

as Program Administrator for insurer SiriusPoint America Insurance Company

EXPRESS REAL ESTATE UMBRELLA APPLICATION – COMMUNITY ASSOCIATIONS

SECTION I: BROKERAGE

Brokerage Name:		Brokerage Phone:	
Address:			
City:	State:	Zip Code:	
Contact Name:			
Contact E-mail:		Contact Phone:	

SECTION II: APPLICANT

Applicant's Legal Entity Name:		
Mailing Address Line 1:		
Mailing Address Line 2:		
Mailing City:	Mailing State:	Zip Code:
Is mailing address for the Property Management Company: <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the applicant's total number of full time employees?		
Named Insureds, if any:		

SECTION III: POLICY DETAILS

Effective Date:	Expiration Date:			
Umbrella Limit:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000

SECTION IV: PROPERTY MANAGEMENT COMPANY

Property Management Company:		
Address:		
City:	State:	Zip Code:

SECTION V: ASSOCIATION INFORMATION

Location Address:		
Location City:	Location State:	Zip Code:
*Address must be fully completed. Enter a range for street numbers if necessary.		

Eligible Occupancies		
<input type="checkbox"/> Condominium Association	# of Residential Units	
<input type="checkbox"/> Condominium Association with Mercantile or Office	# of Residential Units	Mercantile or Office Square Feet
<input type="checkbox"/> Cooperative	# of Residential Units	
<input type="checkbox"/> Cooperative with Mercantile or Office	# of Residential Units	Mercantile or Office Square Feet
<input type="checkbox"/> Planned Unit Development	# of Residential Units	
<input type="checkbox"/> Planned Unit Development with Mercantile or Office	# of Residential Units	Mercantile or Office Square Feet
<input type="checkbox"/> Homeowners Association	# of Residential Units	
<input type="checkbox"/> Homeowners Association with Mercantile or Office	# of Residential Units	Mercantile or Office Square Feet
<input type="checkbox"/> Master Association	# of Residential Units*	
<input type="checkbox"/> Master Association with Mercantile or Office	# of Residential Units*	Mercantile or Office Square Feet
<input type="checkbox"/> Commercial Planned Unit Development or Non-Profit Office Park	Square Feet	
<input type="checkbox"/> Commercial Condominium Association	Square Feet	
<input type="checkbox"/> Vacant Land (incidental only);	Number of Acres	
* If this is a Master Association, please provide us with the residential units which are the combined total units of all sub-associations. Do not provide us the number of sub-associations.		
Are any common building(s) vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No common building(s)	
What percentage of the total residential units are occupied?		
What percentage of commercial square feet is occupied?		
Is the building(s) newly constructed within the past 6 months? (If yes, complete Community Association New Development Supplemental)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the construction phase for all building(s) and/or structure(s) of the Association fully complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any building(s) “soft story”? (Soft Story is a multi-story structure with the 1 st floor less rigid)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any buildings are “soft story”, has the building(s) been retrofitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there armed security guards at any location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there are elevators, is there an elevator maintenance agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No elevators	
Does the applicant provide valet parking services or subcontract out valet parking services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any swimming pool(s) at any location? (If yes, complete Swimming Pool Supplemental)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any tenant an auto repair shop? (If yes, complete Automobile Repair Shop Supplemental)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Association Details	
Is the Applicant a Sub-Association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the Master Association?	
Are there long term rentals or leases (12 months or greater)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • How many are rented or leased by the association? • How many are rented or leased by the unit owners? 	
Are there short term rentals or leases (less than 12 months). If yes, complete Community Association Short Term Rental Supplemental. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • How many units are rented or leased by the association? • How many units are rented or leased by the unit owners? 	
Are any units provided as vacation rentals? (Vacation Rental means any unit advertised on tripadvisor.com, booking.com or other similar vacation rental websites.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • How many units are rented or leased by the association? • How many units are rented or leased by the unit owners? 	
Are units owned or operated as a resort, hotel, or similar hospitality operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any units part of a timeshare arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant formed as a tenancy in common? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant a 55+ or Active Adult community? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant have a clubhouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • Is the clubhouse rented to non-residents? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does the association serve liquor for a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does the association host/sponsor any events? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
List events:	
Does the Applicant offer or is the Applicant responsible for any of the following services and/or amenities? (Check all that apply)	
<input type="checkbox"/> Aircraft and Aviation Operations including Airport, Landing Strip <input type="checkbox"/> Concierge Service(s) <input type="checkbox"/> Dog Park (must be fenced) <input type="checkbox"/> Equipment Rental <input type="checkbox"/> Exotic Animal <input type="checkbox"/> Fitness Center or Gym <input type="checkbox"/> Golf Courses <input type="checkbox"/> Golf Cart(s) <input type="checkbox"/> Inflatables such as but not limited to bounce houses and waterslides <input type="checkbox"/> Liquor Serve For Fee by the applicant <input type="checkbox"/> Medical or Healthcare Services <input type="checkbox"/> Medication Management <input type="checkbox"/> Passenger transportation service provided by applicant or subcontractor	<input type="checkbox"/> Playground <input type="checkbox"/> Private Beach <input type="checkbox"/> Saddle Animal(s) and/or Equestrian Trail(s) <input type="checkbox"/> Sauna <input type="checkbox"/> Ski Trail and Ski Lift <input type="checkbox"/> Splashpad <input type="checkbox"/> Sponsored athletic team(s) or events(s) <input type="checkbox"/> Tanning Bed(s) <input type="checkbox"/> Transportation or Chauffeuring Service(s) <input type="checkbox"/> Valet Parking Service <input type="checkbox"/> Walking Trail(s) <input type="checkbox"/> Wildlife Preservation <input type="checkbox"/> Other Amenity(ies). Please List other Amenities:

SECTION VI: BUILDING INFORMATION

Common Building(s) and Condominium & Cooperative Building(s)

Number of Common Building(s) and Condominium & Cooperative Building(s):			
Construction Type: Choose One	Is the building sprinklered? <input type="checkbox"/> None		
Year Built	<input type="checkbox"/> Partial - Percentage sprinkler?		<input type="checkbox"/> Fully (100% sprinklered)
Number of Stories	Year of Updates:		
	HVAC	Electrical	
	Roof	Plumbing	
Type of Smoke Detectors: Choose one	Are the stairwells enclosed ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there two means of egress?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there emergency lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there standpipes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are exit signs illuminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a central station alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the building have combustible core panels*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all buildings inspected on a regular basis and is inspection documented?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any known structural repairs needed to any building(s) under the applicant's responsibility? If yes, please provide additional details.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any structural repairs been made in the past? If yes, please provide additional details.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any recent special assessments? If yes, what is the need for the assessment?			<input type="checkbox"/> Yes <input type="checkbox"/> No

* Combustible Core Panels: Aluminum composite panels (ACP) made of aluminum composite material (ACM), are flat panels consisting of two thin coil-coated aluminum sheets bonded to a non-aluminum core. They are frequently used by external cladding or facades of buildings, insulation, and signage.

SECTION VII: OTHER EXPOSURES: - The following are subject to further underwriting:

Body (ies) of Water

Does the applicant own or is responsible for bodies of water? Examples include, but are not limited to: <ul style="list-style-type: none"> • Detention Pond • Lake • Lagoon • Pond • Private Beach • Other Body(ies) of Water 	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many body(ies) of water?	
How many feet are the buildings from the body of water?	
Are “No Swimming” & “No Wading” Signs posted and clearly visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any private beaches owned or operated by applicant or other named insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are watercraft over 15 horsepower allowed on the body of water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the body of water meet or exceed all federal, state, and local governing codes and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any of the following ineligible exposures <ul style="list-style-type: none"> • Watercraft used for transporting passengers • Personal watercraft including waver runners, jet skis, sea doos • Water skiing 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there marina(s) or boat slip(s) attached to scheduled location(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there are marinas(s) or boat slip(s), does the applicant provide any of the following services: Repair, Alteration, Maintenance, Storage, Hauling, Launching, Fueling?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Autos:

Please select all types of auto exposure present (if owned, complete Automobile Supplemental Application):	<input type="checkbox"/> Owned <input type="checkbox"/> Hired/Non-Owned <input type="checkbox"/> N/A
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SECTION VIII: ELIGIBILITY CRITERIA

Life Safety Minimum Requirements

Buildings 1-6 stories with 16 units or less <ul style="list-style-type: none"> • Smoke detectors
Building 1-6 stories with more than 16 units <ul style="list-style-type: none"> • Smoke detectors • Two means of egress
Buildings 7-15 stories <ul style="list-style-type: none"> • Smoke detectors • Two means of egress • Fully sprinklered or a standpipe system • Central station alarm

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Buildings 16+ stories

- Smoke detectors
- Two means of egress
- Fully sprinklered
- Central station alarm
- Emergency lighting in all common areas
- Illuminated exit signs

By checking this box I acknowledge that I have read the above and agree all locations and all buildings comply.

By checking this box I acknowledge that all code required fire protection systems and building life safety features are in place and function as intended.

Buildings / Exposures

By checking this box, I acknowledge I will read each of the eligibility requirements and non-eligible exposures/restrictions listed below and that all locations and all buildings comply with stated terms and conditions.

1. Not Eligible

- A. Aircraft, aviation operation, airports or land strip
- B. Amusement Park or Ride
- C. Archery Range
- D. Armed Security
- E. Athletic Event or Sponsorship such as Swim Team
- F. Automobile Dealership
- G. Ax Throwing
- H. Any mailing address or location address in the state of **Georgia**.
- I. Any location address in the state of **New York**.
- J. Aluminum wiring unless repaired through "pig-tailing", CO/ALR devices, or COPALUM crimp connector.
- K. Boarding or rooming house
- L. Building over 50 stories.
- M. Building 4+ stories with combustible core exterior panels (cladding) and not fully sprinklered.
- N. Building Owner or Association in receivership or bankruptcy
- O. Building and/or garage with man lifts inside the building.
- P. Building with commercial occupancies operated by applicant
- Q. Building with the following occupancy:
 - a. Adult entertainment
 - b. Any commercial cooking exposure without Ansul system
 - c. Assisted Living
 - d. Bar or Tavern without restaurant exposure
 - e. Bar or Tavern with restaurant without Ansul System
 - f. Cabaret License (held by building owner)
 - g. Check cashing or Cash Advance Company
 - h. Church or religious institution
 - i. Dance Hall
 - j. Daycare, including Adult Daycare
 - k. Firearm sale, operation or manufacturing
 - l. Food processing plant

- m. Government entity or political office
 - n. Hospital, health care clinic, surgical center or any medical facility offering surgical procedures other than doctor's office
 - o. Hotel
 - p. Manufacturer
 - q. Motel
 - r. Movie Theater
 - s. Nightclub
 - t. Nursing Home
 - u. Pawn Shop
 - v. Resort
 - w. School
- R. Cannabis – retail, wholesale or grower. EXCEPTION: Retailer of CBD products
- S. Common Buildings with an effective age over 25 years that have not had the roof, HVAC, plumbing, and electrical systems updated. Effective age means the last complete renovation or replacement of the above components.
- T. Concert Facility
- U. Driver under the age of 21 for any automobile
- V. Exotic Animal
- W. Equestrian Trail and Saddle Animal Facility
- X. Event Center
- Y. Fair Ground
- Z. Flea Market
- AA. Gas Station
- BB. Golf Courses exception putting green
- CC. Guard Dog
- DD. Hunting
- EE. Industrial building or complex
- FF. Inflatables such as but not limited to bounce houses and waterslides
- GG. Investor Unit
- HH. Liquor Served for a fee by applicant
- II. Marina
- JJ. Medical or Healthcare Service
- KK. Medication Management
- LL. Mobile home park, trailer park, RV park
- MM. Private Beach
- NN. Rental Building – Except properties supported by our City Home Program
- OO. Sauna
- PP. Self-storage
- QQ. Single-room occupancy (SRO)
- RR. Single Family Rental – own or operated by the applicant
- SS. Shelter
- TT. Shopping Mall – Enclosed or Indoor
- UU. Ski Trail and Ski Lift
- VV. Shooting Range, Outdoor Trap or Ski Shooting Range
- WW. Spa Services by applicant
- XX. Special Events
- YY. Sponsor Unit
- ZZ. Sponsored athletic team or event

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- AAA. Student Housing
- BBB. Tanning beds that are owned, operated or maintained by applicant
- CCC. Timeshare
- DDD. Transportation or Chauffeuring Service
- EEE. Warehouse owner occupied
- FFF. Vacant Building
- GGG. Wildlife Preservation

By checking this box I acknowledge that I have read the above and agree that all locations and all buildings comply.

2. Eligible Requirements

Risk Transfer Requirements:

- Required through written contract with a third party included but not limited to commercial tenants, vendor, contractors and sub-contractors.
- A written and execute lease or contract in place that provides for the third party to hold the applicant harmless against all claims and/or losses.

And

- The applicant is insured under and named as an additional Insured, on the third party liability Commercial General Liability insurance with respect to all liability arising out of the work, activities and premises described in the contract.
- The applicant obtains and maintains on file, valid Certificates of Insurance as proof that the third party meets the above insurance obligations. Third Party has a minimum underlying commercial general liability limits of \$1,000,000 occurrence, \$2,000,000 general aggregate and \$2,000,000 products aggregate.
- The applicant must be provided with Certificates of Insurance as proof of liability insurance complying with the above requirements from the third party vendor, contractor, or commercial tenant prior to the commencement of any work or tenancy.

Building Occupancy Requirement:

- Residential: 75% of total units occupied unless new construction or gut-rehab occupied within 1 year of proposed effective date of umbrella coverage. A Certificate of Occupancy must be issued prior to the effective date of coverage unless New Development.
 - If a New Development, complete Community Association New Development Supplemental Application.
- Office or Mercantile: 75% occupancy of total square feet unless new construction or gut-rehab occupied within 1 year of proposed effective date of umbrella coverage. A Certificate of Occupancy must be issued prior to the effective date of coverage.

Vacant Land:

- As part of a schedule of location
- Incidental exposure
- No development, construction or other operations
- No attractive nuisance
- If within the city limits, vacant must be fenced and “No Trespassing” & “No Parking” sign posted
- If outside the city limits, “No Hunting”, “No Trespassing” & “No Parking” signs posted.

By checking this box I acknowledge that I have read the above and agree that all locations and all buildings comply.

SECTION IX: UNDERLYING INSURANCE

The eligible underlying insurance to be scheduled on the this Umbrella coverage must meet minimum insurance limits as listed below. Only the coverages listed below qualifies as underlying insurance and subject to this insurance.

Underlying insurance placed with a non-admitted Commercial General Liability insurance company is subject to underwriting review.

Defense costs on all underlying insurance policies must be outside the limits of liability with an exception for Directors & Officers Liability only, as noted below.

All underlying insurance policy(ies) must be written with an insurance company having an **AM Best rating of A-VII or better**. EXCEPTION: Employer’s Liability underlying insurance policy(ies) written with a certified state fund or insurance company with an AM Best Rating of B++ VI or better.

Exposures, arising from personal, family, or household responsibilities or activity and/or otherwise insured under a personal lines insurance policy and/or endorsement, are ineligible.

ELIGIBLE UNDERLYING INSURANCE & MIIMUM INSURANCE LIMITS REQUIREMENTS		
Coverage	Limit	
Commercial General Liability (CGL)*: *Required Underlying Coverage	\$1,000,000 \$2,000,000 \$1,000,000	Per Occurrence General Aggregate per Location Personal & Advertising Injury
Commercial Automobile Liability (AL):	\$1,000,000	Combined Single Limit *No Aggregate Limit*
Employer's Liability (EL):	\$500,000 \$500,000 \$500,000	Each Accident Each Policy Each Employee
Employee Benefits Liability (EBL):	\$1,000,000 \$1,000,000	Each Occurrence or Each Claim Aggregate
Garage Keepers Legal Liability (GKLL):	\$1,000,000 \$1,000,000	Each Occurrence Aggregate
Directors & Officers Liability (D&O): <ul style="list-style-type: none"> Not-For-Profit Community Associations Only Directors & Officers Liability endorsement on the Commercial General Liability policy is eligible only if the D&O coverage has its own separate unimpeded limit. Underlying Directors and Officers Liability must include Duty to Defend wording. 	\$1,000,000 \$1,000,000 \$1,000,000 OR \$2,000,000 \$2,000,000	Each Claim (Indemnity) Each Claim (Defense) Aggregate Each Association Each Claim (Defense Inside the Limit) Aggregate Each Association
1. Does the underlying Commercial General Liability policy have a per location aggregate? (if more than 1 location)		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the underlying Commercial General Liability have a general aggregate cap? If yes, what is the the cap limit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> By checking this box I acknowledge that I have read the above and agree all underlying insurance complies at the effective date of the umbrella policy		
Underlying Insurance Company Information:		
Commercial General Liability: 1. Insurance Company 2. Policy Term 3. Premium 4. Is the insurance company on non-admitted paper? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, why is the applicant place with a non-admitted insurance company?		
Directors & Officers Liability: 1. Insurance Company 2. Policy Term 3. Premium		
Automobile Liability: 1. Insurance Company 2. Policy Term 3. Premium		

SECTION X: LOSS HISTORY		
If YES is checked for A or B below, provide 5 years of currently valued hard copy loss runs along with full description of loss/claim including cause of loss and corrective action taken.		
A. In the past 5 years, have there been any incurred aggregate liability loss(es) exceeding \$250,000 within 1 policy year on any primary liability policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. In the past 5 years, have there been any of the following types of <u>claim(s)</u> or <u>known incident(s)</u> at any scheduled location? <ul style="list-style-type: none"> • Assault • Burn or Fire Related Injury(ies) • Construction Defect or New York Labor Law • Death • Directors & Officers • Human Trafficking • Illegal Drug Trafficking • Mold or Fungus 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The below type of claim(s) or known incident(s) are NOT ELIGIBLE: In the past 5 years, have any scheduled location had one or more of the following types of <u>claim(s)</u> or <u>known incident(s)</u> ? (if yes, knockout) a. Class Action Lawsuit b. Habitability or Tenantability* c. Murder d. Rape e. Shooting f. Stabbing * Tenantability includes but not limited to ceiling collapse, rodents, roaches, bedbugs, absence of locks, breach of security		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> By checking this box I acknowledge that I have read the above and agree all locations and all buildings comply.		

NOTICE TO ARKANSAS, NEW MEXICO 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 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 AUTHORITIES.

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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 IN 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 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 A 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 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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NOTICE TO NEW YORK APPLICANTS (AUTOMOBILE INSURANCE): ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 PENNSYLVANIA APPLICANTS (AUTOMOBILE INSURANCE): ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

NOTICE TO 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

SECTION XI: BROKER SIGNATURE

DISCLOSURE INFORMATION:

Provide any other information material to acceptance of the risk and/or describe any services, amenities, hazards, and/or exposures that are either uncustomary to the risk described herein or not addressed in this application for insurance.

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 hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

***Structural Integrity Attestation**

The undersigned authorized representative of the First Named Insured hereby attests and warrants that to the best of the Insured's knowledge, the building(s) subject to this application is/are structurally sound, and there are no known existing defects or other conditions which may impair or limit the structural integrity of the building.

Authorized SIGNATURE:

Printed Name & Title or Relationship to First Named Insured:

*This attestation is required to be both acknowledged and signed by the First Named Insured or authorized representative of the First Named Insured and maintained in the brokers file.

By checking this box, I agree that I have read this entire application, the statements and responses set forth herein are true and correct as of the date this form was executed, and I have reviewed, or will have reviewed, with my client prior to binding coverage, the entire contents of this application, including all eligibility criteria and restrictions. I further agree that all information and statements contained in this application, including all materials submitted in connection with this application, are true and accurate, and shall be considered attached to and made a part of any Umbrella Policy issued to the Applicant/member Certificate Holder under a Certificate of Coverage, and shall be deemed applicable to all subsequent renewals of any Umbrella Policy and Certificates of Coverage, unless the Applicant/member Certificate Holder provides written notice of any change of circumstances.

BROKER SIGNATURE:

DATE: