



Film Emporium Insurance Services
 1890 Palmer Ave., #403
 Larchmont, NY 10538
 (800) 371-2555

COLLEGES AND UNIVERSITIES SUPPLEMENT

SUBMISSION REQUIREMENTS

- ACORD Application (for lines of coverage to be written)
- Statement of Values
- 4 years of currently valued company loss runs
- Educators Professional Select Application (for D&O/E&O,EPL)
- Drivers List with License #s and DOB
- Financial Statement
- Schedule of Vehicles

GENERAL APPLICANT INFORMATION

Applicant:

Mailing Address:

Website Address:

Effective Date:

Risk Management Contact:

Risk Management's Email:

Risk Management's Phone:

SECTION I – GENERAL INFORMATION

1. Total number of students enrolled:
2. Date school was founded: _____ Date school was chartered: _____
 School is: For Profit Not For Profit
3. Is this a private institution? Yes No
4. Does Applicant have a day care on premises? Yes No
 If yes, what is the teacher to child ratio: _____
5. Does the Applicant offer medical training? Yes No
If yes, specify type: _____
6. Does the Applicant have any broadcasting operations? Yes No
7. Is there a foreign exchange program? Yes No
8. Does the Applicant sponsor any international travel? Yes No
9. Is there a Zero Tolerance Policy for hate crimes? Yes No
10. Are there any fraternities or sororities on the premises? Yes No

SECTION II – ACCREDITATION INFORMATION

1. Is the Educational Institution accredited? Yes No
 If yes, list accrediting organization(s): (check all that apply)
 Middle States Commission on Higher Education
 New England Association of Schools and Colleges Commission on Institutions of Higher Education
 North Central Association of Colleges and Schools The Higher Learning Commission
 Northwest Commission on Colleges and Universities
 Southern Association of Colleges and Schools Commission on Colleges
 Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges
 WASC Senior College and University Commission
 New York State Board of Regents
 Accrediting Council for Independent Colleges and Schools
 Distance Education and Training Council Accrediting Commission
 Association for Biblical Higher Education Commission on Accreditation
 Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission
 The Association of Theological Schools in the United States and Canada Commission on Accrediting
 Transnational Association of Christian Colleges and Schools Accreditation Commission
 Other: _____

2. Date of most recent review:
 What was the outcome of the most recent review?
 Accreditation Continued Denial of Accreditation Warning
 Accreditation Continued – Probation Withdrawal of Accreditation
 follow-up report requested
 Appeal Show Cause Other:
3. Are all programs offered at the schools accredited by the above listed association(s)? Yes No
4. Have any programs or degrees been accredited by additional specialist agencies? Yes No
If yes, please attach a listing of the program or degrees and the specialist agency.
5. Does the Educational Institution offer job placement services for students? Yes No
 If yes, is there a disclaimer signed by students acknowledging that there is no job placement guarantee? Yes No
6. What is the percentage of online courses? %
7. Has the Educational Institution or any of the Educational Institution's academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation? Yes No
8. In the last 12 months, has the Educational Institution eliminated or closed any academic programs, including music, arts or athletic programs? Yes No
9. In the next 12 months, does the Educational Institution anticipate eliminating or closing any academic programs? Yes No

SECTION III- INFIRMARIES

1. Does Applicant have medical facility/infirmary? Yes No
2. Does the facility dispense medication? Yes No
3. Does the facility provide only immediate care/first aid? Yes No
4. Does the facility only serve students and employees? Yes No
5. Are there only over-the-counter drugs stored on premises? Yes No
6. Are written instructions from parents required prior to dispensing any medications to minors? Yes No
7. Is there any overnight care provided? Yes No
8. How many beds are in the infirmary:
9. Are there written operational procedures in place? Yes No
10. Is there a medical professional on staff? Yes No
 If yes, please indicate which of the following and how many are employed by the insured:
 Physical Therapist: Psychologist: Dentist: RN:
 Nurse Practitioner: Physician: Counselor:
11. Does the medical professional carry their own malpractice insurance? Yes No
If yes, who is the carrier and what limit is carried:
12. Are medical history and care records kept for each patient? Yes No

SECTION IV – ATHLETICS

1. Does the Applicant obtain a signed release which includes a hold harmless agreement from the parents/guardians of all participants and obtained annually? Yes No
2. Are there procedures in place to verify that parents / guardians carry their own health insurance? Yes No
3. Are medical exams required for all participants in extra-curricular sports? Yes No
4. Is someone who is trained in first aid always present during practices and games? Yes No
5. Is Student Accident Insurance carried? Yes No
 If yes, what is the limit carried?
6. Does the school have a written concussion management protocol that is compliant with current state legislation? Yes No
- a. Does the Applicant distribute the written protocol to coaches, parents, and players, and require the parent / guardian's acknowledgement that they have received and reviewed? Yes No
- b. Does the protocol include training in recognizing the signs / symptoms of a concussion or other closed head injury? Yes No
- c. Does the Applicant utilize base line testing? Yes No
- d. Is the training required for all coaches and faculty involved in physical education or sports instruction? Yes No
- e. Does the protocol when a concussion is suspected require:
- i. removing the athlete or student from play? Yes No
- ii. evaluation by an appropriated healthcare professional? Yes No
- iii. informing the athlete or students' parents / guardians about the possibility of a concussion and giving them information about concussions? Yes No

- iv. keeping the athlete or student out of play until an appropriate healthcare professional certifies that the athlete or student is symptom free and gives the OK for them to return to play? Yes No
 - f. Does the Applicant utilize any concussion impact monitoring technology? Yes No
 - i. If yes, name of manufacturer:
 - ii. Who monitors the data:

Coaches	Employees	Volunteers	3 rd Party
---------	-----------	------------	-----------------------
 - 7. Does the Applicant have any saddle animals or equestrian teams? Yes No
 - 8. Does the Applicant have any swimming pools on the premises? Yes No
If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No
- If no, provide time table and action plan:**
- 9. Number of athletic trainers:
 - 10. Is the Applicant compliant with the Zackery Lystedt law? **(only applicable in WA)** Yes No
 - 11. Bleachers:

# of Outside:	Seating capacity:	How often inspected:
# of Inside:	Seating capacity:	How often inspected:
 - 12. Are any of the following offered? (check all that apply)

Archery	Equestrian	Snow Skiing
Bungee Jumping	Polo	Sky Diving
Climbing (Mountain, Rock or Wall)	Rugby	Trampoline
Crew/ Rowing	Scuba Diving	Water Skiing
Other:	Other:	Other:

SECTION V- DORMITORIES

- 1. How many dormitories are owned by the Applicant?
- 2. Is each room equipped with hard-wired smoke detectors? Yes No
- 3. Are all visitors required to sign in and out? Yes No
- 4. Are any of the following allowed in dorm rooms

Incense burners?	Yes	No	Hot plates?	Yes	No
Candles?	Yes	No	Toasters or Toaster ovens?	Yes	No
Space heaters?	Yes	No	Microwaves?	Yes	No
- 5. Does the dorm have a no smoking policy? Yes No
- 6. Are there emergency procedures in place including evacuation? Yes No
- 7. Are there scheduled fire drills and regular testing of fire alarms? Yes No
- 8. Is emergency lighting provided in the stairwells and hallways? Yes No
- 9. Are staff members present in the dorm on all nights when occupied by students? Yes No
- 10. Is there a scheduled security patrol for each building? Yes No

******Please complete a Statement of Values.**

SECTION VI – SECURITY

- 1. Are there security guards at the school daily? Yes No
- 2. Indicate the number of personnel providing security services

Employed:	Unarmed security:	Armed security:
Contracted:	Unarmed security:	Armed security:
- 3. When security is contracted to a third party, is the contractor's general liability / law enforcement professional liability policy required to name the educational institution as an additional insured? Yes No
If yes, does the third party maintain a minimum limit of liability coverage and indemnify the educational institution? Yes No
If yes, indicate the minimum limit of liability of general/policy professional liability coverage the Applicant's institution requires:
- 4. Do security personnel have arresting authority? Yes No
- 5. If there is employed armed security, are they trained or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons? Yes No

- | | | | |
|-----|--|-----|----|
| 6. | Are criminal background checks and psychological reviews provided for all employed security?
If yes, how often are these checks and reviews conducted: Every _____ months.
If no, explain: | Yes | No |
| 7. | Is the Applicant's security department accredited by the International Association of Campus Law Enforcement Administrators (IACLEA)? | Yes | No |
| 8. | Does a mutual aid agreement exist with local, city, or county police? | Yes | No |
| 9. | Does the Applicant permit staff, students, volunteers, or visitors to carry open or concealed firearms on the premises? | Yes | No |
| 10. | If the Applicant does not permit open and / or concealed carry of firearms on any premises for which the Applicant is requesting insurance coverage, do all locations have signage which conspicuously identifies the building as a Gun Free Zone? | Yes | No |
| 11. | Does security personnel store weapons on premises?
Does faculty, staff or employees store weapons on premises? | Yes | No |
| 12. | Does the Applicant's Weapons Ban Policy have any exceptions?
If yes, please provide a copy. | Yes | No |
| 13. | Does the educational institution have emergency call boxes located throughout the campus that are connected directly to campus security or police? | Yes | No |
| 14. | Does the educational institution provide after-hours security escort service for students? | Yes | No |

SECTION VII – ABUSE & MOLESTATION

- | | | | |
|-----|--|-----|----|
| 1. | Does your employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? | Yes | No |
| 2. | Does the Applicant's state permit you to do criminal background investigations?
If yes, does the Applicant routinely request and receive such background investigations?
Are Federal and State Criminal Background checks performed on
Staff? Yes No Volunteers? | Yes | No |
| 3. | Do any independent contractors have access to students or perform operations where they will be physically touching another person? | Yes | No |
| 4. | If yes, please explain: | | |
| 5. | Does the Applicant perform background checks on hired independent contractors? | Yes | No |
| 6. | Is there a new employee and volunteer orientation that includes training in abuse awareness? | Yes | No |
| 7. | Does the Applicant verify employment related references? | Yes | No |
| 8. | Does the Applicant conduct personal interviews? | Yes | No |
| 9. | Does the Applicant have written procedures dealing with sexual abuse?
If yes, please attach a copy. | Yes | No |
| 10. | Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with students, both on and off premises such as class trips? | Yes | No |
| 11. | Does the Applicant have a Sexual Abuse Awareness Program for students? | Yes | No |
| 12. | Does the Applicant have a specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? | Yes | No |
| 13. | Has the Applicant's organization ever had an incident which resulted in an allegation of sexual abuse? If yes, please describe the incident: | Yes | No |
| 14. | Was a claim made against the organization? | Yes | No |
| 15. | Was the case settled? | Yes | No |
| 16. | Was the case taken to trial? | Yes | No |
| 17. | How much money was paid in damages to the victim: \$ | | |
| 18. | Does the Applicant's current insurance program provide abuse and molestation coverage?
If yes, Occurrence Claims made If Claims Made - Retroactive Date:
Limits: \$ Carrier: | Yes | No |

SECTION VIII - AUTOMOBILE

- | | | | |
|-----|---|-----|----|
| 1. | Does the Applicant use an independent school bus contractor to transport students? | Yes | No |
| a. | If yes, are Certificates of Insurance required from the contractor?
If yes, attach Certificate of Insurance. | Yes | No |
| b. | Is the school an additional insured on the contractor's policy? | Yes | No |
| 2. | Does the Applicant hire or borrow vehicles for non-busing purposes?
If yes, please describe purpose and length of time vehicles are hired or borrowed: | Yes | No |
| 3. | Approximately how many cars are hired or borrowed annually?
Total cost of hire, bus contractors: \$ Total cost of hire, other: \$ | | |
| 4. | Are any buses leased or loaned to others or used by outside organizations?
If yes, please explain: | Yes | No |
| 5. | Number of employees using their own vehicles for school business (occasional or full-time use): | | |
| 6. | For those employees who use their own vehicles for school business, either full-time or occasionally, does the school require the employee to carry primary insurance?
If yes, what is the maximum limit the Applicant is requiring them to carry? \$ | Yes | No |
| 7. | Does the Applicant have a full-time fleet manager?
If yes, please advise: Number of years in current position: Total number of years' experience:
If no, who is responsible for fleet safety and maintenance? | Yes | No |
| 8. | Does the school have a routine maintenance program for all vehicles? | Yes | No |
| 9. | Are maintenance records kept for each vehicle? | Yes | No |
| 10. | Does the Applicant's organization utilize GPS fleet telematics devices?
If yes, please check off the fleet telematics being utilized:
Plug In Hard Wired Mobile Phone Other: | Yes | No |
| 11. | What percentage of the Applicant's fleet is provided with these fleet telematics devices? % | | |
| 12. | Does the school obtain Motor Vehicle Reports on ALL employees?
If yes, when? At time of hire Annually Randomly (based on accidents or suspicions) | Yes | No |
| 13. | Does the Applicant have a formal driving policy in place with MVR standards?
a. Is driving policy communicated in writing to all employees?
Does the policy prohibit the use of cellphones / electronic messaging while driving?
b. Is a signed acknowledgement form kept on file?
If yes, please attach a copy of signed acknowledgement.
c. Does the Applicant have written guidelines defining an acceptable Motor Vehicle Record?
If yes, attach copy of guidelines. | Yes | No |
| 14. | What action is taken if an "unacceptable" driver is identifiable? | | |
| 15. | Does the Applicant perform accident investigations for each automobile accident? | Yes | No |
| 16. | Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? | Yes | No |
| 17. | Describe any ongoing training provided to drivers: | | |
| 18. | Describe security regarding bus / vehicle storage:
Locked Garage Fenced Lot Lighting Security Cameras
Security Personnel Vehicle Locked When Unattended Other: | | |

SECTION IX - WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | |
|---|------|----|-----|
| 1. Fire Protection and Testing | | | |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines) | | | |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 3. Automatic Water Shutoff Devices | | | |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. Unused/Vacant Spaces | | | |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Film Emporium.

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)