



SUBMIT APPLICATION & SOV TO:
aura420@aurarisk.com

CANNABIS INSURANCE APPLICATION

Aura Risk Cannabis Program

APPLICANT'S INSTRUCTIONS:

1. Application must complete all relevant sections of this application in accordance with the specific coverages being requested.
2. Answer all questions completely. If requesting property or your operation has multiple locations must submit an SOV.
3. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the effective date of coverage.

ADDITIONAL INFORMATION REQUIRED FOR THIS SUBMISSION

1. Copy of all current license(s) associated with applicant. Licenses must be current and in good-standing within the applicable state.
2. Currently valued Company Loss runs (within 90days) for all applicable lines of coverage or No Known Loss Letter if new venture.
3. Additional information may be required based on information provided

Section 1: General Information

First Named Insured: _____

DBA: _____

If there are multiple Named Insureds provide a list including a description of operations & ownership breakdown

Mailing Address: _____

Effective Date: _____ **Website:** _____

Inspection Contact Name: _____ **Phone:** _____ **Email:** _____

Type of Enterprise: Corporation LLC Individual Partnership Other _____

Description of Use: Medicinal Recreational Both Hemp/CBD (Complete Hemp Section)

License Information (State License or Local Permit): _____

Does the applicant possess a license to legally operate within the cannabis industry? Yes No

If no, describe the license status: _____

**Notify your insurance agent immediately if your license expires or if your application for license is denied. Lack of proper licensing may impair your coverage or void your policy. A copy of your license will be required in order to bind coverage.*

Operations: Cultivation Manufacturing Distribution Retail Testing Microbusiness Other

**Copy of the tenant(s) license is required. If the tenant is manufacturing and/ or cultivation, complete applicable section(s). *LRO*

Please provide a detailed description of operations:

Existing Business: Yes No **Date Business was Established:** _____

Is the applicant currently operational? Yes No

What experience does the applicant have in operating a cannabis business and or managing a commercial business?

Please Describe:

Is the applicant privately held or publicly traded? Privately Held Publicly Traded

If the applicant is privately held, did the applicant raise money from an accredited investor? Yes No

**If you did not receive money from an accredited investor than you will need to provide the bios of executives (CEO and CFO). We will sign an NDA at the applicant's request.*

Years in business under current management: _____

Has the applicant or principal filed for bankruptcy in the last 5 years? Yes No

Financial Information: _____

Please provide annual sales for the last 12 months and projected sales for the next 12 months.

| Sales | Last 12 Months | Next 12 Months |
|--------------------------------|----------------|----------------|
| Cultivation: | | |
| Manufacturing: | | |
| Retail: | | |
| Lab & Testing Sales: | | |
| Distribution: | | |
| Vape Units & Vape Accessories: | | |
| Other (Describe): | | |
| Total Sales: | | |

Vape Units & Accessories includes: oil concentrates intended to be used in vapes and any part of the accessories attached or used with the vaporizing equipment (including pens, cartridges, mouth pieces, batteries, chargers, coils and any miscellaneous products)

Section 2: Loss History

Does the applicant currently have commercial insurance coverage? Yes No

If yes, please provide 3 years of currently valued loss runs

If this is an existing business without coverage, please provide details: NA

Has the applicant ever had any violations which have resulted in business closure or license suspension?

Yes No

If yes, please provide details: _____

Please provide insurance information for the past 3 years

| Year | Carrier | Coverage | Limits | Deductibles | Retro Date | Premium |
|------|---------|----------|--------|-------------|------------|---------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

In the last five (5) years, have any claims been made against any person(s) or organizations to be covered under this insurance? Yes No

Is the applicant aware of any incidents that could give rise to a claim? Yes No

Section 3: Coverage

Which coverages are being requested? General Liability Product Liability Property Crop MTC

*For multi- location risks or risk requesting crop coverage please complete SOV

General Liability (please provide requested limits etc.)

| Occurrence | Aggregate | Deductible |
|------------|-----------|------------|
| | | |

If limits above a \$1,000,000 / \$2,000,000 occurrence/aggregate are being required by a lessor, please provide a copy of the lease agreement.

Product Liability (please provide requested limits etc.)

| Occurrence | Aggregate | Retroactive Date* | Product Withdrawal |
|------------|-----------|-------------------|--------------------|
| | | | |

*Needed for retroactive date: Copy of prior yrs dec page(s). Advise there were no lapse in coverage. Sales figures for each retro yr being requested.

3.1 Hired and Non-Owned Auto

Hired and Non-Owned Auto Endorsement: Yes No

Note: Delivery and distribution operations are not eligible for HNOA endorsement. This endorsement is intended for incidental exposure only.

Do all drivers maintain a personal auto policy and keep it in force at all times? Yes No

Are MVRs collected by all drivers employed by the applicant? Yes No

Is any driver allowed to drive with any DUI, DWI, or reckless driving violations? Yes No

Do the applicant or applicant's employees make any deliveries to customers from retail locations? Yes No

3.2 Owned Autos

Do employees use their own vehicles for business use? Yes No

If yes, describe: _____

How many employees does the applicant have that may drive for business purposes? _____

Total estimated mileage from non-owned vehicles for business annually: _____

3.3 Hired Autos

Does the applicant rent vehicles for business use? Yes No

If yes, describe usage of hired autos: _____

Estimated number of vehicle rentals annually: _____

Total estimated expense on rental vehicles annually: _____

Section 4 : Premises Information (if multiple locations submit SOV)

Hours of operation: _____

Does the applicant have an active central station alarm? Yes No

If yes, are all windows and doors connected to an active central station alarm? Yes No

What is the protocol for arming the system? _____

Is there an automated notification sent to the applicant or monitoring company if the alarm is unarmed or disabled during non-business hours? Yes No

Section 4 : Premises "Continued"

Does the applicant have an approved safe? Yes No

Weight: _____ Fire Rating: _____

Does the applicant have a vault room? Yes No

If yes, describe vault room construction. _____

Minimum safe and vault requirements: 800lbs; under 2000lbs must be bolted to the ground

Does the applicant occupy the entire building? Yes No

If no, how many tenants are there: _____

If no, list operation of other tenants: _____

Are there connecting doors to adjacent units? Yes No NA

If yes, how are the connecting doors secured? (i.e. deadbolt, alarms, etc.) _____

Does the applicant have separate protective safeguards from other tenants? Yes No NA

Is the nature of the business advertised on the outside of the building? Yes No

Does anyone live on the premise? Yes No

If yes, describe the occupancy: _____

Are there any animals on the premise? Yes No

If yes, describe: _____

Which of the following security measure are utilized? (check all that apply):

- Interior Video Cameras Exterior Video Cameras Interior Motion Detectors Gated Windows Gated Doors
- Hold-up Button/Panic Button Security Guards - Armed Security Guards - Unarmed Fencing
- Safe/Vault Buzz in System Door Greeters/ID Check Other (describe): _____

Are all security measures fully operational during non-business hours? Yes No

If no, specify which ones are not fully operational during non-business hours? _____

Are there any traps that are used for security at the premise? Yes No

If yes, provide details: _____

If guards or greeters are used, are they employees? Yes No

If no, do independent contractors acting as security guards or greeters/ID checkers carry their own insurance and name the applicant as an additional insured? _____

Copies of the security guard firm's COI and contract will be requested as a bind subjectivity.

Are there any firearms on the premises (including any firearms carried by security guards)? Yes No

Section 5: Property -if multiple locations submit SOV Decline

Physical Address: _____

Own Lease Triple Net Lease

Is this location open and fully operational? Yes No

If no, when is it expected to be open and fully operational? _____

| Property Coverage for this location: | | Building Information | |
|--------------------------------------|-------|---|-------|
| Building | _____ | Year Built | _____ |
| Tenant Improvements | _____ | Roof Improvements | _____ |
| Business Personal Property | _____ | Plumbing Improvements | _____ |
| Cannabis Equipment and Tools | _____ | Electrical Improvements | _____ |
| Cannabis Crop/ Stock | _____ | HVAC Improvements | _____ |
| Business Interruption | _____ | Construction Type | _____ |
| | | What percentage of the building is sprinklered: | _____ |
| | | Protection Class: | _____ |
| | | *Building Sq. Ft.: | _____ |

*Building Sq. Ft.: If premise is not 100% occupied by applicant provide listing of all other tenants and a description of their operations.

Section 5: Property "Continued"

Which of the following protective safeguards are in place at this location:

- "BR-1" Automatic Burglary Alarm, protecting the entire building, that signals to: (1) An outside central station; or (2) A police station.
- "BR-2" Automatic Burglary Alarm, protecting the entire building, that has a loud sounding gong or siren on the outside of the building.
- "BR-3" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.
- "BR-4" Describe protective safeguard (If not BR 1-3 safeguard will need to be approved by UW)

We will not pay for loss or damage caused by or resulting from theft if, prior to the theft, you: 1. Knew of any suspension or impairment in any protective safeguard listed and failed to notify us of that fact; or 2. Failed to maintain any protective safeguard listed, and over which you had control, in complete working order.

Are any locations currently undergoing repairs, construction, renovations etc? Yes No

Are any locations planned to undergo repairs, construction, renovations, etc within 12 months? Yes No

Expected start/completion dates: _____

Total estimated value of the renovations: _____ Is there currently a builders risk policy? Yes No

Section 6: Retail NA

Type Storefront Non-Storefront Curbside pick-up

Will the applicant provide delivery service direct to consumers? Yes No

What percentage of inventory is displayed to customers? _____

Section 7: Cultivation NA

Cultivation Operations Indoor Outdoor Enclosed Greenhouse Open Greenhouse

Processing Operations Drying/Curing Quarantine Trimming Storage of Finished Stock

What percentage of total cultivation is grown:

| Location | Percentage |
|---|------------|
| Indoors | |
| Greenhouse | |
| Outdoors | |
| Total Percentage (Must Total 100%) | |

Has the facility been inspected by a licensed electrician who has provided written confirmation that the wiring and power supply are acceptable and safe for the applicant's grow operations? Yes No

Is there a backup system for the electrical supply? Yes No

If yes, describe the system and confirm when it was installed:

Does the applicant have a "No Smoking" policy at all cultivation operations? Yes No

Do the grow rooms have smoke detectors in them? Yes No

If yes, how are the smoke detectors remotely monitored and do they provide alerts when no one is in the building?

If yes, does the applicant maintain the monitoring service records (which will show if the smoke detectors properly notified the applicant)? Yes No

If yes, does the applicant have a service contract that is renewed yearly? Yes No

What kind of light bulbs does the applicant use? _____

Is a light bulb replacement log kept of how often the light bulbs are replaced? Yes No

Are all cultivation light bulbs replaced before 80% of expected life? Yes No

If non-LED lighting is utilized, how often does the insured replace the lightbulbs? _____ % of expected life

(Non-LED means any type of HID lighting - high-pressure sodium, metal halide, or ceramic metal halide bulbs)

Is a licensed third party contractor utilized to replace all non-LED grow lights within the facility? Yes No

Are manufacturer instructions for all lighting equipment followed? Yes No

When lights are on continuously for more than 1 week, does the applicant have a monitored quality check in place (e.g. shut off lights for 15 minutes and monitor for defective bulbs when powering back on)? Yes No NA

Are all water pipes, water sources, and combustibles at least 5 ft away from all lighting equipment? Yes No

Security in all rooms used for cultivation (mark all that apply):

- Motion Detectors
- 24 Hour Live Monitored CC TV System
- Other: _____

| | |
|---|--|
| Section 7: Cultivation "Continued" | |
| 7.1 Greenhouse Cultivation | <input type="checkbox"/> NA |
| Is the greenhouse be fully enclosed with locking doors? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If no, please provide details on how the greenhouse will be secured: _____ | |
| Provide details on the materials used to construct the greenhouse (Plastic hoop, polycarbonate, glass, fiberglass): _____ | |
| Does the greenhouse have electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Section 8: Manufacturing | |
| Type: <input type="checkbox"/> Extraction using volatile solvents <input type="checkbox"/> Packaging and labeling | |
| <input type="checkbox"/> Extraction using non-volatile solvents (mechanical methods) <input type="checkbox"/> Infusion | |
| Please confirm which products the applicant manufactures: <input type="checkbox"/> Flower <input type="checkbox"/> Pre-rolls <input type="checkbox"/> Vaporizer Cartridges | |
| <input type="checkbox"/> Tinctures <input type="checkbox"/> Edibles <input type="checkbox"/> Topicals <input type="checkbox"/> Beverages <input type="checkbox"/> Other: _____ | |
| Please provide a list of all products that the applicant does not manufacture, but place applicants' label on: _____ | |
| Has the applicant consulted with an attorney to determine their labeling includes all necessary warnings, disclaimers, contradiction notifications, ingredient listings, and meets all state and local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will the applicant's equipment be used and/or rented to others who are not the named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, will they be required to carry insurance and name the insured on their policy? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8.1 Extraction | <input type="checkbox"/> NA |
| What is the extraction method used? <input type="checkbox"/> CO2 <input type="checkbox"/> Hexane <input type="checkbox"/> Butane <input type="checkbox"/> Propane <input type="checkbox"/> Ethanol | |
| <input type="checkbox"/> Other (describe): _____ | |
| Is all extraction performed using a closed loop system only? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are all gas cylinders stored in approved cages on external walls? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If extraction is performed using butane, hexane, propane or any other volatile solvent extraction, please mark which of the following are utilized: | |
| <input type="checkbox"/> All extraction work carried out in Class 1 D1 Room | <input type="checkbox"/> Explosion proof electrical |
| <input type="checkbox"/> Automatic exhaust ventilation system | <input type="checkbox"/> Solvents stored in a fire resistant cabinet |
| <input type="checkbox"/> Automatic gas detection system in place | |
| 8.2 Cooking/Baking | <input type="checkbox"/> NA |
| If Cooking or Baking products, please describe the manufacturing process for each (attach separate sheet if necessary) _____ | |
| 8.2 Cooking/Baking "Continued" | |
| Do any products require open flame cooking on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the applicant's cooking equipment have an automatic gas/propane supply cutoff? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| How often are the hoods and flues checked? _____ | |
| Are hoods and flues inspected/cleaned by an outside service? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| How often are the grease hood filters cleaned? _____ | |
| Does the applicant have a deep fat fryer with a high limit temperature switch? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will the applicant's equipment be used and/or rented to others who are not the named insured? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Section 9: Product Liability | |
| <input type="checkbox"/> Decline Product Liability Coverage | |
| Does the applicant utilize a "track and trace" or "seed to sale" system? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, does the software have product recall/withdrawal safe guards? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the applicant maintain daily written records of all cannabis, CBD, hemp and inventory of non-cannabis products, including purchase date, type of product, purchase price and who it was purchased from? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the applicant hold a third-party GMP certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide a copy of most recent certificate</i> | |
| Does the applicant test their own product? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide COA</i> | |
| If products are tested by a third party, please provide the name of the lab: _____ | |
| Is the lab an independent, ISO 17025 certified testing laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the applicant know of any products that were recalled or withdrawn in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain: _____</i> | |
| For products that the applicant does not produce, does the applicant obtain Certificates of Analysis evidencing that product testing was performed by the original manufacturer or by the applicant's direct supplier? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the applicant engage in the manufacture or sale of any products containing artificially synthesized cannabinoids, including but not limited to Delta-8 THC, Delta-10 THC, HHC, THCP, or THC-O Acetate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9.1 Product Liability for Retail Risks | <input type="checkbox"/> NA |
| Are any of the items sold manufactured, labeled, or relabeled by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9.2 Product Liability for Cultivation Risks | <input type="checkbox"/> NA |
| Does the applicant apply their own pesticides? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If no, does the applicant get a copy of the contracted company's insurance before work begins? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is the applicant aware of any past or current pesticide issues that would result in a loss or claim? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please describe: _____ | |
| 9.3 Product Liability for Manufacturing Risks | <input type="checkbox"/> NA |
| Has the applicant consulted with an attorney to determine their labeling includes all necessary warnings, disclaimers, contradiction notifications, ingredient listings, and meets all state and local requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 10: Motor Truck Cargo NA

Do motor carriers cross state lines? Yes No *Interstate risks are not eligible for coverage*

Operator Type: Owned Cargo Cargo of Others

Driving Radius: Local 0-50 Intermediate 50-100 Long Haul 100+

*Provide vehicle schedule or provide in the table below:

| Vehicle Schedule | | | |
|------------------|------|-------|-----|
| Year | Make | Model | VIN |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Transport Frequency: _____
 Average Value Per Shipment Cash _____ Average Value Per Shipment Cargo (Cannabis) _____
 Maximum Value Per Shipment Cash _____ Maximum Value Per Shipment Cargo (Cannabis) _____

| | |
|---|--------------|
| Requested Limits: *\$500,000 combined maximum for Cash and Cargo | |
| Cash | Cargo |
| | |

What experience do the business owners have with secure transportation?

Vehicle Protection:
 Are all vehicles equipped with fire extinguishers? Yes No
 Are all vehicles equipped with locks? Yes No
 Are all vehicles equipped with alarms? Yes No
 If yes, what type?

Fill the below table or provide a schedule of terminal locations and protections at those locations

| Terminal Address and Security | |
|-------------------------------|--|
| Address 1: | |
| Security | Burglar: <input type="checkbox"/> Watchmen Service <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fenced Yard Fire <input type="checkbox"/> Automatic Sprinkler System <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Other (describe): _____ |
| Address 2: | |
| Security | Burglar: <input type="checkbox"/> Watchmen Service <input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fenced Yard Fire <input type="checkbox"/> Automatic Sprinkler System <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Other (describe): _____ |

List all applicants shippers' contracts:

List below all drivers currently employed as of the proposed effective date:

| Driver's Name | D.O.B. | State & Driver's License No. | Class of License | Years Driving Similar Vehicles | Length of Employment | Accidents & Violations Prior Three Years |
|---------------|--------|------------------------------|------------------|--------------------------------|----------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

3rd Party GPS Monitoring: Yes No
 Telematics: ELD Front-Facing Dash Camera Driver-Facing Dash Camera 360 Degree-Dash Camera
 Other (describe): _____

Section 11: 100% CBD/Hemp Only NA

11.1 CBD/Hemp Product Liability (Testing and Labeling):

What percentage of sales are direct to consumer (vs business to business)? _____

Have labels been reviewed by an attorney? Yes No *Please provide copy of product labels*

Are 100% of products tested before sold to consumer? Yes No

Does applicant use a 3rd party testing lab to test their marijuana and marijuana containing products? Yes No

If yes, do all testing reports received from this laboratory indicate the following (please check all that apply):

- Products are not contaminated by pesticides Products are not contaminated by bacteria
- Products are not contaminated by mold/fungus Products are not contaminated by mycotoxins
- Products are not contaminated by heavy metals Products are not contaminated by residual solvents
- Cannabinoid profiles (e.g. THCA, Delta-8 THC, Delta-9 THC, CBDA, CBD, CBG, CBN, etc.)
- Cannabinoid dosage per serving (milligrams per serving for each cannabinoid)
- Terpene profiles

11.2 CBD/Hemp Property

Does the applicant dry and cure hemp? Yes No

Does the applicant store CBD distillate? Yes No

If yes, do they use pharmaceutical grade material to store the product? Yes No

Section 12: Additional Insured NA

Additional Insured 1

For which coverages is the additional insured being requested?

General Liability Product Liability Property

Reason for interest: Landlord Leased Equipment Mortgagee Vendor State or Government Agency

Name: _____

Address: _____

Additional Insured 2

For which coverages is the additional insured being requested?

General Liability Product Liability Property

Reason for interest: Landlord Leased Equipment Mortgagee Vendor State or Government Agency

Name: _____

Address: _____

Additional Insured 3

For which coverages is the additional insured being requested?

General Liability Product Liability Property

Reason for interest: Landlord Leased Equipment Mortgagee Vendor State or Government Agency

Name: _____

Address: _____

FRAUD STATEMENT

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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.

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 a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; the information herein and the truthfulness thereof will be the basis of any insurance provided by the company.

This application does not bind the company to provide any insurance, nor is the applicant bound to accept any offer of insurance if one is made.

The information provided by you or your representatives in all applications, submissions, or otherwise during the underwriting process concerning the nature of the operation of your business is material to the process of underwriting, pricing, and the offer of any policy. If a policy is offered it is being offered subject to the accuracy of the information we have received related to the nature of your business operations as well as any representations or warranties made by you or on your behalf. This application will be made a part of any policy offered.

Applicant Name: _____

Signed By: _____

(Please type or print name and title)

Signature: _____

Date: _____

(Must be signed and dated by a Principal or Officer of Applicant)