



## Governmental Alternative Solutions

### General Liability

**General Information:**

Applicant Name:		
Mailing Address:		
Primary Contact:		Phone Number and E-Mail Address:
Risk Manager:		Phone Number and E-Mail Address:
Human Resource Contact:		Phone Number and E-Mail Address:
Legal name of entity:		
Street Address:		
City:		
County:	State:	Zip Code:
Year entity established:		
Has any insurance for the applicant been cancelled or non-renewed in the last 5 years?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Current Coverage:	Carrier	Limits	Retention	Occurrence or Claims-Made	Retro Date for Claims-Made	Expiring Premium
General Liability						
Employee Benefits Liability						

Desired Coverage:	Limits	Retention	Occurrence or Claims-Made	Retro Date for Claims-Made	Expiring Premium
General Liability					
Employee Benefits Liability					

What is the Bond Rating of the Entity?	Fitch:	Moody's:	Standard & Poor's:
Please describe or attach information regarding risk management programs, training programs ,safety programs:			
Current Population of Entity:			
<b>Please provide a current Comprehensive Annual Financial Report (CAFR) and a current budget for the applicant.</b>			
<b>Independent Contractor Operations</b>			
Does the applicant use independent contractors?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, complete the following:			
Describe type of work:	Are Certificates of Insurance secured?	What is the contractor's limit of liability?	Is the applicant added as an additional insured?
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the Entity have legal counsel review all contracts prior to execution?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Additional Insureds on Policy	Describe Interest in Applicant's Operation and Description of Operations

Exposure /Operation	Exposure Yes / No	Subcontracted to Others? Yes / No	Supplemental Information
Airport or Related Facilities	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Airport Supplemental Application
Blasting Operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Bridges	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Cemetery	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Convention Center/Exhibition Hall	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Dams/Reservoirs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Dam Supplemental Application
Day Care /Day Camp	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Sexual Abuse Supplemental Application
EMTs /Paramedics	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Emergency Services	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Emergency Services Section

Failure to Supply	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Current Coverage
			Sudden & Accidental Only: Yes <input type="checkbox"/> No <input type="checkbox"/>
			Other:
Fireworks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Fireworks Supplement
Grandstands/Stadiums 5,000 and greater seating	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Healthcare Operations/Medical Facility /Extended Care Facilities	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Healthcare Supplement
Housing Authority	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Habitational Supplement
Landfill /Dump/Refuse Site	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Landfill Supplement
Marina/Wharf/Port/Harbor/	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Marina Supplement
Medical Facility	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Healthcare Supplement
Rifle Range	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Policies and procedures in place if open to the public: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Social Service/Shelter/ Group Home/Senior Services	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Social Service Section
Skateboard Park	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Recreational Center/ Park Center Section
Special Events	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Streets/Roads/Highways	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Streets, Roads, Highways, Bridges Section
Swimming Pool	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Swimming Pool Supplement
Diving	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complies with NCAA or USA Diving regulations Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Water Slide	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Transit	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Utilities			
Water/Sewer	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Utilities Supplement
Electric	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Utilities Supplement

Gas	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Utilities Supplement
Watercraft	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Zoo	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Recreational Center/ Park Section
Other	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Describe

Stop-Gap (Available only in ND, OH, WA, WY)		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
<b>Streets/Roads/Highways/Bridges</b>	Paved Miles:			
	Unpaved Miles:			
	Miles maintained for others:			
	Is construction done by applicant?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Does the applicant have the following:			
	Regular inspection and maintenance program		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Written records of maintenance performed		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Regular inspection for road sign visibility		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Regular inspection for missing signs		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Number of bridges:			
	Are any bridges closed, condemned or do not meet inspection standards?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	If yes to above, bridge name and location:			
	Are bridges posted for size and weight limits?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Does the Entity contract any portion of street, road or bridge operations?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Please provide all Engineering, Inspections, Reviews and/or Reports for all bridges.			
<b>Emergency Services</b>	Fire Department Personnel:	Regular:	Volunteer:	
	Do the training/certification procedures comply with state regulation requirements?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	If no above, please provide details on why:			
	Radius of operations:			
	Are mutual aid agreements in place with neighboring communities?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	EMTs/Paramedics/EM TAs :	Paid:	Volunteer:	Subcontracted:
	Do the training/certification procedures comply with state regulation requirements?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	If no above, please provide details on why not:			

Recreation Centers/Parks/ Sports/Activities	
Day Camp/Nursery	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Ice Rink	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Roller Rink	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Golf Course(s)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Park(s)/Playground(s)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Skateboard Park/Facilities	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Skiing/Snowboarding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Swimming Pool(s)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Water Parks/Water Slides	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Zoo	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you rent or lease any of the Recreation Centers Parks or Facilities	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes to above, please provide the written guidelines/policies/procedures:	

Public Facilities	
Do you own or operate any of the following:	
Library	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Museum	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Civic/Convention Center	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Stadium/Grandstand/Bleachers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If you answered yes to any of these, please provide a description of each, i.e., size, security, insured elsewhere, uses, etc:	

Social Services		
Do you own or operate any of the following:	Minor's Group Home:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Foster Care Home:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Adoption and Placements:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes to above, please provide a recent audit by the governing state agency.	
	Provide number of adoption placements:	
Women Shelter		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Halfway House(s)		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please provide a complete description of operations:		
Percentage of Criminal Patients housed:		

<b>Special Events</b>	
Do you own or operate any of the following:	
Fireworks/Pyrotechnics	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Parade(s)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fair/ Carnival	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Amusement Rides/ Mechanical Devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Concession Stand	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If answered yes to any of these, please provide a description of each:	

## Loss History

**Please provide minimum 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.**

Does Applicant reserve only to retention level?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, excess claims information must be provided.	
If No, please explain:	
Attach a listing of all opened and closed claims excess of 50% of the SIR; include date of loss, description of claim/injury, total incurred and paid amounts.	
Attach company loss runs.	

Please provide minimum 6 years prior loss history with the following detail:	
Listing of all open and closed claims from first dollar.	
Date of Loss	
Description of claim/injury	
Total paid	
Total reserved	
Total incurred	

## Claims Handling:

Self-administration	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
TPA	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Company	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Name/ address of Third Party Administrator:		
For self-administration or TPA, please provide name, address, phone number and key contact of the proposed claim handler:		
Contact Name:	Telephone #:	
Address:		
City:	State:	Zip:

Please list the names, experience levels and authority levels of the claims handling staff:

Name	Experience	Authority Level
Who is responsible for reporting claims to the excess carrier?		
Are reserves established for each reported claim?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If no, please explain:		
Describe method utilized in setting reserves: Case by case: Formula:		
Please explain:		
Who establishes the reserves?		
Are you in compliance with GASB 10?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Describe your claim system: Manual: <input type="checkbox"/> Automated: <input type="checkbox"/>		
a. If automated, is software internally programmed?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. If automated, is software vendor-programmed?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If vendor-programmed, please provide name of vendor:		
How often are claim reports generated?		
Do your claim reports include details on the status of each claim, as well as the paid amount, incurred amount and description of loss?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
How is litigation handled?		
a. Legal Staff		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Independent Counsel:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Both		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are all claim files and reports centralized and coordinated by one individual? Yes/No:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tracking of claims:		
a. If tracked in electronic format please list name of claims system:		
b. Please provide Claims Procedures/Claims Handling Guidelines:		
c. Please describe Claims Reserving Procedures/Guidelines:		
d. Does TPA or claims self-administration have capability to track Annual Aggregate Deductibles?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
e. Does TPA or claims self-administration have capability to track Stop Loss Aggregates?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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## **FRAUD WARNING**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

**NOTICE TO APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, 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 ANY MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS 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 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMING 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.



**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 GUILTY OF A FELONY OF 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 AND 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 MAINE, 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 COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**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.

**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 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.

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**Entities Attestation:** The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity, official, or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signed of this application does not bind the signer to purchase the insurance. However, it is agreed this form shall be the basis of the contract and any policy which might be issued.

Completion of this questionnaire creates no obligation upon the applicant to accept insurance or upon Euclid Public Sector Underwriters to offer insurance. However, in the event that any insurance offering is accepted by the applicant or is issued by Euclid Public Sector this questionnaire will form the basis for the acceptance and insurance.

Signature:		
Name:		Title:
Company:		Address:
City:	State:	Zip: