



PRODUCER	TELEPHONE: 800-920-3142
	FAX: 619-770-1852
NAME: Coronado Insurance Services	
ADDRESS: 826 Orange Ave Suite 607	
CITY: Coronado	
STATE: CA	ZIP CODE: 92118
CONTACT: Winter Penton	E-MAIL ADDRESS: insurance.com winter@coronado-

SUB-PRODUCER	TELEPHONE:
	FAX:
NAME:	
ADDRESS:	
CITY:	
STATE:	ZIP CODE:

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE

FOR COMPANY USE ONLY	
PRODUCER CODE:	
SUBMISSION NUMBER:	
PROGRAM:	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SSN:		MAILING ADDRESS (Of First Named Insured)						
		TELEPHONE:								
				CITY:						
				STATE:		ZIP CODE:				
E-MAIL ADDRESS(ES):				WEBSITE:						
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	NOT FOR PROFIT	<input type="checkbox"/>	OTHER	YEARS IN BUSINESS (PRINCIPALS)	YEARS AS CURRENT ENTITY	YEARS EXPERIENCE (IN TRADE)
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	LLC					
INSPECTIONS CONTACT		TELEPHONE:		ACCOUNTING RECORDS CONTACT		TELEPHONE:				

LOCATION INFORMATION

LOC#	ADDRESS	CITY	STATE	ZIP CODE	OCCUPANCY/OPERATIONS

NATURE OF BUSINESS (INCLUDE DESCRIPTION OF OPERATIONS AND OWNERSHIP OF EACH ENTITY AND EACH PREMISES)

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CONTRACTOR'S LICENSE STATE(S):	HOME BUILDERS ASSOCIATION:
CONTRACTOR'S LICENSE NUMBER(S):	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES			YES	NO	EXPLAIN ALL "YES" RESPONSES			YES	NO
1	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>	14	DO APPLICANT OR APPLICANT'S EMPLOYEES WORK OR PLAN TO WORK UNDER THE USL&H ACT OR THE JONES ACT (MARITIME WORK)?	<input type="checkbox"/>	<input type="checkbox"/>		
2	DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	<input type="checkbox"/>	<input type="checkbox"/>	15	DOES APPLICANT OR WILL APPLICANT ALLOW CONTRACTOR'S LICENSE TO BE USED BY OTHER CONTRACTORS?	<input type="checkbox"/>	<input type="checkbox"/>		
3	DOES APPLICANT HAVE A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>	16	DOES APPLICANT ALLOW ANY SUBCONTRACTORS TO MAINTAIN LIMITS OF LIABILITY LESS THAN THAT OF THE APPLICANT?	<input type="checkbox"/>	<input type="checkbox"/>		
4	DOES APPLICANT HAVE ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>	17	ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING APPLICANT WITH A CERTIFICATE OF INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>		
5	DOES APPLICANT HAVE ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>	18	DOES APPLICANT ALLOW ANY SUBCONTRACTORS TO MAINTAIN COVERAGE WITH MORE RESTRICTIVE COVERAGE THAN THE APPLICANT'S?	<input type="checkbox"/>	<input type="checkbox"/>		
6	HAS APPLICANT HAD ANY POLICY, BOND OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN ALL "NO" RESPONSES			YES	NO	
7	DOES APPLICANT HAVE ANY PAST LOSSES OR CLAIMS INVOLVING SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>	19	DOES APPLICANT PLAN OR HAS APPLICANT EVER SUBCONTRACTED WORK TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>		
8	DOES APPLICANT HAVE ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	20	DOES OR WILL APPLICANT HAVE A WRITTEN CONTRACT WITH ITS SUBCONTRACTORS THAT INCLUDES A HOLD HARMLESS AGREEMENT RELATIVE TO WORK PERFORMED BY THE SUBCONTRACTOR?	<input type="checkbox"/>	<input type="checkbox"/>		
9	HAS ANY LOCAL, STATE OR FEDERAL GOVERNMENT AGENCY OR LICENSING BOARD CITED THE APPLICANT FOR VIOLATION OF ANY LAW OR REGULATION OR INVESTIGATED YOU IN THE PAST FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	21	IS APPLICANT NAMED AS ADDITIONAL INSURED ON ITS SUBCONTRACTORS' INSURANCE POLICIES?	<input type="checkbox"/>	<input type="checkbox"/>		
10	DOES APPLICANT HAVE ANY OPERATIONS OTHER THAN CONTRACTING?	<input type="checkbox"/>	<input type="checkbox"/>	22	DOES APPLICANT ALWAYS CHECK WITH LOCAL UTILITY AUTHORITIES BEFORE DIGGING?	<input type="checkbox"/>	<input type="checkbox"/>		
11	HAS APPLICANT IN THE PAST OR DOES APPLICANT CURRENTLY DO BUSINESS UNDER ANY NAME OTHER THAN THE NAMES LISTED PREVIOUSLY ON THIS APPLICATION?	<input type="checkbox"/>	<input type="checkbox"/>	23	DOES APPLICANT CARRY WORKERS COMPENSATION FOR ALL EMPLOYEES?	<input type="checkbox"/>	<input type="checkbox"/>		
12	DOES APPLICANT DRAW PLANS, DESIGNS OR SPECIFICATIONS FOR OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	24	DOES THE APPLICANT FOLLOW THE PROVISIONS OF ANY LAW OR REGULATION GIVING BUILDERS THE RIGHT TO CORRECT DEFECTS IN CONSTRUCTION (SOMETIMES KNOWN AS "RIGHT TO CURE" LAWS)?	<input type="checkbox"/>	<input type="checkbox"/>		
13	HAS APPLICANT OR DOES APPLICANT PLAN TO HAVE OPERATIONS OUTSIDE CONTRACTOR'S LICENSE STATE(S) LISTED ABOVE?	<input type="checkbox"/>	<input type="checkbox"/>						

REMARKS

PRIOR CARRIER INFORMATION

COMMERCIAL GENERAL LIABILITY	CARRIER							
	POLICY NUMBER							
	POLICY TYPE	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/> OCCURRENCE	
	EFF.-EXP. DATE							
	LIMITS	GENERAL AGGREGATE						
		PRODUCTS/ COMP. OPS. AGGREGATE						
		PERSONAL & ADV. INJ.						
		EACH OCCURRENCE						
		FIRE DAMAGE						
		MEDICAL EXPENSE						
	DEDUCTIBLE							
	RECEIPTS							
	TOTAL PREMIUM							

LOSS HISTORY

SUMMARY	EFF.-EXP. DATE				
	TOTAL LOSSES (\$)				
	NUMBER OF CLAIMS				



VALUATION DATE					
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ENTER ALL GENERAL LIABILITY CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) FOR THE PRIOR FIVE YEARS.					<input type="checkbox"/> CHECK HERE IF NONE	<input type="checkbox"/> SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIMS	AMOUNT PAID	AMOUNT RESERVED	CLAIM 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
						<input type="checkbox"/> OPEN
						<input type="checkbox"/> CLOSED
						<input type="checkbox"/> OPEN
						<input type="checkbox"/> CLOSED
						<input type="checkbox"/> OPEN
						<input type="checkbox"/> CLOSED

REMARKS

DESCRIBE ANY MEASURES TAKEN TO PREVENT REOCCURRENCE OF SIMILAR CLAIMS:

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1 IS THE APPLICANT AWARE OF ANY FACTS, CIRCUMSTANCES, INCIDENTS, SITUATIONS, DAMAGES OR ACCIDENTS THAT MAY GIVE RISE TO A CLAIM OR LAWSUIT (WHETHER VALID OR NOT OR WHETHER COVERED BY INSURANCE OR NOT)?	<input type="checkbox"/>	<input type="checkbox"/>	4 WITHIN THE LAST FIVE YEARS HAS ANY LAWSUIT BEEN FILED, OR CLAIM OTHERWISE BEEN MADE, AGAINST THE APPLICANT OR ANY COMPANY OR ANY PARTNERSHIP OR JOINT VENTURE OF WHICH THE APPLICANT HAS BEEN A MEMBER, OR THE APPLICANT'S PREDECESSORS IN BUSINESS, OR AGAINST ANY PERSON, COMPANY OR ENTITIES ON WHOSE BEHALF YOUR COMPANY HAS ASSUMED LIABILITY? FOR THE PURPOSES OF THIS APPLICATION ONLY, A CLAIM OR LAWSUIT INCLUDES RECEIPT OF A DEMAND FOR MONEY, SERVICES, ARBITRATION OR MEDIATION.	<input type="checkbox"/>	<input type="checkbox"/>
2 WITHIN THE LAST FIVE YEARS HAS THE APPLICANT BEEN NAMED IN LITIGATION REGARDING FAULTY CONSTRUCTION?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3 WITHIN THE LAST TEN YEARS, HAS ANY PERSON OR ENTITY DEMANDED THAT YOU DEFEND THEM, OR HOLD THEM HARMLESS, IN ANY CLAIM OR LAWSUIT?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

COVERAGE INFORMATION

LIMITS
EACH OCCURRENCE LIMIT
GENERAL AGGREGATE LIMIT
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT
PERSONAL & ADVERTISING INJURY LIMIT
DAMAGE TO PREMISES RENTED BY YOU LIMIT
MEDICAL EXPENSE LIMIT

COVERAGE OPTIONS

<input type="checkbox"/>	BLANKET ADDITIONAL INSURED ENDORSEMENT
<input type="checkbox"/>	SCHEDULED ADDITIONAL INSURED ENDORSEMENT* #:
<input type="checkbox"/>	WAIVER OF SUBROGATION ENDORSEMENT
<input type="checkbox"/>	EXTENDED COVERAGE ENDORSEMENT
<input type="checkbox"/>	MOBILE EQUIPMENT COVERAGE ENDORSEMENT
<input type="checkbox"/>	AIRCRAFT, WATERCRAFT OR AUTO COVERAGE ENDORSEMENT
<input type="checkbox"/>	HOT TAR COVERAGE ENDORSEMENT
<input type="checkbox"/>	EXPENSE WITHIN LIMITS
<input type="checkbox"/>	CONTINGENT EMPLOYERS LIABILITY ENDORSEMENT
<input type="checkbox"/>	OTHER: _____
*ATTACH SCHEDULE OF ADDITIONAL INSUREDS	

DEDUCTIBLE/SELF INSURED RETENTION (SIR)

BODILY INJURY & PROPERTY DAMAGE	_____	EACH CLAIM
	_____	AGGREGATE
<input type="checkbox"/> DEDUCTIBLE	<input type="checkbox"/> SIR	

ESTIMATED EXPOSURES (DURING THE PROPOSED POLICY PERIOD)

ESTIMATED GROSS RECEIPTS (EXCLUDING OCIP PROJECTS)	ESTIMATED SUB-CONTRACTING COSTS	ESTIMATED PAYROLL	ESTIMATED NUMBER OF PROJECTS/HOMES	
			STARTING/WORKING	COMPLETING

PRIOR EXPOSURES

12 MONTH PERIOD STARTING:	GROSS RECEIPTS (EXCLUDING OCIP PROJECTS)	SUB-CONTRACTING COSTS	PAYROLL	NUMBER OF PROJECTS/HOMES	
				STARTED/WORKED	COMPLETED
12 MONTHS PRIOR:					
24 MONTHS PRIOR:					
36 MONTHS PRIOR:					
48 MONTHS PRIOR:					
60 MONTHS PRIOR:					

CONTRACTING OPERATIONS

HAS THE APPLICANT PERFORMED IN THE PREVIOUS THREE (3) YEARS, OR WILL THE APPLICANT PERFORM IN THE PROPOSED POLICY PERIOD, ANY OF THE FOLLOWING:

EXPLAIN ALL "YES" RESPONSES	YES	NO		YES	NO		YES	NO		YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
AIRPORT, HOSPITAL, UTILITY WORK	<input type="checkbox"/>	<input type="checkbox"/>	CONDOMINIUM (HOA) WORK	<input type="checkbox"/>	<input type="checkbox"/>	EXTERMINATION	<input type="checkbox"/>	<input type="checkbox"/>	SCAFFOLDING ERECTION	<input type="checkbox"/>	<input type="checkbox"/>
ALARM, SPRINKLER WORK	<input type="checkbox"/>	<input type="checkbox"/>	CONSTRUCTION OR DEMOLITION OVER 3 STORIES	<input type="checkbox"/>	<input type="checkbox"/>	HILLSIDES, SLOPES WORK	<input type="checkbox"/>	<input type="checkbox"/>	SWIMMING POOL WORK	<input type="checkbox"/>	<input type="checkbox"/>
ASBESTOS ABATEMENT	<input type="checkbox"/>	<input type="checkbox"/>				OIL LEASE WORK	<input type="checkbox"/>	<input type="checkbox"/>	TOWNHOUSE (HOA) WORK	<input type="checkbox"/>	<input type="checkbox"/>
BLASTING OPERATIONS OR EXPLOSIVE STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	DAM, LEVEE OR BRIDGE WORK	<input type="checkbox"/>	<input type="checkbox"/>	PLAYGROUND WORK	<input type="checkbox"/>	<input type="checkbox"/>	TRAFFIC SIGNAL WORK	<input type="checkbox"/>	<input type="checkbox"/>
			EARTHQUAKE RETROFIT	<input type="checkbox"/>	<input type="checkbox"/>	RAILROAD WORK	<input type="checkbox"/>	<input type="checkbox"/>	TUNNELING	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL SPRAYING	<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE LEASING	<input type="checkbox"/>	<input type="checkbox"/>	RETAINING WALL WORK	<input type="checkbox"/>	<input type="checkbox"/>	WRAP UPS OR OCIPS	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

DURING THE PROPOSED POLICY PERIOD, IDENTIFY THE PERCENTAGE OF WORK TO BE PERFORMED:

RESIDENTIAL: _____ %	COMMERCIAL: _____ %	FOR EACH LINE, THE PERCENTAGE OF WORK MUST EQUAL 100%.
GENERAL CONTRACTOR: _____ %	SUBCONTRACTOR*: _____ %	
NEW CONSTRUCTION: _____ %	REMODEL, REPAIR OR SERVICE: _____ %	
*IDENTIFY ALL TRADES TO BE PERFORMED AS A SUBCONTRACTOR:		



LIST THE 3 LARGEST PROJECTS COMPLETED DURING THE PAST 3 YEARS:

PROJECT NAME	DESCRIPTION/NATURE OF WORK	GROSS RECEIPTS

LIST THE 3 LARGEST PROJECTS THAT ARE IN PROGRESS OR WILL BE COMPLETED DURING THE PROPOSED POLICY PERIOD:

PROJECT NAME	DESCRIPTION/NATURE OF WORK	GROSS RECEIPTS

GENERAL CONTRACTORS – RESIDENTIAL

HOW MANY HOMES WILL THE APPLICANT BUILD IN THE PROPOSED POLICY PERIOD?				WHAT IS THE GREATEST NUMBER OF HOMES BUILT IN ANY ONE YEAR DURING THE PAST 3 YEARS?			
TYPES OF HOMES:		CUSTOM HOMES	TRACT HOMES - 2 TO 10	TRACT HOMES - 11 TO 50	TRACT HOMES - MORE THAN 50	FOR EACH LINE, THE PERCENTAGE OF WORK MUST EQUAL 100%.	
PROPOSED POLICY PERIOD:		%	%	%	%		
LAST YEAR:		%	%	%	%		
<input type="checkbox"/> CHECK IF APPLICANT OFFERS A HOMEBUYERS WARRANTY.							
IF SO, PLEASE DESCRIBE (SELF-INSURED, THIRD PARTY INSURED, COVERAGE PERIOD, EXTENT OF COVERAGE, ETC.):							

ROOFING CONTRACTORS

ALL COMMERCIAL AND RESIDENTIAL ROOFERS AND ALL OTHER CLASSES OF CONTRACTORS THAT HAVE A ROOFING EXPOSURE MUST COMPLETE THIS SECTION OF THE APPLICATION.

IDENTIFY THE TYPE OF ROOFING OPERATIONS PERFORMED BY THE APPLICANT BY PROVIDING THE PERCENTAGE FOR EACH TYPE:

SHINGLES:	%	TILE:	%	METAL:	%	HOT TAR:	%	FOAM:	%
TORCH DOWN:	%	OTHER:	%	DESCRIBE OTHER:					

QUESTIONS FOR HOT TAR AND TORCH DOWN OPERATIONS:

EXPLAIN ALL "NO" RESPONSES		YES	NO	EXPLAIN ALL "NO" RESPONSES		YES	NO
1	DOES THE APPLICANT HAVE AT LEAST 2 YEARS' EXPERIENCE WITH THESE METHODS?	<input type="checkbox"/>	<input type="checkbox"/>	3	DOES THE APPLICANT REMAIN ON SITE FOR AT LEAST TWO HOURS AFTER WORK COMPLETION?	<input type="checkbox"/>	<input type="checkbox"/>
2	IS A FULLY CHARGED ABC FIRE EXTINGUISHER ON THE ROOF WHILE WORK IS BEING DONE?	<input type="checkbox"/>	<input type="checkbox"/>	4	DOES APPLICANT OR WILL APPLICANT ALLOW CONTRACTOR'S LICENSE TO BE USED BY OTHER CONTRACTORS?	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE THE TRAINING THAT YOUR APPLICATORS HAVE RECEIVED IN WORKING WITH TORCH DOWN AND/OR HOT TAR PRODUCTS:

IN WHAT MANNER ARE OPENINGS IN ROOFS PROTECTED DURING REPAIR/REPLACEMENT OPERATIONS?	<input type="checkbox"/> TARP	<input type="checkbox"/> WATERPROOF PLYWOOD	<input type="checkbox"/> NEVER LEAVE OPEN
	<input type="checkbox"/> OTHER – DESCRIBE:		



ATTENTION:

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

NOTICE: A POLICY ISSUED BASED ON THIS APPLICATION WOULD BE ISSUED BY A RISK RETENTION GROUP. A RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR A RISK RETENTION GROUP.

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

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.

SIGNATURE OF APPLICANT

DATE

TITLE (OFFICER, MANAGER, PARTNER, OWNER)

SIGNATURE OF BROKER

DATE