



CARRIER:

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Amusement Centers — Games and Entertainment Product Application (All States)

South Carolina: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Location address: _____

City: _____ State: _____ Zip code: _____

Web address: _____ Email: _____ Phone: _____

Inspection contact name: _____ Email: _____ Phone: _____

Form of business: Individual or Individuals Corporation Business Partnership LLC Trust Other _____

Description of Operations:

Empty box for description of operations

1. Have there been any property or liability losses in the past three years? Yes No

If yes, please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

If you desire a Liquor Liability Quote, please complete Section IV Eligibility Criteria, Liquor Liability section of this application.

2. Do you own the building? Yes No

If "Yes":

a. Building limits: \$ _____

Property Coverage

Building Construction:					
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry NC	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Noncombustible	<input type="checkbox"/> Fire resistive
Protection Class	Cause of Loss	Deductible	Number of Stories	Type of Burglar Alarm	
_____	<input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	_____	<input type="checkbox"/> Local	<input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____					
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____					
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____					

What is the age of the roof? _____ years

Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No

What is the square footage of the entire structure? _____ sq. ft.

Building Limit: \$ _____ **Coinsurance** (80% minimum) _____ % ACV RC

Business Personal Property Limit: \$ _____ **Coinsurance** (80% minimum) _____ % ACV RC

Business Income Limit: \$ _____ **Coinsurance** _____ or **Monthly Limit of Indemnity**

With extra expense Without extra expense 50% 60% 70% 1/3 1/4 1/6
 80% 90% 100%

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us")

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Liability

Total Games and Entertainment Sales*	Total Food Sales	Total Alcohol Sales	Total Merchandise Sales
\$ _____	\$ _____	\$ _____	\$ _____

3. Type of merchandise sold? _____

*Please provide a breakdown of sales by type of games and entertainment activity: for example, Laser Tag \$50,000; Billiards \$25,000, etc.

Type of Games and Entertainment Activity:	Sales
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

General Liability Limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1 million \$1 million/\$2 million

Please indicate which activities are present, the annual sales attributable to each activity and answer questions for each that apply.

Ball Pits:

- Annual sales: \$ _____
- Are safety rules and procedures posted and visible to all participants? Yes No
- Are staff members at ball pits during all hours of operation? Yes No
- Are balls and pit inspected, cleaned and disinfected at least once per week? Yes No
- Are there netting or barriers around ball pits? Yes No
- Is a system in place to confirm all children are matched with the adult they entered facility with and verified before exiting facility? Yes No
- Are background checks performed on all employees? Yes No

Batting Cages:

- Annual sales: \$ _____
- Is an attendant on duty whenever batting cages are open for business? Yes No
- Are the batting cages separated by fencing with latching gates? Yes No
- Are all batters required to wear a helmet at all times? Yes No
- Are home plates clearly marked? Yes No
- Are customers only six years and older allowed to enter a batting cage? Yes No

- 7. Do pitching machines have a maximum speed of 65 mph or lower for 12 or under or a maximum speed of 80 mph for over 12 year old customers? Yes No
- 8. Are pitching machines inspected, with inspection logs kept, according to the manufacturer's recommendation? Yes No
- 9. Are safety rules and procedures posted and visible to all participants? Yes No

Billiards:

- 1. Annual sales: \$ _____
- 2. What is the number of billiard/pool tables? _____

Bowling Alley:

- 1. Annual sales: \$ _____

Climbing Nets and Tunnels (rope walks, rope courses, trapeze swings are prohibited) at fixed location:

- 1. Annual sales: \$ _____
- 2. Is a system in place to confirm all children are matched with adult they entered facility with and verified before exiting facility? Yes No
- 3. Is all equipment at a maximum height of 25 feet (or 20 feet for inflatable equipment)? Yes No
- 4. Are manufacturer's guidelines strictly enforced regarding maximum occupancy, weight limit, anchoring, etc.? Yes No
- 5. Does responsible adult supervision stay on premises with all children in attendance? Yes No
- 6. Are safety rules and procedures posted and visible to all participants? Yes No
- 7. Are staff members on premises during all hours of operation? Yes No
- 8. Is equipment inspected, with inspection logs kept, according to the manufacturer's recommendation? Yes No
- 9. Are background checks performed on all employees? Yes No
- 10. Are employees properly trained in safety procedures? Yes No
- 11. Are inflatables indoors only at designated premises? Yes No
- 12. Is there netting or barriers around perimeter of inflatable? Yes No

Coin/Token Operated Kiddie Rides at Fixed Location:

- 1. Number of rides: _____
- 2. Do bases of ride remain fixed and stationary at all times? Yes No
- 3. Do any rides accommodate more than four riders at one time? Yes No
- 4. Are all rides inspected with written maintenance logs kept? Yes No
- 5. Are all rides manufactured by others (no applicant manufactured equipment)? Yes No

Go-Karts with attendant at fixed track location:

- 1. Annual sales: \$ _____
- 2. Are speed governors used on all go-karts set with a maximum speed of 20 mph? Yes No
- 3. Is there a remote emergency shut-off switch/control on all go-karts? Yes No
- 4. Are all go-karts manufactured by others with no removal or modification of safety equipment (No homemade equipment)? Yes No
- 5. Are all go-karts equipped with seat belts, roll bars, headrest support and bumper guards? Yes No
- 6. Are any go-karts older than 10 years? Yes No
- 7. Are all tracks paved and a single circle, oval or loop with no intersections? Yes No
- 8. Are go-karts permitted to be used only on the go-kart track? Yes No
- 9. Is there a minimum eight-inch high guardrail permanently installed around the entire track? Yes No
- 10. Are all go-karts inspected and maintained, with written logs kept, according to the manufacturer's recommendation? Yes No
- 11. Are safety rules and procedures posted and visible to all participants? Yes No
- 12. Are employees trained on safety procedures and go-kart and track maintenance, with training records kept? Yes No
- 13. Is double riding in the same seat strictly prohibited? Yes No
- 14. Is a minimum rider height of 54" strictly enforced for go-kart drivers? Yes No
- 15. Are double go-karts required to be driven by an adult (18 years or older) with passenger minimum height of 3 feet? Yes No
- 16. If an indoor track, is adequate ventilation provided and verified by a qualified engineer? Yes No
- 17. Is smoking prohibited in go-kart area? Yes No

Laser Tag:

1. Annual sales: \$ _____
2. Do all participants sign a release of liability acknowledging that they play at their own risk and are aware there is a risk of injury? Yes No
3. Are all laser tag operations held indoors and only at the listed location? Yes No
4. Are all playing areas flat with no stairs, ramps or multiple layers? Yes No
5. Is the laser tag area no more than 12,000 square feet? Yes No
6. Is all laser tag equipment manufactured by others (No homemade equipment)? Yes No
7. Are participants required to be at least 7 years old? Yes No
8. Are safety rules and procedures posted and visible to all participants? Yes No
9. Are staff members on premises during all hours of operation? Yes No

Miniature Golf:

1. Annual sales: \$ _____
2. Are the premises inspected daily and maintenance logs kept? Yes No
3. No If water hazards present, are ground fault interrupters present in all outlets near water? Yes No
4. How many months per year is the facility open? _____

Moon Bounces, Balloon Typhoon and Inflatable Playgrounds with attendant at fixed location:

1. Annual sales: \$ _____
2. Are safety rules and procedures posted and visible to all participants? Yes No
3. Are staff members on premises during all hours of operation? Yes No
4. Are manufacturer's guidelines strictly enforced regarding maximum occupancy, weight limit, anchoring, etc.? Yes No
5. Are there any inflatables on the premises?
 - a. Are all inflatables inspected and maintained at least once per week? Yes No
 - b. Are written logs kept of all inspections/maintenance on each inflatable? Yes No
 - c. Are any inflatable climbing walls on premises? Yes No
 - d. Are any inflatable slides, more than 20 feet from the ground, on premises? Yes No
 - e. Are all inflatables used indoors only at the designated premises? Yes No
 - f. Are their barriers or netting around the perimeter of all inflatables? Yes No
 - g. Is smoking prohibited within 50 feet of the electrical equipment used to power inflatables? Yes No
6. Are any of the following activities present: bouncy boxing, sumo wrestling suits, jousting, off with your head or other contact activities, human bowling ball, human darts, human slingshots, human spheres and similar activities, Velcro wall, a.k.a. the fly trap or sticky wall? Yes No
7. Is there any gymnastics instruction? Yes No
8. Are background checks performed on all employees? Yes No
9. Are employees trained in safety procedures and equipment usage and maintenance with records kept? Yes No

Sport Courts: (incidental exposures only)

1. Annual sales: \$ _____
2. Number and type of each court: _____

Video Arcade:

1. Annual sales: \$ _____
2. Is there an attendant on duty whenever arcade is open for business? Yes No
3. Are there any games or machines that impart an electronic shock? Yes No
4. Are there any amusement rides other than video game rides or coin/token operated Kiddie Rides with a maximum occupancy of four children? Yes No
5. Do any games involve person to person contact? Yes No
6. Are there any gaming or casino operations on premises? (Gaming see separate classification questions, casino decline) Yes No
7. Are all games maintained according to manufacturer's guidelines and written maintenance logs kept? Yes No

Virtual Reality Machines with attendant at fixed location:

- 1. Annual sales: \$ _____
- 2. Are there any games involving person to person contact? Yes No
- 3. Are games where participant is suspended above the ground? Yes No
- 4. Are all games maintained according to manufacturer's guidelines and written maintenance logs kept? Yes No
- 5. Are safety rules and procedures are posted and visible to all participants? Yes No
- 6. Are there any games that impart an electronic shock to user? Yes No
- 7. Is there a staff member on premises during all hours of operation? Yes No

Restaurant/Bar Information

- 4. Are there tables? Yes No
 - a. If "Yes," is there table service? Yes No
- 5. Is there a dance floor? Yes No
- 6. Is there live entertainment (DJ's, bands, etc.)? Yes No
 - a. If "Yes," how many times per week? _____
- 7. Does the applicant hire or utilize bouncers? Yes No
- 8. In the past three years, have there been any previous claims involving assault and/or battery? Yes No

Food Service Section

- 9. Is there food service on the premises? Yes No
- 10. Is there commercial cooking on the premises? Yes No
- 11. Is there a deep fat fryer on the premises? Yes No
 - a. If "Yes," what type of extinguishing system over the cooking area? Wet Dry
- 12. Is this extinguishing system functioning and operational? Yes No
- 13. Is there a cleaning contract in place on the cooking equipment? Yes No

IV. ELIGIBILITY CRITERIA

General Eligibility

- 14. Are there any past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner individually within the last five years? Yes No
- 15. Has coverage been cancelled or non-renewed in the past three years? Yes No
- 16. Do all public areas, occupancies and/or habitational units have functional and operational smoke and/or heat detectors? Yes No
- 17. Does any building built prior to 1978 have aluminum wire or knob-and-tube wiring? Yes No
- 18. For any building built prior to 1978, is 100% of the wiring on functional and operational circuit breakers? Yes No
- 19. Has the applicant ever acted as a Franchisor (Grantor of Franchise)? Yes No
- 20. Do all public areas, occupancies and/or habitational units have functional and operational smoke and/or heat detectors? Yes No
- 21. Are there at least two means of egress (exits) for every floor with public access? Yes No
- 22. Are there any mechanical riding devices on premises? Yes No
- 23. Are patrons under 21 years of age permitted in the bar area after 11 p.m? Yes No
- 24. Any security, off-duty police, firearms or weapons on the premises? Yes No
- 25. Is there any rental of amusement equipment or attractions for use off premises? Yes No

Liquor Liability

- 26. How long has current owner been operating at this location? _____
- 27. Limits desired: Each common cause limit: _____ Aggregate limit: _____
- 28. Is applicant requesting liquor liability limits greater than general liability limits carried? Yes No
If "Yes," as a condition of coverage, general liability limits must be maintained at limits equal to or greater than liquor liability limits.
- 29. What is the latest hour the establishment will ever stay open? _____ a.m. p.m. 24 hours
 - a. What time does the sale or service of alcohol cease? _____ a.m. p.m. 24 hours

30. Gross annual receipts: If the applicant has more than one operation or sells alcoholic beverages for on and off premises consumption at same location, provide breakdown of receipts by operation:

	Bar/Lounge	Restaurant	Banquet	Retail Sales	Other
FOOD	\$	\$	\$	\$	\$
ALCOHOL	\$	\$	\$	\$	\$
OTHER (describe):	\$	\$	\$	\$	\$

31. Does applicant have a valid liquor license? Yes No

32. Are employees or other persons permitted to consume alcohol during their hours of employment or service? Yes No

33. Are all alcohol-servers certified in a Formal Alcohol Training Course not mandated by the state? Yes No

34. Violations: Does the applicant have knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol at this location within the past five years? Yes No

If "Yes," provide the following information on each fine or citation:

Date(s): _____

Description(s): _____

Measures in place to prevent future violations: _____

35. Claims: Has the applicant had any reported liquor liability and/or assault and battery claims or notification of potential liquor liability and/or assault and battery claims within the past five years? Yes No

If "Yes," provide the following information on each claim:

Date(s): _____

Description(s): _____

Total incurred losses (reserves and payments): _____

Status (open or closed): Open Closed

Measures in place to prevent future incidents: _____

36. Are facilities available for banquets, receptions or private affairs? Yes No

a. Number of: _____ times per week OR _____ times per year

b. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? Yes No

If "No," are persons serving alcohol who are not applicant's authorized employees or members required to carry liquor liability insurance with limits greater than or equal to limits covered under applicant's liquor policy? Yes No

37. Is banquet entertainment provided by applicant or lessees? Yes No

a. Number of: _____ times per week OR _____ times per year

38. Does the establishment attract a predominantly youthful or college crowd ranging from 21-25 years of age? Yes No

39. Does or will applicant ever offer (include special events such as New Year's Eve parties, etc.):

a. Drink specials/happy hours? Yes No

b. Drink specials/happy hours after 9 p.m.? Yes No After 11 p.m.? Yes No

c. More than two complimentary drinks per patron per day? Yes No

d. "All you can drink" specials or other offers involving unlimited alcoholic beverages? Yes No

e. Beer for less than \$1? Yes No

f. Liquor or wine for less than \$1.50? Yes No

g. Bottle service? Yes No

40. a. Are patrons under the legal drinking age permitted on the premises? Yes No

b. Are patrons under the legal drinking age permitted on the premises after 11 p.m.? Yes No

41. Does applicant utilize an identification scanner on all patrons? Yes No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: 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.

California: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Statement: 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.

Florida Fraud Statement: 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.

Kansas Fraud Statement: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: 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.

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Oregon Fraud Statement: Notice to Oregon 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 may be guilty of insurance fraud.

Kentucky and Pennsylvania Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

New York Fraud Statement: 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.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.