

**HiscoxPRO™**  
Modular application form

**Instructions**

The HiscoxPRO Policy may be purchased on an à-la-carte basis.

The table in section 1 of this application allows you to specify the coverages for which you are applying. Please check the box for each coverage part you want to purchase and fill out the section for that coverage part (section numbers listed in the last column of the table).

**All applicants must complete sections 1 and 8 of this application.**

**Additional information**

Please also provide us with the following information in addition to your application:

1. Loss runs for the last five years (if you currently carry coverage).
2. If you have any pending or prior litigation, please provide details, including demand amounts, name of the plaintiff, amount of any settlements or payouts, and steps you have taken to mitigate similar issues in the future.
3. If you have coverage currently in place, please provide the Declarations Page of your current policy in order to evidence existing prior acts coverage. Any newly purchased coverage will be bound with a retroactive date of inception.

**Coverage information**

Coverage type

Coverage description

Professional Liability	Professional Liability provides insurance coverage for 3rd party claims made against you arising out of your professional services.
General Liability	General Liability provides insurance coverage for 3rd party claims made against you for Bodily Injury, Property Damage, or Personal and Advertising Injury.

**Application**

If a policy is issued, it will provide coverage only for claims that are first made against you and reported to us during the policy period, or any extended reporting period, if applicable; or first party events first discovered by you and reported to us during the policy period, or any extended reporting period, if applicable.

Notice: This application is for insurance (other than General Liability) in which the policy limit available to pay judgments or settlements will be reduced by amounts incurred for defense costs. Amounts incurred for defense costs will be applied against the retention amount.



Hiscox Insurance Company Inc.

**HiscoxPRO™ – Common**  
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**Section 1**

**All applicants must complete this Section and Section 8.**

1. Applicant details

Applicant name:

Address:

State:  Zip code:

Website:

What state(s) do you operate in?

Do you provide any services outside of the United States? Yes  No

If Yes, please describe/attach an explanation and estimated revenues:

Subsidiaries for which you seek coverage, to be incorporated into this application (entities in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests). Please specifically note the country for any subsidiaries located outside of the United States.

Applicant is a/an: Corporation  Partnership  Individual

Date established:

2. Coverage required

Please indicate coverage required:

	Check desired coverage part(s)	Requested Limit(s):	Requested Retention(s):	Required application section(s)
Professional Liability	<input type="checkbox"/>	\$	\$	<b>2</b>
General Liability	<input type="checkbox"/>	\$	\$	<b>4</b>
Hired and Non-Owned Auto Liability	<input type="checkbox"/>	\$	\$	<b>4</b>
Employee Benefits Liability	<input type="checkbox"/>	\$	\$	<b>4</b>
Stop Gap Coverage	<input type="checkbox"/>	\$	\$	<b>4</b>

3. Gross revenue\*

Last 12 months	Next 12 months (estimate)
\$	\$

\*Inclusive of subsidiaries from item 1 above. Healthcare entities, please use net patient revenue. Not-for-profits, please use annual budget.

Have you had positive revenue growth during the last 12 months? Yes  No

Have you had positive cash flow from operations during the last 12 months? Yes  No

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Have you had positive net income during the past 12 months? Yes  No

4. Claims details

Please answer the following questions for each coverage part for which you are applying for coverage:

a) Has any claim of the type that could be covered by this coverage part ever been made against you?

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| Professional Liability             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| General Liability                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hired and Non-Owned Auto Liability | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Employee Benefits Liability        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stop Gap Coverage                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

b) Are you aware of any act, error, omission, or other matter which is likely to lead to a claim against you or other loss of the type that could be covered by this coverage part ?

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| Professional Liability             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| General Liability                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hired and Non-Owned Auto Liability | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Employee Benefits Liability        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stop Gap Coverage                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes, please specify details below or attach additional information.

c) Have you ever been subject to an inquiry, investigation, or action by any regulatory body or administrative agency?

Yes  No

If Yes, please specify details below or attach additional information.

5. Material dependencies

a) Do you use the services of independent contractors or subcontractors to perform your professional services?

Yes  No

If Yes, please answer the following three questions:

i) Do you always use a written contract with independent contractors/subcontractors?

Yes  No

ii) Do you require independent contractors/subcontractors to carry their own professional liability insurance?

Yes  No

iii) What percentage of your professional services are contracted out to independent contractors or subcontractors?

%

**HiscoxPRO™ – Professional Liability**  
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**Section 2 – Professional Liability**

1. Revenue allocation

a) Please describe the professional services for which coverage is desired:

Services	# of years performing service	% of total revenue, last 12 months	% of total revenue, next 12 months (estimate)
		%	%
		%	%
		%	%
		%	%

b) Do you participate in any joint ventures? Yes  No

If Yes, please describe/attach an explanation:

c) Have you had any M&A activity during the past 3 years, or do you anticipate any within the next 12 months? Yes  No

If Yes, please describe/attach an explanation:

2. Contracts & risk management

a) Are written contracts used for all clients?  
Always  Sometimes  Never

If Never, please explain:

b) Do you have a written risk management training program and/or distributed procedural manual? Yes  No

If No, please explain:

3. Insurance history

a) Has any similar insurance ever been declined, non-renewed, or cancelled? **MO APPLICANTS SHOULD NOT RESPOND.** Yes  No

If Yes, please describe/attach an explanation:



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b) Is similar insurance currently in place? Yes  No

If Yes, please provide the following professional insurance information:

Description of covered services:

Insurance carrier/coverage	Limit	Retention	Premium	Retroactive date
	\$	\$	\$	

c) Expiration date

**Please proceed to any subsequent section for which you wish to apply, otherwise please proceed to section 8.**

**HiscoxPRO™ – General Liability**  
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**Section 4 –  
General Liability**

1. Business information

a) Nature of your business:

b) Number of full-time staff:

Part-time:

d) What is your gross annual sales estimate?

\$

e) What is your total payroll?

\$

2. Applicant facilities

#	Name & Location Address	Single or Multiple Occupancy?	Owner / Lessee / Tenant?	Square Footage Occupied	# of Stories	Type of Construction

3. General information

a) Are all of your locations equipped with:

(1) Complete sprinkler system

Yes  No

(2) Smoke detectors

Yes  No

(3) Properly maintained fire extinguishers

Yes  No

(4) At least two clearly marked exits on each floor

Yes  No

(5) Self-closing fire doors on each floor

Yes  No

(6) Automatic fire alarm system connected to a local fire department

Yes  No

(7) Emergency electrical system

Yes  No

(8) Heat sensors

Yes  No

(9) Fire escape(s)

Yes  No

(10) Posted emergency evacuation procedures

Yes  No

If "no" to any of the above, please describe/attach an explanation:

b) Do you have a written safety program in place?

Yes  No

c) Do you have written procedures in place for incident reporting?

Yes  No

d) Do you have any:

(1) Exposure to flammables, explosives, or chemicals?

Yes  No

(2) Catastrophe exposures?

Yes  No

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- (3) Exposure to radioactive materials? Yes  No
- (4) Firearms on the premises? Yes  No
- (5) Animals on the premises? Yes  No
- (6) Machinery/equipment loaned/rented to others? Yes  No
- (7) Storing, treating, discharging, applying, disposing, or transporting of hazardous materials? Yes  No
- (8) Lake, pond, river, swimming pool, or other body of water? Yes  No
- (9) Watercraft, docks, or floats owned, hired, or leased? Yes  No
- (10) Camp, adventure/wilderness, ropes courses, or any type of recreational program? Yes  No
- (11) Parking facilities owned/rented? Yes  No
- (12) Sporting/social events sponsored? Yes  No
- (13) Steam rooms or saunas? Yes  No

If "yes" to any of the above, please describe/attach an explanation:

- e) Do you sell or lease any medical equipment or products to patients/clients or others in connection with this operation? Yes  No

If "yes", please provide the following information:

Annual gross revenue from medical equipment sales/rental:

\$

Types of medical equipment:

- f) Do you perform any maintenance or repairs on equipment sold or leased? Yes  No
- g) Are you named as an Additional Insured on the manufacturer or distributor's policy for all products? Yes  No
- h) Do you use primary / non-contributory language in your contracts? Yes  No

If yes, how often? Always  50% of the time or more  Less than 50% of the time

4. Insurance history

- a) Has any insurer declined, cancelled, or nonrenewed any General Liability policy for any person(s) or entity(ies) proposed for this insurance? **MO APPLICANTS SHOULD NOT RESPOND.** Yes  No

If "yes", please describe/attach an explanation:

- b.1) List prior Commercial General Liability insurers for the past five years (if none, please tick box) None

Insurance carrier	Dates Covered From – To (mm/dd/yy)	Limits of Liability per Claim / Aggregate	Deductible	Premium	Coverage Type: Occurrence or Claims Made?
	-	\$ / \$	\$	\$	
	-	\$ / \$	\$	\$	
	-	\$ / \$	\$	\$	

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	-	\$ / \$	\$	\$	
	-	\$ / \$	\$	\$	

b.2) If the current/expiring policy is on a claims-made form, what is the retroactive date?

b.3) If expiring coverage exists, does coverage include products and completed operations coverage? Yes  No

**5. Hired & Non-Owned Auto Coverage**

a) What is the total number of staff/officers who drive on your behalf?

b) What types of vehicles will be driven on your behalf?

c) How many locations does an employee drive to on your behalf in a given day?

- One location                       3 – 5 locations  
 More than 5 locations

(1) what is the usual distance traveled?

d) How many clients do you transport weekly?

e) What evidence of auto insurance do you require from staff using their personal autos?

- Certificates of Insurance                       Copy of Auto Policy  
 Copy of Auto ID Card                               None

Other:

f) What minimum personal auto liability limits do you require of employees using their personal vehicles for business purposes?

- Not Required

g) Do you:

(1) have a written policy that addresses acceptable business usage of personal vehicles? Yes  No

(2) check MVR's and disciplinary procedures for unacceptable MVR's? Yes  No

h) Do you currently have Hired & Non-Owned Automobile coverage? Yes  No

If "yes", please complete the following:

Insurance carrier/coverage	Limit	Retention	Premium	Retroactive date (if claims made)
	\$	\$	\$	

i) Has any insurer declined, cancelled, or nonrenewed any Hired or Non-Owned Auto Liability policy for any person(s) or entity(ies) proposed for this insurance? **MO APPLICANTS SHOULD NOT RESPOND.** Yes  No

If "yes", please describe/attach an explanation:



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6. Employee Benefits Coverage

- a) Number of employees covered by your employee benefit programs administered in the United States, its territories, or Canada:
- b) Do you have a full-time human resource manager or department? Yes  No
- c) On programs permitting employees an option to enroll or not enroll, do you require a signed acceptance or rejection form? Yes  No
- d) Is a written guide of your employee benefit programs provided to each and every employee? Yes  No
- e) Do you currently carry employee benefits liability insurance? Yes  No

If "yes", please complete the following:

Insurance carrier/coverage	Limit	Retention	Premium	Retroactive date
	\$	\$	\$	

- f) Has any insurer declined, cancelled, or nonrenewed any Employee Benefits Liability policy for any person(s) or entity(ies) proposed for this insurance? **MO** Yes  No   
**APPLICANTS SHOULD NOT RESPOND.**

If "yes", please describe/attach an explanation:

**Please proceed to any subsequent section for which you wish to apply, otherwise please proceed to section 8.**



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### HiscoxPRO™ – Execution and Declaration Modular application form

#### Section 8 - Execution

All applicants must complete this Section and Section 1.

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please provide us with details. Feel free to attach an addendum to this application if insufficient space is provided below:

**NOTE: Hiscox policyholders may qualify for various complimentary value-added services. Please provide the contact details of the individual who may be contacted by Hiscox or its partners regarding these services:**

Name:  Phone:

Email:

#### APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing and any outstanding quote for insurance coverage may be modified or withdrawn.

Your submission of this Application does not obligate us to issue, or you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials furnished to us in conjunction with this Application are incorporated into this Application and made a part of it.

#### Declaration

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors, and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I will undertake to inform you before the inception of any policy issued pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

\* Applicant Signature:

Date:

Title:

\* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.



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**HiscoxPRO™ – Execution and Declaration** Modular application form

**THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM, and RI:**

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy will be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, we will not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred will be applied against the retention amount.

\* Applicant Signature:

Date:

Title:

\* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 FINES AND CONFINEMENT IN PRISON.

**NOTICE TO 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 INSURANCE 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 AUTHORITIES

**NOTICE TO 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.

**NOTICE TO 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



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## **HiscoxPRO™ – Execution and Declaration** Modular application form

GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA 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 FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO 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.

**NOTICE TO 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 INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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



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OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO CIVIL PENALTIES UNDER STATE LAW.

**NOTICE TO 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.

\* Applicant Signature:

Date:

Title:

\* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.

**THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF IA and FL:**

**Producer Information:**

Producer Name:	
** Producer Signature:	
Date:	
Address of Producer:	
*** Producer License Number:	

\*\* required only in the following State(s): Iowa

\*\*\* required only in the following State(s): Florida

**A copy of this application should be retained for your records.**