:                 |                        | _             |      |
|     | d. Are helmets required?                                                           |                        | Yes           | No   |
|     | e. Are cages completed closed?                                                     |                        | Yes           | ☐ No |
|     | f. Are areas clearly marked for right or left handed batters?                      |                        | Yes           | ☐ No |
|     | g. Are home plates clearly marked?                                                 |                        | Yes           | ☐ No |
|     | h. Can participants alter settings on the pitching machines?                       |                        | ☐ Yes         | ☐ No |
|     | i. What is the maximum speed for ages: Under 12 Over 12                            |                        |               |      |
| 3.  | Billiards – if "Not Applicable" check here  and proceed to question 4.             |                        |               |      |
|     | a. Provide the following billiard information:                                     |                        |               |      |
|     | # of units: Receipts: # of attendar                                                | nts:                   |               |      |
|     | Manufacturer: Oldest unit:                                                         |                        |               |      |
|     | Coin operated Rent Floor surface:                                                  | !                      |               |      |
|     | b. Does applicant host billiard tournaments?                                       |                        | Yes           | No   |
| 4.  | Bumper Boats – if "Not Applicable" check here and proceed to question 5.           |                        |               |      |
|     | a. Provide the following bumper boat information:                                  |                        |               |      |
|     | # of units: Receipts: # of attendar                                                | nts:                   |               |      |
|     | Manufacturer: Oldest unit:                                                         |                        |               |      |

|    | b. | Provide age/height requirements:                                           |     |      |
|----|----|----------------------------------------------------------------------------|-----|------|
|    | c. | Provide depth of the water:                                                |     |      |
|    | d. | Is depth clearly marked on side of pool?                                   | Yes | No   |
|    | e. |                                                                            | Yes | No   |
|    | f. | Provide the height of observation fence: feet                              |     |      |
|    | g. | How are propellers protected?                                              |     |      |
|    |    | What is the amount of gasoline on premises?                                |     |      |
|    | i. | How is the fuel stored?                                                    |     |      |
|    | i. | Provide the number of attendants:                                          |     |      |
|    | ,  | CPR certified: First aid certified:                                        |     |      |
|    | k. | Where are boats refueled?                                                  |     |      |
| 5. | Вι | ımper Cars – if "Not Applicable" check here 🔲 and proceed to question 6.   |     |      |
|    |    | Provide the following bumper car information:                              |     |      |
|    |    | # of units: # of attendants:                                               |     |      |
|    |    | Manufacturer: Oldest unit:                                                 |     |      |
|    | b. | Provide age/height requirements:                                           |     |      |
|    | c. | Are cars equipped with a dash pad and headrest pad?                        | Yes | ☐ No |
|    | d. | Are seat belts required?                                                   | Yes | ☐ No |
|    |    | If "No", please explain:                                                   |     |      |
|    |    |                                                                            |     |      |
|    |    |                                                                            |     |      |
|    | e. | How is the public restrained from floor area while cars are in motion?     |     |      |
|    |    |                                                                            |     |      |
|    |    |                                                                            |     |      |
| 6. |    | oncessions – if "Not Applicable" check here and proceed to question 7.     |     |      |
|    | a. | Provide the following concession information:  # of stands:                |     |      |
|    | h  | Describe goods sold:                                                       |     |      |
|    | υ. | Describe goods sold.                                                       |     |      |
|    |    |                                                                            |     |      |
|    |    |                                                                            |     |      |
|    | c. | Are food operations handled by: Applicant Subcontractor                    |     |      |
|    |    | If "subcontractor", attach certificate.                                    |     |      |
|    | d. | Is there a grill on premises?                                              | Yes | ☐ No |
|    | e. | Is there an automatic Ansul system protecting cooking/frying surfaces?     | Yes | ☐ No |
|    | f. | Advise if hoods/ducts are cleaned by: Applicant Subcontractor              |     |      |
|    | g. | Provide cleaning schedule for hoods/ducts:                                 |     |      |
|    |    |                                                                            |     |      |
|    |    |                                                                            |     |      |
| 7. | Dr | iving Ranges – if "Not Applicable" check here 🗌 and proceed to question 8. |     |      |
|    | a. | Provide the following range information:                                   |     |      |
|    |    | # of stalls: Receipts: # of attendants: # levels:                          |     |      |
|    | b. | Are restricted areas marked?                                               | Yes | ☐ No |
|    | c. | Describe partitions between tee boxes:                                     |     |      |
|    |    |                                                                            |     |      |
|    |    |                                                                            |     |      |
|    | d. | Are other attractions exposed to range?                                    | Yes | ∐ No |
|    |    | If "Yes", describe:                                                        |     |      |
|    |    |                                                                            |     |      |

| 8. | Go  | Karts – if "Not Applicable" check                      | k here 🔲 and pr     | oceed to question 9.  |                 |                |
|----|-----|--------------------------------------------------------|---------------------|-----------------------|-----------------|----------------|
|    | a.  | Provide the following information                      | on:                 |                       |                 |                |
|    |     | # single karts: # dou                                  | ıble karts:         | # tracks:             | Receipts:       |                |
|    |     | Manufacturer:                                          |                     | Oldest unit:          |                 |                |
|    | b.  | Provide the number of attendant                        | its:                |                       |                 |                |
|    | c.  | Provide the number of and type                         | of extinguishers    | :                     |                 |                |
|    | d.  | Where are attendants and extin                         | guishers located    | ? (Attach diagram and | mark placement) |                |
|    |     |                                                        |                     |                       |                 |                |
|    | e.  | Provide age/height requirement                         | :S:                 |                       |                 |                |
|    | f.  | Provide maximum speed of kart                          | s:                  |                       |                 |                |
|    | g.  | Are governors installed?                               |                     |                       |                 | Yes No         |
|    | h.  | What is the maximum number of                          | of karts on track a | at one time?          |                 |                |
|    | i.  | Are seat belts required?                               |                     |                       |                 | Yes No         |
|    |     | If "No", please explain:                               |                     |                       |                 |                |
|    |     |                                                        |                     |                       |                 |                |
|    |     |                                                        |                     |                       |                 |                |
|    |     | Are helmets required?                                  |                     |                       |                 | Yes No         |
|    |     | Are hair socks required?                               |                     |                       |                 | Yes No         |
|    |     | Is engine completely covered?                          |                     |                       |                 | Yes No         |
|    | m.  | Do karts have roll bars?                               |                     |                       |                 | Yes No         |
|    | n.  | Are there bumper guards?                               |                     |                       |                 | Yes No         |
|    | ο.  | Describe remote control device                         | for shut down:      |                       |                 |                |
|    |     |                                                        |                     |                       |                 |                |
|    |     | Chauchla miding allowada                               |                     |                       |                 | □ Vac □ Na     |
|    |     | Is double riding allowed? Is there a headrest support? |                     |                       |                 | Yes No         |
|    |     | Describe the track surface:                            |                     |                       |                 | Yes No         |
|    |     |                                                        |                     |                       |                 |                |
|    | 5.  | Describe guardrail protection:                         |                     |                       |                 |                |
|    | t.  | What is the amount of gasoline                         | on premises?        |                       |                 |                |
|    | u.  | How is the fuel stored?                                |                     |                       |                 |                |
| 9. | Kic | ddie Rides – if "Not Applicable" ch                    | neck here 🗌 and     | d proceed to question | 10.             |                |
|    | a.  | Provide the following ride inform                      | nation:             |                       |                 |                |
|    |     | # of units: Rece                                       | eipts:              | # of atten            | idants:         |                |
|    | b.  | Are all rides in full compliance w                     | vith ASTM-24 sta    | ndards?               |                 | Yes No         |
|    | c.  | Provide a schedule of rides onsit                      | te:                 |                       |                 |                |
|    |     | Name of ride                                           | N                   | /lanufacturer         | Serial #        | Coin operated? |
|    |     |                                                        |                     |                       |                 | Yes No         |
|    |     |                                                        |                     |                       |                 | Yes No         |
|    |     |                                                        |                     |                       |                 | Yes No         |
|    |     |                                                        |                     |                       |                 | Yes No         |
|    |     |                                                        |                     |                       |                 | Yes No         |
|    |     |                                                        |                     |                       |                 | Yes No         |
|    |     |                                                        |                     |                       |                 | Yes No         |
|    |     |                                                        |                     |                       |                 | Yes No         |
|    |     |                                                        |                     |                       |                 | Yes No         |
|    | _   |                                                        |                     |                       |                 | Yes No         |

| 10. N  | liniature Golf – if "Not Applicable" check here 🗌 and proc | eed to question 11.     |                  |       |      |
|--------|------------------------------------------------------------|-------------------------|------------------|-------|------|
| a      | Provide the following course information:                  |                         |                  |       |      |
|        | Total # of holes: # of courses:                            | Receipts:               | # of attendants: |       |      |
|        | Manufacturer:                                              |                         | Oldest unit:     |       |      |
| b      | Are walkways marked and lighted?                           |                         |                  | Yes   | ☐ No |
| C.     | What is the surface of the walkway?                        |                         |                  |       |      |
| d      | Provide the number of course structures equipped with      | moving parts:           |                  |       |      |
| е      | Is access by public limited?                               |                         |                  | Yes   | ☐ No |
| f.     | Are lights covered and protected?                          |                         |                  | Yes   | ☐ No |
| g      | Are ground fault interrupters in place?                    |                         |                  | Yes   | ☐ No |
| 11. S  | oft Play/Ball Crawl – if "Not Applicable" check here 🗌 and | proceed to question     | 12.              |       |      |
| а      | Provide the following play area information:               |                         |                  |       |      |
|        | Manufacturer:                                              |                         | Oldest unit:     |       |      |
| b      | How is equipment anchored?                                 |                         |                  |       |      |
| C      | Describe the type of floor covering:                       |                         |                  |       |      |
| d      | Provide the number of employees supervising play area:     |                         |                  |       |      |
|        | Is there a set ratio of attendants to children?            |                         |                  | Yes   | No   |
| f.     |                                                            |                         |                  | Yes   | □ No |
| g      | How often are maintenance inspections done?                |                         |                  |       |      |
|        | Does applicant deviate from manufacturer's recommend       | ations for assembly?    | )                | Yes   | □No  |
|        | arties – if "Not Applicable" check here  and proceed to c  |                         |                  |       |      |
|        | Provide the following event information:                   | 146361011 23.           |                  |       |      |
| u u    | <del>-</del>                                               | # of parties: per v     | week per month   |       |      |
| h      | Describe where parties are held:                           |                         | per mem          |       |      |
|        | Describe where parties are field.                          |                         |                  |       |      |
| С      | Provide the following room information:                    |                         |                  |       |      |
|        |                                                            | erage # of patrons:     |                  |       |      |
|        |                                                            | there age restriction   | ns:              | ☐ Yes | □No  |
| d      | Describe event supervision:                                | <u> </u>                |                  |       |      |
|        | ·                                                          |                         |                  |       |      |
| 13. La | sser Tag – if "Not Applicable" check here 🔲 and proceed t  | o question 14.          |                  |       |      |
|        | Provide the following ride information:                    | •                       |                  |       |      |
|        | Receipts: Square footage:                                  | sq. ft.                 | # of levels:     |       |      |
| b      | Is area inflatable?                                        |                         |                  | Yes   | No   |
| С      | How many people participate per session?                   |                         |                  |       |      |
|        | How many minutes per game?                                 |                         |                  |       |      |
|        | How many employees per session?                            |                         |                  |       |      |
| f.     |                                                            |                         |                  |       |      |
| σ      | Are emergency exits and lighting checked daily?            |                         |                  | Yes   | No   |
| ь<br>h | Describe the venue:                                        |                         |                  |       |      |
| "      | Describe the vehice.                                       |                         |                  |       |      |
| i      | What type of play?                                         |                         |                  |       |      |
|        |                                                            | eed to question 15.     |                  |       |      |
|        | Are climbing walls: Portable Stationar                     | -                       |                  |       |      |
|        | Provide height of wall:                                    | у                       |                  |       |      |
|        |                                                            | cafety training for all | l employees:     |       |      |
| C      | Describe procedures and requirements for chilibing wall    | sarety training for all | i employees.     |       |      |
|        |                                                            |                         |                  |       |      |

|     | d. Describe fall protection characteristics of portable or stationary walls:                                                                                                                                                           |                            |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|     | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,                                                                                                                                                                                                     |                            |
|     |                                                                                                                                                                                                                                        |                            |
|     | e. Are any portable walls inflatable or air pressurized?                                                                                                                                                                               | ☐ Yes ☐ No                 |
|     | f. What is the maximum number of people allowed on the wall at one time?                                                                                                                                                               |                            |
|     | g. Is there a minimum age requirement for participants?                                                                                                                                                                                | Yes No                     |
|     | h. Does applicant require all participants to sign a release of liability or waiver?                                                                                                                                                   | Yes No                     |
| 15  | Ziplines – if "Not Applicable" check here and proceed to question 16.                                                                                                                                                                  |                            |
| 13. | a. Does applicant require all participants to sign a release of liability or waiver?                                                                                                                                                   | ☐ Yes ☐ No                 |
|     | b. Does applicant have a minimum and maximum height and weight requirement?                                                                                                                                                            | Yes No                     |
|     | If "Yes", please list:                                                                                                                                                                                                                 |                            |
|     | ii Teo y predate iioti                                                                                                                                                                                                                 |                            |
|     | c. Does applicant have different size harnesses to accommodate different size people?                                                                                                                                                  | ☐ Yes ☐ No                 |
|     | d. Provide height at the top of the platform:                                                                                                                                                                                          |                            |
|     | e. Provide height at the end of the platform:                                                                                                                                                                                          |                            |
|     | f. How many attendants are: At top - At bottom -                                                                                                                                                                                       |                            |
|     | g. Was the zipline built according to ACCT standards?                                                                                                                                                                                  | Yes No                     |
|     | h. How often are inspections performed:                                                                                                                                                                                                |                            |
|     | i. Does the zipline require participants to hand brake?                                                                                                                                                                                | ☐ Yes ☐ No                 |
|     | If "No", what method is used to stop the participant?                                                                                                                                                                                  | ☐ 163 ☐ NO                 |
|     | j. Is fencing erected along the entire path of the zipline?                                                                                                                                                                            | ☐ Yes ☐ No                 |
| 16  | Ropes Courses – if "Not Applicable" check here and proceed to question 17.                                                                                                                                                             |                            |
| 10. |                                                                                                                                                                                                                                        | □ Vos □ No                 |
|     | a. Does applicant have membership status with the Association of Challenge Technology?                                                                                                                                                 | Yes No                     |
| 47  | b. Does applicant adhere to ACCT standards for Challenge Course Training?                                                                                                                                                              | ☐ Yes ☐ No                 |
| 17. | Inflatable/Bounce Houses – if "Not Applicable" check here and proceed to question 18.                                                                                                                                                  |                            |
|     | a. Are inflatables taken outside the facility?                                                                                                                                                                                         | Yes No                     |
|     | b. What type(s) of inflatables does the applicant have?                                                                                                                                                                                |                            |
|     | a List beight and length of each inflatable.                                                                                                                                                                                           |                            |
|     | c. List height and length of each inflatable:                                                                                                                                                                                          |                            |
|     | d. If the inflatable is a slide, is there a cover to prevent standing and jumping from the top?                                                                                                                                        | ☐ Yes ☐ No                 |
|     | e. Is there a minimum of four (4) feet of clearance around the inflatable or does applicant follow the                                                                                                                                 |                            |
|     | manufacturer's guidelines regarding clearance?                                                                                                                                                                                         | ☐ Yes ☐ No                 |
|     | f. Are inflatables routinely inspected?                                                                                                                                                                                                | Yes No                     |
|     | g. Does applicant rent, loan, or lease out any inflatable devices?                                                                                                                                                                     | Yes No                     |
|     | h. Is there a landing surface covered by adequate landing material surrounding each inflatable device?                                                                                                                                 | Yes No                     |
|     | i. Does applicant restrict use of inflatable to groups of children of similar size and weight?                                                                                                                                         | Yes No                     |
| 10  | Other Amusement Devices – if "Not Applicable" check here  and proceed to Section IV.                                                                                                                                                   |                            |
| 10. | a. Are there any Eurobungees available onsite?                                                                                                                                                                                         | Yes No                     |
|     |                                                                                                                                                                                                                                        |                            |
|     | b. Are there any trampolines onsite?                                                                                                                                                                                                   | Yes No                     |
|     | CECTION IV. CIONATURE CONCENT AND ACREEMENT                                                                                                                                                                                            |                            |
| Thi | SECTION IV – SIGNATURE, CONSENT AND AGREEMENT                                                                                                                                                                                          | go Completion of this      |
|     | s Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify covera<br>n neither binds coverage nor guarantees that a policy will be issued. (Not applicable in North Carolina) | ge. Completion of this     |
|     | reby request that my application for insurance coverage be submitted for consideration to the company shown in this a                                                                                                                  | pplication. Accordingly, I |
| aut | horize and direct any person or organization whatsoever to release and furnish to that company any and all information                                                                                                                 |                            |
|     | ite to my insurability.                                                                                                                                                                                                                | ncorrect or incomplete     |
|     | reby indicate that the aforementioned statements and answers are correct and complete. I further understand that an i<br>sement or answer could void my protection.                                                                    | ncorrect or incomplete     |
|     | reby consent to the review by the company shown in this application of any incidents or occurrences likely to result in m                                                                                                              | nalpractice allegation or  |

Form JRAP0136 Page 6 of 7

| althorate and the state of determined to the state of the |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| society. I agree to cooperate with these committees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| NOTICE TO APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| may modify or withdraw any outstanding quotation or agreement to bind coverage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I have read the statements above, understand their meaning and agree.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Applicant's signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Applicant's name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Applicant's title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |