

CARRIER:

## Nonprofit Fraternal Club Application

☐ General liability    ☐ Property    ☐ Liquor    ☐ Directors and officers

### I. GENERAL INFORMATION SECTION

Organization's name (include DBA name): \_\_\_\_\_  
Location address: \_\_\_\_\_ ☐ Same as mailing address  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Inspection contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Audit contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### Purpose and mission of the organization:

1. Does the organization have tax exempt status as defined by the I.R.S.? ☐ Yes ☐ No  
If "No," are they operating as a nonprofit? ☐ Yes ☐ No

2. Operations of the organization (check all that apply):

☐ Banquet hall    ☐ Bar/Tavern    ☐ Dinner club    ☐ Fundraising    ☐ Hall rental    ☐ Insurance programs    ☐ Parades

☐ Pool hall    ☐ Private club    ☐ Restaurant    ☐ Unions

☐ Bowling alley (If open to the public, confirm annual sales: \_\_\_\_\_)

☐ Bingo (If open to the public, confirm annual attendance: \_\_\_\_\_)

☐ Casino/Gaming (If checked, number of machines: \_\_\_\_\_)

☐ Other – describe: \_\_\_\_\_

3. Building interest:    ☐ Owner    ☐ Tenant

4. How many years at the current location? \_\_\_\_\_

5. Are there any past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? ☐ Yes ☐ No

6. Has any officer or board member of this organization ever been convicted of a felony? ☐ Yes ☐ No

7. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? ☐ Yes ☐ No

8. Does any building built prior to 1978 have aluminum or knob-and-tube wiring? ☐ Yes ☐ No

9. Total sq. ft. of building: \_\_\_\_\_ Area occupied by the organization sq. ft.: \_\_\_\_\_

Apartment area-sq. ft.: \_\_\_\_\_ Number of apartment units: \_\_\_\_\_

Area leased to others-sq. ft.: \_\_\_\_\_ Type of occupancy: \_\_\_\_\_

10. What is the latest hour the the organization will ever stay open? \_\_\_\_\_ ☐ a.m.    ☐ p.m.

11. Does the organization utilize bouncers, security or doormen? ☐ Yes ☐ No

12. Number of members: \_\_\_\_\_

13. Total annual receipts:    Food \$ \_\_\_\_\_    Alcohol \$ \_\_\_\_\_  
Rental income \$ \_\_\_\_\_    Membership dues \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_    Describe: \_\_\_\_\_

14. Add mortgagees/additional insured/loss payees

#### List name, address and interest of each:

a. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Interest: \_\_\_\_\_

b. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Interest: \_\_\_\_\_

*Please provide any other additional insureds on a separate sheet.*

#### Indicate applicable section:

☐ Property    ☐ GL    ☐ Liquor

☐ Property    ☐ GL    ☐ Liquor

## II. GENERAL LIABILITY SECTION

15. Limits desired:

|   |    |                                  |    |
|---|----|----------------------------------|----|
| General Aggregate                           | \$ | Personal and Advertising Injury  | \$ |
| Products and Completed Operations Aggregate | \$ | Fire Damage (any one fire)       | \$ |
| Each Occurrence                             | \$ | Medical Expense (any one person) | \$ |

16. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? ☐ Yes ☐ No
17. Are there any organized or sponsored events that include mechanical rides, pyrotechnics, fireworks, firearms, hunting, water hazards, overnight camping, haunted attractions, hayrides, circuses or air shows? ☐ Yes ☐ No
18. Are there any "teen," "under 21" or similar events? ☐ Yes ☐ No
19. Are there at least two means of egress (exits) for every floor with public access? ☐ Yes ☐ No
20. If there is another occupancy in the building, do all grills, deep fat fryers and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96? ☐ N/A ☐ Yes ☐ No
21. Within the past three years has general liability coverage been cancelled or non-renewed? ☐ Yes ☐ No  
If "Yes," explain: \_\_\_\_\_
22. Is dancing permitted? ☐ Yes ☐ No
23. Is there table seating? ☐ Yes ☐ No
24. Is there table service? ☐ Yes ☐ No

### Entertainment

25. Are there any of the following types of entertainment? ☐ Yes ☐ No  
If "Yes," check all of the following types that apply:
- ☐ Adult entertainment/Exotic dancing Number of times per week \_\_\_\_\_ or per year \_\_\_\_\_
- ☐ Band (three or more members, excluding jazz bands) Number of times per week \_\_\_\_\_ or per year \_\_\_\_\_
- ☐ Banquet entertainment by the organization or lessee Number of times per week \_\_\_\_\_ or per year \_\_\_\_\_
- ☐ Dance club/hall Number of times per week \_\_\_\_\_ or per year \_\_\_\_\_
- ☐ DJ with dancing Number of times per week \_\_\_\_\_ or per year \_\_\_\_\_
26. Does the organization keep guns with live ammunition on the premises? ☐ Yes ☐ No
27. Have there been any general liability and/or assault and battery losses in the last three years? ☐ Yes ☐ No  
If "Yes," provide the following information on each claim:

| Assault/<br>Battery?                                     | Date of<br>Loss | Description and measures in place to prevent<br>future incidents | Paid | Reserved | Status  |
|--|-----------------|--|------|----------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |  | \$   | \$       | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |  | \$   | \$       | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |  | \$   | \$       | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

Please provide additional claims or information on separate sheet

28. Add hired and non-owned auto liability (limit will equal general liability occurrence limit) ☐ Yes ☐ No  
If "Yes":
- a. Is there a Commercial Auto Insurance policy in force? ☐ Yes ☐ No
- b. Are vehicles used to shuttle people or deliver goods or products on a regular basis? ☐ Yes ☐ No
- c. Are employees or volunteers required to use their personal automobile to conduct the organization business on a regular basis? ☐ Yes ☐ No
- d. Are there any owned or leased (long-term) vehicles? ☐ Yes ☐ No

### III. PROPERTY SECTION

#### 29. Limits Desired and Rating Information

|   |  |  |  |
|---|--|--|--|
| <b>Building Construction</b><br><input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry<br><input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC<br><input type="checkbox"/> Fire Resistive | <b>Protection Class</b><br><input type="checkbox"/> 1-6<br><input type="checkbox"/> 7-8<br><input type="checkbox"/> 9-10 | <b>Deductible</b><br><input type="checkbox"/> \$1,000<br><input type="checkbox"/> \$2,500<br><input type="checkbox"/> \$5,000  | <b>Cause of Loss</b><br><input type="checkbox"/> Basic<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special/Excluding theft |
| Building Limit:   | \$   | Coinsurance (80% minimum) _____ %  | <input type="checkbox"/> ACV <input type="checkbox"/> RC   |
| Business Personal Property Limit:   | \$   | Coinsurance (80% minimum) _____ %  | <input type="checkbox"/> ACV <input type="checkbox"/> RC   |
| Business Income Limit:  | \$   | Coinsurance: _____ or Monthly Limit of Indemnity<br><input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6<br><input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense |  |

|   |
|---|
| <input type="checkbox"/> Add Value Plus Endorsement (requires a Central Station Burglar Alarm)                            |
| <input type="checkbox"/> Add Equipment Breakdown (coverage requires a maintenance contract for all refrigeration units)   |
| <input type="checkbox"/> Add Outdoor Signs    \$  |
| <input type="checkbox"/> Add Employee Dishonesty    \$      # of Employees: _____   |
| <input type="checkbox"/> Add Money and Securities    \$      Inside    \$      Outside (\$500 standard deductible): _____ |

#### 30. Employee Dishonesty Requirements (if applicable):

- a. Is an annual audit performed by a CPA or a Public Accountant? ☐ Yes    ☐ No
- b. Are bank accounts reconciled by someone not authorized to deposit or withdraw? ☐ Yes    ☐ No
- c. Is a countersignature of checks required? ☐ Yes    ☐ No

#### 31. Are there any grills, deep fat frying equipment or woks on the premises?

☐ Yes    ☐ No

If "Yes":

- a. Is there a deep fat fryer on premises? ☐ Yes    ☐ No
- b. Do all grills, deep fat frying equipment and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96? ☐ Yes    ☐ No
- c. Does the automatic fire extinguishing system have an in-force cleaning contract? ☐ Yes    ☐ No
- d. Type of extinguishing system:    ☐ Wet    ☐ Dry

#### 32. Is the plumbing completely PVC or copper (no iron or lead)?

☐ Yes    ☐ No

#### 33. Type of roof? \_\_\_\_\_

#### 34. Roof updated, yr. \_\_\_\_\_ Electrical updated, yr. \_\_\_\_\_ Plumbing updated, yr. \_\_\_\_\_ Heating updated, yr. \_\_\_\_\_

#### 35. Age of building: \_\_\_\_\_

#### 36. Are there vacancies in the building?

☐ Yes    ☐ No

If "Yes," what percentage? \_\_\_\_\_ %

#### 37. Burglar alarm:    ☐ Local    ☐ Central station

#### 38. Fire protection:    ☐ Central station    ☐ Local fire alarm    ☐ Annually serviced fire extinguisher(s)

#### 39. Is the building fully protected by an operational sprinkler system covering 100 percent of the premises?

☐ Yes    ☐ No

#### 40. Within the past three years, has property coverage been cancelled or non-renewed?

☐ Yes    ☐ No

If "Yes," explain: \_\_\_\_\_

#### 41. Have there been any property losses in the last three years?

☐ Yes    ☐ No

If "Yes", provide the following information on each claim

| Date of Loss | Description and measures in place to prevent future incidents | Paid | Reserved | Status  |
|--------------|---|------|----------|---|
|              |   | \$   | \$       | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
|              |   | \$   | \$       | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
|              |   | \$   | \$       | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

*Please provide additional claims or information on separate sheet*

#### IV. LIQUOR LIABILITY SECTION

42. Limits desired:

|                 |    |                   |    |
|-----------------|----|-------------------|----|
| Each Occurrence | \$ | General Aggregate | \$ |
|-----------------|----|-------------------|----|

43. Does the organization offer entertainment? ☐ Yes ☐ No

If "Yes," question 25 must be completed.

44. Is a valid liquor license maintained, if required by ordinance or law, prior to any selling, serving or distribution of alcohol? ☐ Yes ☐ No

45. Are same-day memberships available? ☐ Yes ☐ No

46. Are members permitted to bring more than three guests per day (excluding immediate family members or banquet activities)? ☐ Yes ☐ No

47. Is alcohol ever sold or served away from the premises? ☐ Yes ☐ No

If "Yes," explain: \_\_\_\_\_

48. Is self-service of alcohol by members permitted? ☐ Yes ☐ No

49. Does the organization permit "BYOB" (bring your own bottle) or set-ups? ☐ Yes ☐ No

If "Yes," explain: \_\_\_\_\_

50. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service? ☐ Yes ☐ No

51. Does or will the organization ever offer (include special events such as New Years Eve parties, etc.):

a. Any drink specials/Happy hours ☐ Yes ☐ No

b. Drink specials/Happy hours after 9 p.m. ☐ Yes ☐ No

c. Drink specials/Happy hours after 11 p.m. ☐ Yes ☐ No

d. "All you can drink" specials or other offers involving unlimited alcoholic beverages ☐ Yes ☐ No

e. More than two complimentary drinks per patron per day ☐ Yes ☐ No

f. Beer pong or other drinking games ☐ Yes ☐ No

52. What is the lowest price offered for beer? \$ \_\_\_\_\_ wine/liquor? \$ \_\_\_\_\_

53. Are facilities available for banquets, receptions or private affairs? ☐ Yes ☐ No

If "Yes," does the organization serve alcohol at all events? ☐ Yes ☐ No

If "No," will lessee be required to carry liquor liability insurance at equal or greater limits? ☐ Yes ☐ No

54. Does the organization utilize an identification scanner on all patrons, regardless of age? ☐ Yes ☐ No

55. Are all alcohol servers certified in a Formal Alcohol Training Course, not mandated by state? ☐ Yes ☐ No

If "Yes," provide name of the course (ie.: TIPS, TAM, RAMP, BEST, etc): \_\_\_\_\_

56. Within the past five years, has liquor liability coverage been cancelled or non-renewed? ☐ Yes ☐ No

If "Yes," explain: \_\_\_\_\_

57. Violations:

a. Within the past five years, has the organization been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? ☐ Yes ☐ No

b. If "Yes," provide the following information on each fine or citation: *(attach separate page if necessary)*

Date(s): \_\_\_\_\_

Description(s): \_\_\_\_\_

Fines and/or penalties assessed: \_\_\_\_\_

Measures in place to prevent future violations: \_\_\_\_\_

58. Have there been any liquor liability losses and/or assault and battery losses in the last five years? ☐ Yes ☐ No

If "Yes," provide the following information on each claim:

| Assault/<br>Battery?                                     | Date of<br>Loss | Description and measures in place to prevent<br>future incidents | Paid | Reserved | Status  |
|--|-----------------|--|------|----------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |  | \$   | \$       | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |  | \$   | \$       | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |  | \$   | \$       | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

Please provide additional claims or information on separate sheet

## V. NON PROFIT DIRECTORS AND OFFICERS AND EMPLOYMENT PRACTICES LIABILITY SECTION

59. Does the organization administer or sponsor any insurance programs? ☐ Yes ☐ No
60. Is the organization involved in any accreditation or standard setting activities? ☐ Yes ☐ No
61. Is the organization involved in any labor/union negotiations or collective bargaining activities? ☐ Yes ☐ No
62. Total number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Volunteers \_\_\_\_\_ Seasonal \_\_\_\_\_
63. Number of chapters: \_\_\_\_\_ If there are chapters, is coverage requested for them under this policy? ☐ Yes ☐ No
64. Does the organization have any subsidiaries requiring coverage? ☐ Yes ☐ No

*If "Yes," please complete the Non Profit Subsidiary Addendum (NPSADD).*

65. Name of individual designated to receive all notices on behalf of the insured: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

66. Directors and officers liability insurance carried:

| Insurer | Limits of Liability | Premium | Retention | Policy Period |
|---------|---------------------|---------|-----------|---------------|
|         |                     |         |           |               |

67. Does the organization currently carry general liability insurance? ☐ Yes ☐ No
68. Has the organization or any person proposed for coverage (whether or not in the service of applicant) been the subject of or been involved directly in any civil, criminal, regulatory, legislative or administrative proceedings? ☐ Yes ☐ No
69. Please provide the following financial information for the last three three years. (If organization is in existence for less than three years, please provide Budgeted Revenue/Expense statement for next three years.)

| Year | Total Revenue | Net Income (Loss) | Current Fund Balance* |
|------|---------------|-------------------|-----------------------|
|      | \$            | \$                | \$                    |
|      | \$            | \$                | \$                    |
|      | \$            | \$                | \$                    |

\* Fund balance = Total Assets – Total Liabilities

70. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers? ☐ Yes ☐ No  
*(If "Yes," please forward a completed USLI supplemental claims application.)*
71. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities) against the organization, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization? ☐ Yes ☐ No  
*(If "Yes," please forward a completed USLI supplemental claims application.)*

### Fiduciary liability (available for 100 employees or less)

72. Does each pension plan use an outside investment manager? (if "No," fiduciary will not be offered) ☐ Yes ☐ No
73. Does each plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? *(if "No," please attach details)* ☐ Yes ☐ No
74. In the past two years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan? *(If "Yes," please attach details)* ☐ Yes ☐ No
75. Has there been or is there now any claims(s) pending against any proposed insured arising out of any plan? *(If "Yes," please attach details)* ☐ Yes ☐ No
76. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed fiduciary liability coverage? *(If "Yes," please attach details)* ☐ Yes ☐ No

## FRAUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** 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.

**California:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

**Maryland Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio Fraud Statement:** 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.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon 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 may be guilty of insurance fraud.

**Kentucky and Pennsylvania Fraud Statement:** 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.

**Tennessee, Virginia and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and

issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**New York Fraud Statement:** 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's signature: \_\_\_\_\_ Title: \_\_\_\_\_  
President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.