



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

THE GUARDIAN (SECURITY SERVICES) SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Currently-valued insurance company loss runs for the current policy period plus three (3) prior years – **MANDATORY**
- Copy of contracts and service agreements - **MANDATORY**
- Latest audited Financial Statements – **MANDATORY** (accounts w/\$50,000+ in GL/PL Premium)

GENERAL INFORMATION

Name Insured:

Address:

Telephone:

Web site:

FEIN:

Date established:

License No:

Policy proposed effective dates: _____ to _____

**The following operations are not eligible for this program:
Private Detection Agencies, Bail Agents, Repossession Services, Process Servers, and
Fire Suppression Contractors**

- | | |
|---|-----------|
| 1. In regard to the Applicant's clients, does the Applicant assume any duties not related to security, i.e. janitorial, maintenance, housekeeping, etc.
If yes, describe: | Yes No |
| 2. Provide the names of the (5) largest revenue producing clients, and a description of your duties.
1.
2.
3.
4.
5. | |
| 3. Are the majority of the Applicant's clients under contract?
If yes, how many include a hold harmless clause in favor of the client:
Please include sample copies of your standard contracts and agreements. | Yes No |
| 4. Does Applicant sub-contract work? | Yes No |
| If yes, does the Applicant require certificates and/or proof of Errors & Omissions and Commercial General Liability insurance with limits equal to or greater than your own? | Yes No |
| 5. Is the Applicant named as an additional insured on the sub-contractor's policy? | Yes No |

6. What background do the principals of this organization have in the security industry? **(please include resumes)**
7. Will the principals perform security operations? Yes No
8. Number of supervisors:
Describe the duties of the supervisors:
9. Annual employee turnover rate: %
10. Do you presently carry Workers' Compensation Coverage? Yes No
If yes, Carrier: Policy effective dates:
If no, please explain:
11. Training program consists of:
 Written manual On-the-job CPR Films Firearms
 Report writing Powers of arrest Classroom Other:
- Describe the Applicant's training program:
12. Pre-employment screening procedures (check all that apply):
 Polygraph Prior employment contacted Criminal background
 Drug screening Fingerprint check Driving record
 Psychological test Personal references Other:
 Describe the Applicant's pre-employment screening procedures:

SECURITY GUARD SERVICE / PATROL	N/A
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- | | | | | |
|----|--------------------------------|----------------|--------------|--------------------|
| 1. | Total number of guards: | Unarmed | Armed | Supervisors |
| | Full Time | | | |
| | Part Time | | | |
2. Total number of guard hours billed to client(s) annually: Unarmed: Armed:
3. Average number of guards per supervisor:
4. Does the Applicant use any equipment or golf carts for patrol? Yes No
If yes, how many?
5. Will the Applicant provide transportation services for the public? Yes No
If yes, are driving records checked on drivers? Yes No
6. Does the Applicant anticipate using dogs? Yes No
(Must be leashed not to exceed 6 feet)
If yes, number of dogs used with: Handlers? Without handlers?
For what purpose will the dogs be used? Bombs Drugs Airports Other:
7. Are all armed employees licensed by the state to carry firearms? Yes No
If yes, how often will they have to be re-certified?

PAYROLL

1.	Employee pay scale (hourly)	Minimum	Maximum	Average
	Supervisors	\$	\$	\$
	Unarmed guards	\$	\$	\$
	Armed guards	\$	\$	\$

2. Please provide total payroll and billable hours for the past five (5) years:

	Year:	Year:	Year:	Year:	Year:
Total payroll	\$	\$	\$	\$	\$
Total billable hours					

3. List annual payroll separately by category:

	ARMED PAYROLL	UNARMED PAYROLL
SUPERVISORY GUARD SERVICES		
• Airports (describe operations):	\$	\$
• Banks or other financial institutions	\$	\$
• Colleges / Universities	\$	\$
• Concerts	\$	\$
• Construction or demolition sites	\$	\$
• Conventions	\$	\$
• Escort service / Body guard service	\$	\$
• Fast food restaurants	\$	\$
• Government contracts (office building, courts, military base)	\$	\$
• Hospitals	\$	\$
• Hotels / Motels	\$	\$
• Housing / Residential – Mid / High income	\$	\$
• Housing / Residential – Low income / HUD	\$	\$
• Industrial (warehouse, factories)	\$	\$
• Liquor establishments (bars, restaurants, other:)	\$	\$
• Malls / Theaters / Arcade	\$	\$
• Museums / Galleries	\$	\$
• Office buildings	\$	\$
• Patrol cars (alarm response, patrol, other:)	\$	\$
• Retail (parking lots, outside patrol, other:)	\$	\$
• Retail (shoplifting, surveillance, inside, other:)	\$	\$
• Schools – K-12	\$	\$
• Special Events (describe:)	\$	\$
• Sporting Events	\$	\$
• Strike work	\$	\$
• Traffic control	\$	\$
• Utilities (water, electrical, nuclear)	\$	\$
• Other – (describe:)	\$	\$
TRANSPORTATION SERVICES		
• Armored car	\$	\$
• ATM services	\$	\$
• Courier (describe commodity transported):	\$	\$
• Other – (describe:)	\$	\$
OTHER		
• Clerical	\$	\$
• Outside Sales	\$	\$
• Other – (describe:)	\$	\$
TOTAL	\$	\$

1. Estimated annual:
 - a. Payroll: \$
 - b. Sales: \$
 - c. Cost of sub-contractors: \$

2. Operations of the Applicant (show payroll and sales for each)	Payroll	Sales
• Burglar alarms – residential	\$	\$
• Burglar alarms – commercial	\$	\$
• Fire alarms – residential	\$	\$
• Fire alarms – commercial	\$	\$
• Fire Suppression Systems	\$	\$
• CCTV	\$	\$
• Access Control	\$	\$
• Alarm Monitoring Operations	\$	\$
• Medical Alert Systems/Nurse Call Systems	\$	\$
• Medical Alert/Nurse Call Monitoring	\$	\$
• Clerical	\$	\$
• Sales Personnel	\$	\$
• Other(specify):	\$	\$

3. Does Applicant have other business ventures for which coverage is not requested? If yes, explain and advise where insured: Yes No

4. Does Applicant do any manufacturing? Yes No

4a. Does Applicant sell anything under their own label? Yes No
If the answer to either question is yes, explain:

5. Does the Applicant sell any items other than items which are installed by the Applicant? If yes, provide a listing of products sold: Yes No

Sales amount for these products: \$

6. Does the Applicant do design work for others? Yes No
 If yes, percent of operation: %

7. Does the Applicant design systems without performing installation? Yes No
 If yes, percent of operation: %

8. Does the Applicant install alarms or phones in vehicles, mobile equipment, watercraft, or aircraft? Yes No
 If yes, explain:

- | | | | |
|-----|--|-----|----|
| 9. | Does the Applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities?
If yes, provide details and sales amount: | Yes | No |
| 10. | Does the Applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities? | Yes | No |
| 11. | Does the Applicant install or monitor metal, chemical, or explosive detection devices at transportation facilities, federal buildings or post office mailroom? | Yes | No |
| 12. | Does the Applicant monitor for home incarceration or pre-trial release? | Yes | No |
| 13. | Does the Applicant have Workers' Compensation coverage in force? | Yes | No |
| 14. | Does the Applicant lease employees? | Yes | No |
| 15. | Does the Applicant have a training program?
If yes, describe: | Yes | No |
| 16. | Does the Applicant sub-contract work to others?
If yes, what type of work: | Yes | No |
| | Are certificates of insurance obtained from ALL sub-contractors with limits equal to or greater than your own? | Yes | No |
| 17. | Please attach:
a. Any descriptive or advertising literature / brochure
b. Copy of usual performance contract with client
c. Any hold harmless agreements executed in favor of the client | | |
| 18. | Does the Applicant limit liability to a stated dollar amount (liquidated damages) on their standard alarm contract with their client? | Yes | No |
| | If yes: What is the maximum limit allowed? \$ | | |
| | What percent of contracts waive the liquidated damages clause? | | % |

COMMERCIAL AUTOMOBILE

N/A

1. Owned automobiles: **Please complete an ACORD application.**

2. **Non-Owned Automobile**

N/A

- | | | | |
|----|--|-----|----|
| a. | Number of employees using their own vehicles on company business: | | |
| b. | For what purpose? (example: local errands, security patrol) | | |
| c. | Does the Insured require the employee to carry Personal Automobile Insurance? | Yes | No |
| d. | Are certificates of insurance obtained from the employees' automobile insurers? | Yes | No |
| e. | Who verifies coverage, limits and carrier, and that there is no lapse of an employee's personal automobile policy during the term of the Insured's commercial automobile policy? | | |
| f. | Are MVRs checked on drivers at time of hire and periodically thereafter? | Yes | No |
| g. | Are any driver training programs provided to the employees? | Yes | No |

3. **Hired Automobile (leased, hired, rented or borrowed, not from employees)** **N/A**
- a. How many vehicles are hired or borrowed each year:
 - b. For what purpose?
 - c. Average length of time vehicles are hired or borrowed:
 - d. Annual cost incurred for all hired and borrowed vehicles: \$
 - e. Who provides primary liability and physical damage insurance?
 - f. In which state(s) does the risk hire or borrow vehicles?
4. **Garagekeepers** **N/A**
- a. Does the Insured offer valet parking service, own a garage or parking lot where a fee is charged or offer automobile repair or maintenance services to others? Yes No
 - b. If yes, please provide details on:
 - i. Training of employees:

 - iii. Number of parking attendants:
 - iv. Security in place at site (for example, surveillance cameras, security patrol officers):

 - v. Maximum value stored in one place at any given time: \$
 - vi. Limits and deductible desired: \$

COMPLEMENTARY GENERAL LIABILITY COVERAGE					N/A
1.	Is coverage desired for damage to property in your Care, Custody or Control? If yes:				Yes No
	Limit Options:	\$25,000	\$50,000	\$100,000	\$500,000
	Other: \$				
	Deductible Options:	\$1,000	\$2,500	\$5,000	\$10,000
	Other: \$				
2.	Is coverage desired for Third Party Theft? If yes:				Yes No
	Limit Options:	\$25,000	\$50,000	\$100,000	\$500,000
	Other: \$				
	Deductible Options:	\$1,000	\$2,500	\$5,000	\$10,000
	Other: \$				
3.	Is coverage desired for Lock and Key Replacement coverage? If yes:				Yes No
	Limit Options:	\$25,000	\$50,000	\$100,000	\$500,000
	Other: \$				
	Deductible Options:	\$1,000	\$2,500	\$5,000	\$10,000
	Other: \$				

FRAUD NOTICE STATEMENTS

NOTICE TO 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS 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."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF 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 AGENCIES."

RESIDENTS OF 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."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF 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."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF 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."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "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."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF 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."

RESIDENTS OF TENNESSEE 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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF 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."

RESIDENTS OF VIRGINIA 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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF 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."

Name (Please Print/Type)

Title
**(MUST BE SIGNED BY THE PRESIDENT
CHAIRMAN OR CEO)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)