

Building Coverage Form

Applicant: _____

Please use a separate Building Coverage Form for each location with structures to be insured.

Location #: _____ Acres: _____ Street: _____

City: _____ County: _____ State: _____ Zip: _____

| | | | | | | |
|--|--------------------------|-----------------------------------|---|--|--|--|
| Name and department number of the nearest Fire Station. | Feet from Hydrant | Miles from Fire Department | Deductible: Residence & Farm Structures | | | |
| | | | <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other: \$ _____ | | | |

| | Residence | Farm Barns, Buildings, and Structures – Coverage G | | | | | |
|--|--|--|--|--|--|--|--|
| Building Name / Diagram # | | | | | | | |
| Use or Description | | | | | | | |
| A. Dwelling | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| B. Appurtenant Structures | \$ _____ | | | | | | |
| C. Household Contents | \$ _____ | | | | | | |
| D. Loss of Use | \$ _____ | 10% <input type="checkbox"/> 20% <input type="checkbox"/> | 10% <input type="checkbox"/> 20% <input type="checkbox"/> | 10% <input type="checkbox"/> 20% <input type="checkbox"/> | 10% <input type="checkbox"/> 20% <input type="checkbox"/> | 10% <input type="checkbox"/> 20% <input type="checkbox"/> | 10% <input type="checkbox"/> 20% <input type="checkbox"/> |
| Covered Causes of Loss <i>(Subject to eligibility)</i> | BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> ELITE <input type="checkbox"/> | BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> | BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> | BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> | BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> | BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> | BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> |
| Inflation Guard Desired | _____ % | _____ % | _____ % | _____ % | _____ % | _____ % | _____ % |
| Loss Settlement* - Dwelling | RC <input type="checkbox"/> ACV <input type="checkbox"/> | RC <input type="checkbox"/> ACV <input type="checkbox"/> | RC <input type="checkbox"/> ACV <input type="checkbox"/> | RC <input type="checkbox"/> ACV <input type="checkbox"/> | RC <input type="checkbox"/> ACV <input type="checkbox"/> | RC <input type="checkbox"/> ACV <input type="checkbox"/> | RC <input type="checkbox"/> ACV <input type="checkbox"/> |
| Loss Settlement* - Contents | RC <input type="checkbox"/> ACV <input type="checkbox"/> | | | | | | |
| Ordinance or Law | 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> | | | | | | |
| Occupancy <i>(Owner-Primary, Owner-Seasonal, Manager, Tenant, Vacant, Under Construction)</i> | | | | | | | |
| Number of Families | | | | | | | |
| Year Built | | | | | | | |
| Type of Construction** | | | | | | | |
| Roof Type*** Age | | | | | | | |
| Heating Type/Source Central or Number of Units Age | | | | | | | |
| Cooling Central or # of Window Units | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Electrical System Type Capacity (Amps) | | | | | | | |
| Smoke Alarm <i>(Battery, Hard Wired)</i> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Burglar Alarm <i>(Central, Local)</i> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Lightning Rods | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Fire Extinguishers | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Sprinkler System | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Hay Storage | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Renovation Update: Please provide year of update for Buildings over 25 years old. | Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr. | Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr. | Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr. | Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr. | Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr. | Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr. | Wiring: _____ yr. Heating: _____ yr. Plumbing: _____ yr. |

Do any buildings have Exposed Urethane or Styrene Insulation? Yes No If yes, please identify buildings and describe: _____

Please fill out the Wood Stove / Mobile Home Tie Down Supplemental Application if any of the following questions are answered with Yes.

| | | | | | | | |
|-------------|---|---|---|---|---|---|---|
| Wood Stove | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Mobile Home | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |

Remarks: _____

Loss Settlement:** RC = Replacement Cost, ACV = Actual Cash Value, as verified on attached Replacement Cost Forms. **Type of Roof:** Asphalt, Metal, Tile, Cedar Shake

****Type of Construction:** Frame Masonry Steel Frame Pole Mobile Home Mobile Building House-Barn Frame House-Barn Masonry

Property Diagram

Applicant:

Location #:

Property Diagram for each location with insured buildings.

Show all buildings on premises, even if not covered.
Show distance in feet between buildings.
Label all buildings and attach dated photographs.
Label "NC" if not covered.

Show nearest Roads, Highways, or Interstates.
Show Fire Hydrants if applicable.
Show any Lakes, Rivers, or Ponds.
Show Fuel Tank locations.

Must include current photos of all buildings.

Please indicate North.



A large grid of small dots for drawing the property diagram.

Scheduled Farm Personal Property

Applicant:

Farm Personal Property

Deductible: \$250 \$500 \$1,000 \$2,500

Note: *Loss Settlement for Farm Personal Property, whether Blanket or Scheduled, is Actual Cash Value.*

Covered Cause of Loss

- Basic
- Broad
- Special

Mini Blankets

The **Limit of Insurance** is the most the Company will pay for damage to property as a result of a single occurrence. Items to be insured for more than \$2,500 must be scheduled below.

Limit of Insurance

- | | | |
|-------------------------------|---|--|
| A. Tack & Grooming Equipment: | Saddles, bridles, tack trunks, grooming equipment, blankets, etc. | |
| B. Small Tools & Supplies: | Small lawn mowers, chain saws, weed eaters, power tools, hand tools, etc. | |
| C. Office Equipment: | Computers (hardware and software), phone systems, copiers, fax machines, etc. | |
| D. Barn Contents: | Furniture, Washer and Dryer units, other domestic appliances, etc. | |

Schedule below all Tractors, Tractor Implements, Other Farm Machinery, and all items valued over \$2,500.

Note: *Coverage for Hay and Grain is limited to Broad Perils, and only while stored in a building.*

| | Description and Model | Year | Serial Number | Limit of Insurance |
|-----|-----------------------|------|---------------|--------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. | | | | |

Total Scheduled Personal Property €

Liability Section

Limits of Liability

| | | | | |
|--|------------------------------|-----------------------------|------------------------------------|--------------------------------------|
| Comprehensive Personal Liability Only Desired | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Each Occurrence Limit <i>(Select one)</i> | | | \$500,000 <input type="checkbox"/> | \$1,000,000 <input type="checkbox"/> |
| General Aggregate Limit | | | \$1,000,000 | \$2,000,000 |
| Medical Payments (Any one Person) | | | \$5,000 | \$5,000 |

(Note: If only selecting CPL coverage, please skip to Optional Coverages below.)

| | | | | |
|---|------------------------------|-----------------------------|------------------------------------|--------------------------------------|
| Equine Commercial General Liability desired | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Comprehensive Personal Liability desired | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Each Occurrence Limit <i>(Select one)</i> | | | \$500,000 <input type="checkbox"/> | \$1,000,000 <input type="checkbox"/> |
| General Aggregate Limit | | | \$500,000 | \$1,000,000 |
| Fire Damage Limit (Any one Fire) | | | \$50,000 | \$50,000 |
| Medical Payments (Any one Person) | | | \$5,000 | \$5,000 |
| Double Aggregate Limit desired | Yes <input type="checkbox"/> | No <input type="checkbox"/> | \$1,000,000 | \$2,000,000 |
| Triple Aggregate Limit desired | | | | |
| <i>(Note: Only available with \$1,000,000 Occurrence Limit)</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A | \$3,000,000 |

| | | | | | |
|--|------------------------------|-----------------------------|--|-------------------------------|-------------------------------|
| Excess Coverage desired | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (Note: Requires \$1,000,000 Occurrence Limit, and \$2M or \$3M Aggregate Limit.) | | |
| Excess limits (Each Occurrence and General Aggregate) | | | \$1m <input type="checkbox"/> | \$2m <input type="checkbox"/> | \$3m <input type="checkbox"/> |
| | | | \$4m <input type="checkbox"/> | \$5m <input type="checkbox"/> | |

Optional Coverages – Subject to eligibility and underwriting approval.

| | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Equine Personal Liability desired | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Products and Completed Operations desired | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Race Horse Owner's Liability desired | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Personal and Advertising Injury desired | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Note: *If you have activities which are not described within the application, they must be listed with explanations, volume of activity, and revenues for coverage to be considered. Any events or activities not described/disclosed are not covered.*

Additional Insureds
List Additional Insureds and describe their connection to your equine activities. Do not list employees.

| | | |
|----------|----------|---------------|
| Name: | Address: | Relationship: |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Summary of Equine Activities

Please indicate the breed and type of racing activity you participate in: _____

Description of your operation: _____

Years experience in the racing industry: _____

What types of racing licenses do you hold and in what states: _____

| | | | |
|--|---|-----------------------------|---|
| 24-hour supervision of facility | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Riding Helmets are Required: <input type="checkbox"/> By everyone ALL OF THE TIME <input type="checkbox"/> 18 and under ALL OF THE TIME <input type="checkbox"/> Everyone while jumping/speed work <input type="checkbox"/> Only 18 and under while jumping <input type="checkbox"/> Not required |
| Emergency numbers posted | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Safety & Barn Rules posted and written out | Yes <input type="checkbox"/> <i>Enclose copies.</i> | No <input type="checkbox"/> | |
| Current liability waivers utilized | Yes <input type="checkbox"/> <i>Enclose copies.</i> | No <input type="checkbox"/> | |
| State Equine Activity signs posted | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Fire Drills conducted | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| No Smoking signs posted | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Smoke Alarms | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Smoking allowed in barns | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Shoes with heels required for riders | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

Is all fencing in good condition? Yes No

Describe security measures and type of fencing utilized to prevent horse(s) from having access to public roads: _____

Describe security measures utilized to prevent horse(s) from coming into contact with the general public: _____

Coverage will be provided only for exposures marked "Yes." Remember, any events or activities not described/disclosed are not covered.

Owned / Leased Horses

Total number of race horses and/or horses in race training which you or your business own, in full or in part: _____

Total number of non-racing horses (breeding / ponying etc.) which you or your business own/lease, in full or in part: _____

Maximum number of horses you lease to others on premises: _____

Maximum number of horses you lease to others off premises: _____

Breeding Yes No Average Stud Fee charged: \$ _____

Total number of stallions standing stud (Live and A.I.) on premises: _____

Total number of stallions, that you own or have partial ownership, standing at stud (Live and A.I.) off premises: _____

Total number of mares covered annually on premises: _____

Total number of mares, which you own, covered annually off premises: _____

Boarding Yes No

What is the total number of horses boarded monthly: Maximum: _____ Minimum: _____ Average: _____

Average number of horses on: Full Board: _____ Pasture Board: _____

Monthly charge per horse: Full Board: \$ _____ Pasture Board: \$ _____

Total number of stalls on premises: _____

Horse Sales Yes No

How many horses do you sell annually: Owned by you: _____ Owned by others: _____ Total: _____

Average value of horses sold: Owned by you: \$ _____ Owned by others: \$ _____

Training Yes No

Number of horses which you train and own, in full or in part. Maximum: _____ Minimum: _____ Yearly Average: _____

Number of horses in training in which you have no full or partial ownership: Maximum: _____ Minimum: _____ Yearly Average: _____

Please give a brief description of operation: _____

Do you own dogs? Yes No If yes, how many, what type, and for what purpose: _____

Are other dogs permitted at your facility? Yes No

If yes, please explain your policy regarding dogs: _____

Has any dog you own or any dog you allow on your premises bitten or caused injury to anyone, shown aggressive, threatening, or unpredictable behavior, or required special handling to prevent injury to others? (If yes, attach details on a separate page.) Yes No

Other animals on premises? Yes No If yes, how many, what type, and for what purpose: _____

Hunting on premises? Yes No If yes, by: Owners Others Do you charge a fee? Yes No

Please explain hunting activities: _____

Swimming pool on premises? Yes No

If yes, do you have a security fence around your pool? Yes No

Is the pool for your personal use only? Yes No

If no, please explain: _____

Is alcohol permitted on your premises? Yes No

If yes, describe: _____

Is alcohol sold, served, or furnished on your premises? Yes No

If yes, describe: _____

Note: The sale of alcohol is not covered by the policy. Policies are subject to liquor liability exclusion.

Is **CARE, CUSTODY OR CONTROL (CCC)** coverage desired? Yes No

The rates below include incidental transportation coverage for transportation of non-owned horses in your care while in the Continental U.S. and Canada. **Coverage is not available to Commercial Haulers. Please note that CCC coverage will only provide a defense up to the point where the insurance company tenders the limits selected.**

Select from the limits below.

| | Maximum Limit Per Horse | Aggregate Limit Per Policy |
|-----------------------------|-------------------------------------|---|
| <input type="checkbox"/> 1) | Limit: \$25,000 Per Horse / | \$250,000 Maximum Loss Per Policy Year |
| <input type="checkbox"/> 2) | Limit: \$50,000 Per Horse / | \$300,000 Maximum Loss Per Policy Year |
| <input type="checkbox"/> 3) | Limit: \$100,000 Per Horse / | \$300,000 Maximum Loss Per Policy Year |
| <input type="checkbox"/> 4) | Limit: \$100,000 Per Horse / | \$500,000 Maximum Loss Per Policy Year |
| <input type="checkbox"/> 5) | Limit: \$250,000 Per Horse / | \$500,000 Maximum Loss Per Policy Year |
| <input type="checkbox"/> 6) | Limit: \$250,000 Per Horse / | \$1,000,000 Maximum Loss Per Policy Year |
| <input type="checkbox"/> 7) | Limit: \$500,000 Per Horse / | \$500,000 Maximum Loss Per Policy Year |
| <input type="checkbox"/> 8) | Limit: \$500,000 Per Horse / | \$1,000,000 Maximum Loss Per Policy Year |

If only local transportation coverage is desired, mark "No" and \$100 will be deducted from the total CCC premium. No

(If you marked "No", local transportation coverage will be provided only up to a 100 mile radius from the address shown on the declaration page of the policy.)

Average number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____
Maximum number of non-owned horses in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____
Maximum value of an individual non-owned horse in your Care, Custody or Control (Breeding, Boarding, Sales, Training, etc.): _____

Do you transport horses in your Care, Custody or Control? Yes No

If yes, how often, for what reasons, and for whom you transport horses: _____

Do you transport horses not usually in your Care, Custody or Control? (Coverage not provided for Commercial Haulers.) Yes No

If yes, please describe: _____

Type and capacity of your horse trailer(s): _____

Are your horse trailers in good repair? Yes No

Are your horse trailers on a regular maintenance program? Yes No

Annual Gross Revenues from Equine Activities

Breeding: \$ _____ Boarding: \$ _____ Horse Sales: \$ _____
Training: \$ _____ Race Earnings: \$ _____
Other (): \$ _____ (Explain below.) **Total Annual Gross Revenue: \$ _____**

If you have not listed all of your activities and exposures with explanations and revenues, list them here. Use extra pages as necessary.

(REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.)

Regulatory Fraud Warnings

In Arkansas, Louisiana, and New Mexico

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 INCLUDING CONFINEMENT IN PRISON.

In Colorado, District of Columbia, Maine, Tennessee, and Virginia

WARNING: It is a crime to knowingly provide false, incomplete or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer or any other person. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages. In Colorado, 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.

In Florida and Oklahoma

WARNING: 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.

In Kentucky, New York, and Pennsylvania

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. In New York, the civil penalties may not exceed five thousand dollars and the stated value of the claim for each such violation.

In New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In Ohio

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.

I/We understand that this is a policy of indemnity and will only provide a defense up to the point where the insurance company tenders the coverage limit for settlement.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form a part of any policy issued. I/We understand that this application is not a binder. I/We understand that the Company requires that I/we obtain additional insured certificates of insurance from independent contractors for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation Coverage and/or any Employer's Liability coverage.

(Must be signed and dated)

Applicant's Signature: _____

Print name: _____ Date: _____