



**MARKEL
INSURANCE
COMPANY**

"THE COUNSELOR" APPLICATION FOR CAMPS & CONFERENCE CENTERS

P.O. Box 3870, Glen Allen, VA 23058-3870
(800) 431-1270 Fax (804) 527-7966

(To be attached to ACORD applications)
Please complete a separate application for each location

NAMED INSURED: _____

Insured's E-mail address: _____

Insured's Website address: _____

Person to contact for safety questions/mailings/info: _____

Employer's Federal ID Number: _____

Please attach the following:

- | | |
|------------------------------------------------------------------------|---------------------------------|
| ACORD Applications (For all lines of coverage to be written) | Loss Runs |
| Statement of Values (For blanket &/or agreed amount property coverage) | Brochures/Promotional Materials |
| Latest Challenge Course/Climbing Wall Inspection | |

This application consists of the following sections. Complete all sections that apply:

- | | |
|----------------------------------------|-------------------------------------------------|
| Section I – General Information | Section VI – Trips and Travel |
| Section II – Activities | Section VII– Special Needs Campers |
| Section III – Property | Section VIII – Accident Medical Coverage |
| Section IV – Facility Rental | Section IX – Automobiles |
| Section V – Aquatics | |

Section I - General Information

- Type of camp (check all that apply): Day Resident Travel Sports Special Needs Adult
 Weight Loss Other Specialty Focus (Describe): _____
 Profit Non-Profit Co-ed Boys Girls
- Is the camp affiliated with a religious organization? Yes No
 If yes, which one? _____
- Please indicate all organizations of which you are a member: ACA CCI Other _____
- The camp is accredited by: ACA Other _____ No accreditation
- Is there a business office at a separate location from the camp? Yes No
 If yes, list square footage: _____
- Do you own or operate any other businesses or operations? Yes No
 If yes, are they insured elsewhere? Yes No
 Describe businesses/operations: _____
- Do you use subcontractors for any services? Yes No
 If yes, what services are contracted out? _____
 Do you get certificates of insurance from the contractors? Yes No
 Are you named as an additional insured on the contractor's policy(ies)? Yes No
- What is the age range of campers? _____
- What is the ratio of counselors to campers? _____ Counselors for every _____ Campers
- Summer Session: Date camp opens: _____ Date camp closes: _____ Number of sessions: _____

DAY CAMPS

RESIDENT CAMPS

Estimated number of campers/day _____
Number of days/week camp is open _____
Number of weeks/year camp is open _____

Estimated number of campers/day _____
Number of days/week camp is open _____
Number of weeks/year camp is open _____

(Complete the above information for EACH SESSION. Include family camp if applicable. Use additional paper if needed.)

- 11. Off Season: Do you run off-season sessions? Yes No
 If yes, please complete the following:
 Estimated number of campers/participants per day: _____ Number of days/week camp is open: _____
 Number of weeks/year camp is open: _____ Number of sessions: _____
 List off-season camp activities: _____

- 12. Do you have a written crisis management/emergency plan? Yes No
 Does the plan address contingency plans to keep the camp operating after a loss? Yes No
 Does the plan apply to both on premises and off premises situations? Yes No
 If yes, does the plan also address incidents with animals, both wild and domestic
 [i.e., bears, rabies, bites, etc.]? Yes No

- 13. How long has your director been in his or her position with your camp? _____
 How many total years of experience does the director have as a camp director? _____
 Does the director or other employees train outside groups in anything, such as CPR or lifesaving? Yes No
 If yes, describe: _____
 Is a hold harmless required from non-camp participants who attend training sessions at the camp? Yes No

- 14. Do you loan or lease your director or employees to any other operations, either owned or non-owned? Yes No
 If yes, explain who, how often and for what purpose: _____

- 15. Do you use volunteers? Yes No
 If yes, explain how often and for what purpose _____

- 16. a. Is staff (paid & volunteer) required to complete an employment application? Yes No
 If no, explain: _____

- b. Are criminal investigations conducted on all employees (paid & volunteer), including the director, before hiring?
 (This includes anyone who will be a regular volunteer) Yes No

c. How many years of applicant's history does the investigation span? _____ years

d. After how many years are background checks done again for every employee, volunteer & the director?
 Every _____ years

e. Which of the following do you search when you conduct background checks on your employees & volunteers?

Check all that apply. County criminal records State criminal records National criminal index
 Sex offenders Nationwide U.S. Wants & Warrants Teacher license Education verification FBI

f. Does your staff (paid and volunteer) employment application ask if the applicant has ever been
 convicted of any crime, including sex-related or child-abuse related offenses? Yes No

g. At staff orientation, do you discuss child abuse and sexual abuse, how to recognize the signs,
 and what to do if a child reports someone molested him/her? Yes No

h. Do you require mandatory training for all employees each year about these subjects? Yes No

i. Do you verify employment references? Yes No

j. Do you conduct a personal interview? Yes No

- k. Do you have a written policy addressing abuse and individual contact that may occur between children and volunteers or staff? Yes No
- l. Is a formal incident reporting procedure in place? Yes No
- m. Is a formal procedure in place to verify who is picking up the child when the child leaves camp? Yes No
- n. Have you had an incident that resulted in an allegation of sexual abuse? Yes No
If yes, please describe in Comments Section (pg. 10). Include any resulting claims, the outcome and damages paid.
17. Do you have a medical facility/health center and/or dispense medication? Yes No
If yes, are written instructions from parents required before administering medications to minors? Yes No
Is all medication stored in its original containers? Yes No
Is all medication inaccessible to children? Yes No
How many of the following medical professionals are on staff?
RN___ LPN___ EMT___ MD___ PA___ Other_____
- Are any of the medical professionals volunteers? Yes No
Is a log kept to record each time a medication is administered? Yes No
18. How close is the nearest hospital? _____ miles
19. Do you do any type of professional or pastoral counseling? Yes No
If yes, describe counseling services: _____
Number of Professional Counselors_____ Pastoral Counselors_____ Lay Counselors_____
20. Do you accept special needs campers? Yes No
If yes, please complete Section VII.
21. Do you take campers on field trips or travel? Yes No
If yes, complete Section VI.
22. Do you rent or lease your facility to outside entities? Yes No
If yes, complete Section IV.
23. Do you sponsor or participate in special events or fundraisers? Yes No
If yes, list all of the types of events (use additional paper if necessary): _____
-
24. Do you sponsor camper exchange programs, either sending campers out or taking campers in? Yes No
If yes, attach a detailed description of the program and describe safety measures.
25. Do you accept adjudicated youth as campers, counselors or volunteers? Yes No
26. Are all camp visitors required to sign in and sign out? Yes No
27. Are members of the public allowed on the premises when camp is in session? Yes No
If yes, explain: _____
28. Are smoke detectors installed in all sleeping areas other than tents? Yes No
29. Do you have any animals at the camp (other than saddle animals)? Yes No
If yes, describe number and types of each: _____
-
- Are all animals' inoculations up to date? Yes No
30. What is the type and depth of ground cover under any playground equipment? Type: _____ Depth _____
31. Do you own or are you responsible for the maintenance of any dams in any bodies of water? Yes No
If yes, please complete the Dams Supplemental Questionnaire.

Section II – Activities

1. Do you require all campers to carry Accident Medical Insurance? Yes No
2. Please check all activities offered:
- | | | |
|----------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Hang Gliding** | <input type="checkbox"/> Sail Boarding |
| <input type="checkbox"/> Ballooning** | <input type="checkbox"/> Hockey, Ice** | <input type="checkbox"/> Scuba Diving* |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Shooting/Rifle Range |
| <input type="checkbox"/> Bicycle Trips | <input type="checkbox"/> Hunting** | <input type="checkbox"/> Skateboarding* |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Skiing, Cross Country |
| <input type="checkbox"/> Boxing** | <input type="checkbox"/> Jet Skiing | <input type="checkbox"/> Skiing, Downhill/Alpine* |
| <input type="checkbox"/> Bungee Jumping** | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Skiing, Water |
| <input type="checkbox"/> Bungee Trampoline** | <input type="checkbox"/> Martial Arts* | <input type="checkbox"/> Sky Diving** |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Motorbikes/Minibikes | <input type="checkbox"/> Solo Trips* |
| <input type="checkbox"/> Caving* | <input type="checkbox"/> Motorcycles/ATV's* | <input type="checkbox"/> Surfing* |
| <input type="checkbox"/> Ceramics/Pottery | <input type="checkbox"/> Mountain Biking* | <input type="checkbox"/> Trampoline** |
| <input type="checkbox"/> Cheerleading* | <input type="checkbox"/> Mountain Boarding* | <input type="checkbox"/> Wall Climbing |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Paintball** | <input type="checkbox"/> Water Blobs* |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Parasailing** | <input type="checkbox"/> Water Trampoline* |
| <input type="checkbox"/> Fireworks Displays at Camp* | <input type="checkbox"/> Rappelling/Rock Climbing* | <input type="checkbox"/> Whitewater Rafting* |
| <input type="checkbox"/> Fitness Training | <input type="checkbox"/> Rocketry, Model rockets | <input type="checkbox"/> Windsurfing* |
| <input type="checkbox"/> Flying** | <input type="checkbox"/> Roller Skating/In-Line Skating | <input type="checkbox"/> Woodworking* |
| <input type="checkbox"/> Football (tackle)** | <input type="checkbox"/> Ropes Courses/Climbing Towers* | <input type="checkbox"/> Working Farms |
| <input type="checkbox"/> Football (touch or flag) | <input type="checkbox"/> Rugby* | <input type="checkbox"/> Wrestling* |
| <input type="checkbox"/> Go Karts* | <input type="checkbox"/> Sailing | |
| <input type="checkbox"/> Gymnastics* | | |
| <input type="checkbox"/> Other, including extreme sports (Describe): _____ | | |

*** Please attach a copy of the safety plan for these activities. ** These activities are excluded Also see additional questions below.**

3. Additional Activity Information (*Attach safety plan for these activities). Complete for all activities you provide:
- a. Bicycling - Are helmets required? Yes No
 Any travel on public highways? Yes No
If yes, attach safety guidelines.
- b. Boating – Number of sailboats?: Under 21 feet: _____ Over 21 feet: _____
 Number of inboard and outboard motorboats?: Under 26 hp: _____ Over 26 hp: _____
 Number of jet skis? _____ Any water skiing jumps? Yes No
 Is boating in an area separated from swimming? Yes No
- c. Caving - Is it a known cave? Yes No
 Is vertical ascent or descent required? Yes No
 Is staff wilderness First Aid Training required? Yes No
 Are outside guides hired for caving? Yes No
 If yes, do you obtain a certificate of insurance from the guides? Yes No
 Are you named as an additional insured on the guides' insurance? Yes No
- d. Ice Skating - Rink **OR** Lake?

- e. Martial Arts - List the type(s) taught: _____
 Is contact allowed? Yes No
 Are all instructors certified? Yes No
 If yes, by whom? _____
- f. Rappelling/Rock Climbing - Free climbing **OR** Lead climbing?
 What is the instructional level (mark all that apply): Beginner Intermediate Advanced
 Is the instructor AMGA Top Rope Site Supervisor certified? Yes No
 Is the instructor trained in Wilderness First Aid? Yes No
- g. *Ropes Course/Towers - Year built (including zip-line) _____ Who built it? _____
 Was entire course built to ACCT standards? Yes No
 Date of last inspection _____ (Send us a copy of the inspection)
- h. *Shooting/Rifles – Is eye & hearing protection required at all times regardless, of type of gun? Yes No
 Is the shooting area barricaded and posted? Yes No
- i. Whitewater Rapids – Canoeing Kayaking Rafting Tubing Rapids classification(s): _____
 List the instructor's certification _____
 Are outside guides hired for whitewater rafting? Yes No
 If yes, do you obtain a certificate of insurance from the guides? Yes No
 Are you named as an additional insured on the guides' insurance? Yes No
- j. Woodworking - Protective eye gear worn? Yes No
 All machines properly guarded? Yes No
 Area properly ventilated? Yes No
 Is there a dust accumulation system (if indoors)? Yes No N/A
4. Do you have saddle animals? Yes No
 If yes:
 Number owned _____ Number leased _____ Dates of use: From _____ To _____
 Are saddle animals maintained exclusively for use by campers? Yes No
 If not, explain other uses _____
 Are they kept on premises all year? Yes No
 If yes, how are they used in the off-season? _____
 Does the camp teach: Vaulting Jumping Rodeo activities Polo Other (specify) _____
 Are your instructors certified? Yes No
 If yes, by whom? _____
 Do you provide riding instruction for the mentally or physically challenged? Yes No
 If yes, are the instructors NAHRA certified? Yes No
 Are all riders required to wear ASTM approved safety helmets? Yes No
 Are campers transported to an outside riding academy for instruction? Yes No
 If yes, who provides the instruction? Camp **OR** Riding Academy
 If the riding academy, do you obtain a certificate of insurance from them? Yes No
 Are you named as an additional insured on the academy's insurance? Yes No
 Are trail rides given? Yes No
 Do you have hay rides? Yes No
 If yes, does the wagon have sides or is it open? Sides **OR** Open

Is a counselor in the wagon during rides?

Yes No

Section III – Property

***Please attach a diagram of each location to be insured showing all buildings. Number the buildings to correspond with building numbers on the ACORD Property application. Provide distances between all buildings on the diagram.**

1. Is the camp's water supply public or private? _____
If private, describe water source: _____
2. Is there an automatic extinguishing system in the kitchen? Yes No
Does the automatic extinguishing system protect the following? (Check all that apply)
 Cooking surfaces Exhaust ductwork Hoods Deep fat fryers Other cooking appliances
3. Do all deep fat fryers have high limit switches? Yes No
4. Is the system U.L. listed? Yes No
5. Is there an inspection/maintenance agreement? Yes No If yes, what is the frequency? _____
6. How often is the hood and ductwork professionally cleaned? _____
7. What is the frequency and method of cleaning hoods and grease filters? _____
8. Are grills equipped with grease traps? Yes No
9. Are all flammables and combustibles (like paper goods, etc.) stored separately from ignition sources (cooking areas, propane, etc.)? Yes No
10. Explain the measures taken to protect camp property during the winter: _____

ADDITIONAL TYPES OF PROPERTY:

If miscellaneous property is to be covered (computers, watercraft, sporting equipment, ropes course, docks, piers, wharves, outdoor equipment, signs, fences, pools, and similar property), please list them with each item's insured value on a separate schedule, the ACORD Property or Inland Marine application(s) or the Statement of Values.

Section IV – Facility Rental

1. Do you rent to outside groups? Yes No
If yes, complete the following.
2. Is a written lease required for every rental? Yes No
3. Do you obtain certificates of insurance with liability limits of at least \$500,000? Yes No
If yes, are you named as an additional insured on the lessee's liability insurance policy? Yes No
4. What are your gross receipts from all rental operations? \$ _____
5. What activities are offered to rental groups? _____
Do you provide supervision of any of these activities? _____
If yes, which activities? _____
Number of individuals/day _____ Number of rental days/week _____ Number of weeks/year _____
6. Are all essential safety requirements spelled out in writing in the lease agreement? Yes No

Section V – Aquatics

1. Is the swimming facility (check all that apply): Private Public Lake Ocean Other
2. Is it (check all that apply): On premises Off premises Above Ground Below Ground Indoor Outdoor
3. Is the pool/spa compliant with the Virginia Graeme Baker Pool & Safety Act? Yes No
a) If no, explain action plan and time table for compliance _____

4. Do you use pools/spas owned by other entities Yes No
 a) If so, do you confirm compliance with the Virginia Graeme Baker Pool & Spa Safety Act? Yes No
5. Do all pool drains and grates have covers that cannot be removed without using a tool? Yes No
6. What is the *total staff* to swimmer ratio during swim times? _____ Staff to _____ Swimmers
7. Is the facility staffed with certified lifeguards for the appropriate water activity (pool, waterfront, shallow water)? Yes No
 If yes, how many? _____
 If yes, who certifies the lifeguards? _____
8. Who supplies the lifeguards? _____
9. What is the lifeguard to swimmer ratio during swim times? _____ Lifeguards to _____ Swimmers
10. Do you document all lifeguard in-service training? Yes No
11. Do you have the following safety equipment at the waterfront? Check all that apply.
 Backboard Portable oxygen AED (Automatic External Defibrillator) First Aid Kit
 Ring buoy Reaching pole or shepherds crook
12. Are all swimmers required to use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 while at any outdoor swim facility? Yes No
13. Is staff assigned to supervise locker/changing rooms, sunbathing areas, etc.? Yes No
14. Are all lifeguards situated in positions where they can see all areas of the facility? Yes No
 If guarding a pool, can they see the bottom surface? Yes No
15. Is there a diving board? Yes No
 If yes, what is the height (in feet)? _____ What is the depth of the water in the diving area? _____ feet
 Is the diving area clearly marked? Yes No
 Does the diving area extend out at least 16 feet from the end of the diving board? Yes No
16. Is there a water slide? Yes No
 If yes, please list in feet: height: _____ length: _____ depth of water where slide enters: _____
 If used in a pool, are the slides approved by the manufacturer for pool use? Yes No
 How do swimmers enter the water when launching off the slide? At an angle **OR** Horizontally
Please attach rules for use of the water slide.
17. Do you have water structures like water trampolines, blobs, inflatable platforms, etc? Yes No
 If yes, list the type(s) of structure(s): _____
 Is there a minimum of 2 lifeguards assigned to each structure at all times? Yes No
 Do the lifeguards have 360 degree visibility around the structures? Yes No
 Is a maximum 25 pound weight difference between participants on a blob enforced? Yes No
 Is only one person at a time allowed to be bounced off the blob? Yes No
 Are personal flotation devices worn at all times? Yes No
 Is there a barrier in place to prevent access to unsupervised structures? Yes No
 Is a "no swimming" radius of at least 20 feet around trampolines and blobs enforced at all times? Yes No
 Are all rules posted in a prominent place? Yes No
Please attach rules for use of the structures.
18. If facility is a lake and is used for activities other than swimming, is the swim area separated and clearly marked? Yes No
19. Are pool depths marked? Yes No
20. If pool is outdoors, is it completely fenced with at least a 4 foot fence? Yes No
21. Are gates locked when pool is not in use? Yes No
22. Are all chemicals kept in a dry, ventilated, locked storage area? Yes No

23. Does the facility meet the Dept. of Environmental Resources standards for water quality, including testing and cleaning frequency? Yes No
24. Do you have specific guidelines regarding closing the pool or leaving the facility due to water quality, visibility, weather or contamination? Yes No
25. Do all pool drains and grates have covers that cannot be removed without using a tool? Yes No
26. Do you test each swimmer's swimming ability prior to allowing them to use the facility?
Do non-swimmers wear a visible identification? Yes No
27. Are facility rules posted? Yes No
28. Do the rules meet all state and local regulations? Yes No
29. Do you loan or rent the pool to outside groups or individuals? Yes No
If yes, do you require them to sign a hold harmless agreement in your favor? Yes No
If yes, do you require a certificate of insurance & additional insured status on their policy? Yes No
If yes, do you provide the lifeguards? Yes No
30. Do you loan or rent your lifeguards to outside groups or individuals? Yes No
If yes, do you require the groups to sign a hold harmless agreement in your favor? Yes No
If yes, do you require a certificate of insurance and additional insured status on their policy? Yes No
If no, does the written lease agreement indicate who does? Yes No
31. If the facility you use is off premises, are you required to sign a contract? Yes No
If yes, do you hold the facility owners harmless in their favor? Yes No

Section VI – Trips & Travel

1. Are all trips within the United States, U.S. Territories or Canada? Yes No
If no, where are trips taken? _____
2. Do any trips last more than one day? Yes No
If yes, describe duration, destination(s) and purpose: _____
3. What is the ratio of adult staff to participants by age group? _____

4. Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip? Yes No
5. Do all children/campers wear identification tags or identifiable clothing on all trips? Yes No
6. WILDERNESS TRIPS:
- a. Does staff carry two-way radios to maintain contact with office staff or transmitters for location detection? Yes No
- b. What special training does staff have for wilderness travel? _____

Section VII – Special Needs Campers

1. What percent of campers have special needs? _____%
2. What percent of your supervisory personnel have a degree in, or at least 24 weeks experience in, an area relevant to the special needs being served? _____%
3. Are staff/camper ratios adjusted for special needs campers? Yes No
If yes, what is the ratio? _____ Staff to _____ Special needs campers
4. Is the entire staff informed about the limitations/abilities of the special needs campers regarding activities, sleeping arrangements, diet, medical requirements, etc.? Yes No
5. Are independent contractors you use specially trained to supervise/instruct special needs campers? Yes No
6. Does your crisis management plan include contingency plans for these campers? Yes No

7. List the specific medical procedures you provide: _____
-
8. Do the professionals carry their own malpractice insurance? Yes No
 If yes, do you request a certificate of insurance as proof? Yes No
9. Do you have a maintenance program for medical apparatus or equipment you provide to campers? Yes No
10. Do you provide outside services, such as counseling hotlines, seminars or other activities specific to special needs campers or their families? Yes No
 If yes, describe: _____
-

Section VIII – Accident Medical Coverage

1. Type: Primary Excess
2. Current Accident Medical carrier: _____
3. Prior Accident Medical premiums and losses:
 Policy year: _____
 Premium: \$ _____ \$ _____ \$ _____
 Losses: \$ _____ (number____) \$ _____ (number____) \$ _____ (number____)
4. Plan Desired (Mark boxes below): **No deductible applies.**

Plan (Check desired plan)	Accident Medical Expense	Accidental Death and Dismemberment	Primary Sickness Medical Expense	Catastrophe Cash
Resident Camps				
<input type="checkbox"/>	\$3,500	\$10,000	\$1,000	\$25,000
<input type="checkbox"/>	\$3,500	\$5,000	\$1,000	\$25,000
<input type="checkbox"/>	\$5,000	\$10,000	\$1,000	\$25,000
<input type="checkbox"/>	\$12,500	\$15,000	\$1,000	\$25,000
Day Camps				
<input type="checkbox"/>	\$3,500	\$10,000	\$0	\$25,000
<input type="checkbox"/>	\$3,500	\$5,000	\$0	\$25,000
<input type="checkbox"/>	\$5,000	\$10,000	\$0	\$25,000
<input type="checkbox"/>	\$12,500	\$15,000	\$0	\$25,000

NOTES: Catastrophe Cash not available in New York. Sickness Medical Expense not available in Washington, Rhode Island and New Jersey.

5. Is staff to be covered? Yes No
 If yes, estimated number/week _____
6. Are volunteers to be covered? Yes No
 If yes, estimated number/week _____

Section IX – Automobile Coverage

1. What percent of your drivers are non-United States residents? _____%
2. Do you give all drivers a driving test in a vehicle of the type they'll be operating? Yes No
3. Do you keep an up-to-date vehicle maintenance log for each vehicle serviced? Yes No
4. Do you require each driver to walk around and inspect the vehicle prior to transporting campers? Yes No N/A
5. If you rent or hire vehicles, which of these types do you hire or rent? Vans Buses Trucks Other _____
6. Do you transport campers to and from camp? Yes No
 If yes, do you use your own vehicle(s) and driver(s)? Yes No
 Do you contract with a transportation company that provides vehicles and drivers? Yes No
 If yes, do you obtain certificates of insurance from them and are you named as an additional insured on their auto insurance policy? Yes No
7. Do any employees or volunteers transport campers in their own vehicles? Yes No

If yes: How often? _____ For what purpose? _____

Do you require they give you proof they have personal auto insurance? Yes No

8. When transporting campers in buses or vans, is there at least one counselor in the vehicle,
in addition to the driver, to supervise the campers? Yes No

9. After vacating the vehicle, is a final check made after every use to make sure nobody is left inside? Yes No

Additional coverages are available. If you would like a quote on any of the following, please check the appropriate box(es)

- Child Abduction Camp Directors' Professional Liability Key Employee Replacement Professional Liability for Counseling
 Food Contamination and Communicable Disease (*Can only be purchased with Business Income coverage*)

Comments: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: 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 the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____