



AlphaPack

Package Policy General Information Application

INSTRUCTIONS: PLEASE FULLY ANSWER ALL QUESTIONS AND SUBMIT ALL REQUIRED ATTACHMENTS ALONG WITH THE SUPPLEMENTAL APPLICATION(S) FOR THE REQUESTED COVERAGES. THE APPLICATIONS MUST BE SIGNED AS INDICATED BELOW.

The term “**Applicant**” shall mean all natural persons and entities, including the **Named Insured** and any **Subsidiary**, proposed for coverage.

A. GENERAL INFORMATION

1. Name of **Applicant**: _____

Applicant Address: _____

 Company Website: _____
 Date of Formation/Incorporation: _____ State of Formation/Incorporation: _____
2. **Applicant's** authorized representative to receive notices from the Insurer:
 Name: _____ Title: _____
 Phone Number: _____ Email address: _____
3. Total number of locations: _____ Total number of employees: _____
4. Nature of Business: _____

B. INSURANCE INFORMATION

Please indicate below, by placing an “X” in the box, which coverages are being requested and complete the applicable Supplemental Application(s).

Coverage Requested	Limit Requested	Currently Have Coverage?	Current Carrier	Current Limits of Liability	Current Policy Expiration Date
<input type="checkbox"/> Directors & Officers Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
<input type="checkbox"/> Employment Practices Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
<input type="checkbox"/> Fiduciary Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
<input type="checkbox"/> Financial Professional Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
<input type="checkbox"/> Technology Professional Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
<input type="checkbox"/> Fidelity Bond & Crime	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
<input type="checkbox"/> Cyber Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	

C. CORPORATE CHANGES

1. Has the **Applicant** in the past twenty-four (24) months completed or agreed to, or does it contemplate within the next twelve (12) months, any of the following:
 - a. Merger, acquisition, consolidation, or divestiture? Yes No
 - b. Private placement or other offering of securities? Yes No
 - c. Capital raise through crowdfunding? Yes No
 - d. Offering any crypto currency, digital or utility coin/token (or equivalent), or digital asset that may be subject to or considered in any way part of an investment contract? Yes No

**If Yes to C.1.a. – d. above, attach details on a separate page.*

D. FINANCIAL INFORMATION

1. Has the **Applicant** changed auditors in the past year? Yes No
2. Have the **Applicant's** auditors rendered a “going concern” opinion for any of its financial statements over the past two (2) years? Yes No
3. Has the **Applicant** been in violation of any debt covenants in the past year? Yes No
4. Has the **Applicant** filed for bankruptcy in the past year? Yes No
**If Yes to D.1. – 4. above, attach details on a separate page.*
5. Does the **Applicant** have enough funding to maintain its operations for the next twelve (12) to eighteen (18) months? Yes No
**If No, attach details on a separate page.*

E. CLAIMS HISTORY (**DO NOT COMPLETE FOR VALIDUS RENEWALS**)

1. Has the **Applicant** or any Director or Officer:
 - a. Been involved in any antitrust or intellectual property litigation? Yes No
 - b. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law? Yes No
 - c. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation? Yes No
 - d. Been involved in or subject to any investigations, representative actions, class actions, or derivative suits? Yes No
 - e. Been charged or named in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law? Yes No

**If Yes to E.1.a. – e. above, then attach details on a separate page.*
2. Has there been, or is there now pending against the **Applicant**, any of the following: any written demand for monetary damages or non-monetary relief, civil or criminal proceeding, formal administrative or regulatory proceeding, or arbitration proceeding? Yes No
**If Yes, attach details on a separate page including a description of the matter(s), the resolution(s) thereof, and/or the current status if still pending.*
3. Has any claim, or notice of circumstances which could reasonably give rise to a claim, been reported to any previous or existing insurer providing coverage for the requested coverage? Yes No
**If Yes, attach details on a separate page.*

F. REQUIRED ATTACHMENTS

Please submit the following as part of this **Application**:

- Latest annual audited Financial Statement (or pro-forma/unaudited financials if a start-up)
- Bios on founders and/or senior management team
- Organizational chart (if available)
- Completed, signed and dated Supplemental Application(s) for each coverage requested, including any additional required attachments (check the ones that apply):

<input type="checkbox"/> Specialty Finance Professional Liability	<input type="checkbox"/> Directors and Officers Liability
<input type="checkbox"/> Investment Banking/Financial Advisory Professional Liability	<input type="checkbox"/> Employment Practices Liability
<input type="checkbox"/> Insurance Company Professional Liability	<input type="checkbox"/> Fiduciary Liability
<input type="checkbox"/> Investment Adviser Professional Liability	<input type="checkbox"/> Cyber Liability
<input type="checkbox"/> Fidelity Bond and Crime	

G. REPRESENTATIONS

The undersigned authorized owner, partner, director, or officer represents and warrants, on behalf of the **Named Insured** and all persons/entities for which insurance is being sought, that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this **Application**, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. It is further understood and agreed that in the event of any material misrepresentation or omission in the **Application**, including materials submitted to or obtained by the underwriter, the **Insurer** shall have the right to exclude from coverage any matter based upon, arising out of, or in any way related to the material misrepresentation or omission in the **Application**.

The undersigned authorized owner, partner, director, or officer of the **Applicant** declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this **Application** changes between the date of this **Application** and the effective date of the insurance that he/she will immediately notify the **Insurer** of such changes, and the **Insurer** may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this **Application** does not bind the **Applicant** or the **Insurer** to complete the insurance, but it is agreed that this **Application** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. **Applicant's** acceptance of the **Insurer's** quotation is required prior to binding coverage and policy issuance.

SIGNATURE:	DATE:
PRINT NAME:	TITLE:

APPLICANT FRAUD WARNINGS

NOTICE: Any person who knowingly, or knowingly assist another, in filing an application for insurance or claim containing false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO CALIFORNIA APPLICANTS: 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.

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 Agencies.

NOTICE TO DELAWARE APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto is guilty of a felony.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto is guilty of a felony of the third degree.

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 MASSACHUSETTS 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, may be committing fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly files a statement of claim containing any false or misleading information 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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 TEXAS 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 may be guilty of insurance fraud, and may subject such person to criminal and civil penalties.

NOTICE TO VERMONT 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 denial of insurance benefits.



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Directors & Officers Liability Supplemental Application

The term “**Applicant**” shall mean all natural persons and entities, including the **Named Insured** and any **Subsidiary**, proposed for coverage.

Name of **Applicant**: _____

A. OWNERSHIP

1. Are any of the **Applicant’s** securities publicly traded? Yes No
 a. If Yes, what is the ticker symbol and on which exchange are they traded?

2. What is the **Applicant’s** total number of voting shares outstanding? _____

3. What is the **Applicant’s** total number of voting shareholders? _____
**If there are multiple classes of stock, attach a list of all classes, including the number of shares and shareholders in each class.*

4. Are any of the **Applicant’s** securities convertible to voting stock? Yes No
**If Yes, attach details on a separate page.*

5. What percent of the total voting shares are owned directly or beneficially by the **Applicant’s** Directors and Officers? _____%

6. List all shareholders that own 5% or more of the total voting shares of the **Applicant**.^{*} If necessary, attach a separate page.

**If Not Applicable, check here.*

Names of Shareholders	Voting Shares Owned	Director or Officer of Applicant?
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL	%	

7. Is any of the **Applicant’s** stock held by an Employee Stock Ownership Plan (ESOP)? Yes No
**If Yes, attach details on a separate page.*

8. Does the **Applicant** have any of its private company debt purchased by the public? Yes No
 *If Yes, what is the total amount? \$ _____ Debt Rating? _____

B. ORGANIZATIONAL INFORMATION

1. Is coverage requested for any **Subsidiaries**? Yes No
 *If Yes, complete the table below. If necessary, attach a separate page or an organizational chart.

Name of Subsidiary	Legal Structure of Entity	% of Ownership	Date Acquired/ Created	Nature of Operations/ Services Provided
		%		
		%		
		%		
		%		
		%		

2. Does the Charter or By-Laws of the **Applicant** provide indemnification to its Directors and Officers to the fullest extent permitted by law? Yes No
3. Have there been any changes to the Board of Directors or key **Executives** within the past two (2) years? Yes No
 *If Yes, attach details on a separate page.

C. CORPORATE CYBERSECURITY AND GOVERNANCE

1. Does the **Applicant** have a formal risk assessment methodology which includes at least an annual review of organizational risks? Yes No
2. Does the **Applicant** employ a Chief Security Officer, Chief Information Security Officer, or equivalent position dedicated to Information Security? Yes No
3. Does the Board of Directors have the requisite expertise, policies, and procedures in place as relates to:
- a. Cybersecurity? Yes No
 - b. Internal Audit? Yes No
 - c. Corporate Governance? Yes No
- *If No to C.3.a. – c. above, are third party consultants utilized for these services? Yes No

D. WARRANTY (DO NOT COMPLETE FOR RENEWALS)

1. Does any person(s) or entity(ies) applying for insurance have knowledge of any fact, circumstance, actual or alleged act, error, or omission which might give rise to a written demand, claim, suit, investigation or action, or loss under the proposed policy? Yes No
 *If Yes, attach details on a separate page.

IF ANY SUCH ACT, ERROR, OR OMISSION EXISTS, WHETHER OR NOT DISCLOSED HEREIN, ANY CLAIM ARISING FROM SUCH ACT, ERROR, OR OMISSION IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED POLICY, IF ISSUED.

E. REQUIRED ATTACHMENTS

Please submit the following as part of this **Application**:

- List of all Directors and Officers, including their bios
- Corporate By-Laws
- Completed, signed and dated General Information Application

F. REPRESENTATIONS

The undersigned authorized owner, partner, director, or officer represents and warrants, on behalf of the **Named Insured** and all persons/entities for which insurance is being sought, that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this **Application**, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. It is further understood and agreed that in the event of any material misrepresentation or omission in the **Application**, including materials submitted to or obtained by the underwriter, the **Insurer** shall have the right to exclude from coverage any matter based upon, arising out of, or in any way related to the material misrepresentation or omission in the **Application**.

The undersigned authorized owner, partner, director, or officer of the **Applicant** declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this **Application** changes between the date of this **Application** and the effective date of the insurance that he/she will immediately notify the **Insurer** of such changes, and the **Insurer** may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this **Application** does not bind the **Applicant** or the **Insurer** to complete the insurance, but it is agreed that this **Application** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. **Applicant's** acceptance of the **Insurer's** quotation is required prior to binding coverage and policy issuance.

SIGNATURE:	DATE:
PRINT NAME:	TITLE:



AlphaPack

Specialty Finance Professional Liability Supplemental Application

The term “**Applicant**” shall mean all natural persons and entities, including the **Named Insured** and any **Subsidiary**, proposed for coverage.

Name of **Applicant**: _____

A. GENERAL INFORMATION

1. Year specialty finance professional services commenced: _____
2. Provide a description of the Professional Services for which coverage is being sought:

3. Does the **Applicant** provide any Professional Services not listed above? Yes No
 - a. If Yes, please describe.

4. Does the **Applicant** anticipate offering any new Professional Services, or any other changes in the nature of business, over the next twelve (12) months? Yes No
 - a. If Yes, please describe.

B. FINANCIAL INFORMATION

1. Provide the percentage of annual revenues derived from each PROFESSIONAL SERVICE:

Type of Service	Percentage of Annual Revenue
	%
	%
	%
	%
	%
TOTAL	100%

2. Describe the overall fee structure from all revenue sources.

3. Provide the following information on LOANS ORIGINATED over the past twelve (12) months:

Type of Loan	Total Number of Loans	Total Dollar Volume (\$)	Average Loan Size (\$)	Maximum Loan Size (\$)	Average Interest Rate	Average/Maximum Loan Length (months)
Consumer					%	/
Auto					%	/
Residential Mortgage					%	/
Commercial Mortgage					%	/
Small Business					%	/
Student					%	/
Other:					%	/
Other:					%	/

4. What percent of the total number of loans are unsecured? _____%

5. What percent of the total number of loans are made to sub-prime (or equivalent) customers? _____%

6. What percent of the total number of loans originated will remain on the balance sheet? _____%

7. Provide the following information on the overall LOAN PERFORMANCE:

Delinquency Time Period	Current Year (20) - Delinquency Rate	Current Year (20) - Dollar Value of Delinquency	Last Year (20) - Delinquency Rate	Last Year (20) - Dollar Value of Delinquency
30 / 60 / 90 days	%	\$	%	\$
Non-accrual	%	\$	%	\$
Charge offs	%	\$	%	\$

8. Describe the current and future sources of funding (including dollar amounts) for providing loans.

C. CONTRACT PROCEDURES

1. What percent of professional services are provided pursuant to written contract? _____%

2. Does the **Applicant** use a standard contract for all professional services provided? Yes No
 a. If No, what percentage of the total do not utilize a standard contract? _____%

3. Does legal counsel review all contracts prior to use? Yes No

4. Do all contracts contain indemnification provisions? Yes No

D. LENDING AND SERVICING PROCEDURES

1. Are all borrowers/customers required to complete a loan application? Yes No
 a. If No, what are the exceptions? _____

2. Are all loan declinations provided in writing to the customer with the reason(s) for the declination? Yes No
 a. If No, what are the exceptions? _____

3. Is there a formal lending policy (adopted by the Board of Directors) addressing all types of loans, leases, and extensions of credit in which the **Applicant** participates? Yes No
 a. If Yes, does the lending policy describe documentation standards for each type of loan, lease, or extension of credit? Yes No
 b. If No, attach details on a separate page.

4. Does the **Applicant** have a formal training program for newly hired employees? Yes No

5. Who is responsible for monitoring the **Applicant's** lending function?

6. Is there a loan review committee? Yes No
 a. If Yes, who is on the committee? _____

7. Does the **Applicant** outsource any loan servicing or collections to third parties? Yes No
 *If Yes, answer the following:
 a. What percent of total loans are outsourced to third parties for servicing or collections? _____%
 b. What are the names of the third party loan servicers or collectors?

- c. Does the **Applicant** audit these third party loan servicers or collectors to ensure compliance with the Fair Debt Collection Practices Act and the Telephone Consumer Protections Act? Yes No

*If Yes, how often are the audits conducted? _____

8. Does the **Applicant** provide any loan servicing for unaffiliated third parties? Yes No
 a. If Yes, what is the total dollar amount of such non-originated loans? \$ _____

E. REGULATORY, AUDIT AND COMPLIANCE

1. What regulatory agencies have oversight for the **Applicant's** operations?

2. Provide the following details for the most recent regulatory exam (if applicable):

a. Name of the examining agency: _____

b. Date of the exam: _____

c. Has the **Applicant** complied with all recommendations and criticisms from the exam? Yes No
**If No, attach details on a separate page.*

3. Has the **Applicant** ever received a Cease and Desist Order from any regulatory agency, or entered into any other type of written agreement with a regulatory agency, concerning the operations of the **Applicant**? Yes No
**If Yes, attach details on a separate page.*

4. Does the **Applicant** have a dedicated Internal Audit Department or an individual who is responsible for the Internal Audit function of the **Applicant**? Yes No
 a. If Yes, how many people are in this department? _____
 b. If No, please state how the Internal Audit function is handled by the **Applicant**.

5. Does the **Applicant** have a dedicated Compliance Department or an individual who is responsible for the Compliance function of the **Applicant**? Yes No
 a. If Yes, how many people are in this department? _____
 b. If No, please state how the Compliance function is handled by the **Applicant** (whether outsourced or otherwise).

F. COMPLAINTS

1. What is the total number of customer complaints received over the past twelve (12) months? _____

2. Are there established procedures for handling complaints or suits against the **Applicant** for errors or omissions in providing professional services? Yes No

**If Yes, answer the questions below:*

a. Describe the procedures for handling complaints or suits.

b. How often are these procedures reviewed and analyzed? _____

c. Have there been any changes to these procedures over the past twelve (12) months? Yes No

d. Who is responsible for monitoring and assessing all such complaints and suits?
 Name of Individual: _____
 Title: _____
 Name of Company (if outsourced): _____

3. Provide the following information regarding Consumer Protection Laws (if applicable):

	Written Procedures in Place to Address These Acts?	Reported Violations Within the Past 24 Months?
Truth in Lending Act	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fair Debt Collections Practices Act	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fair Credit Reporting Act	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Equal Credit Opportunity Act	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Real Estate Settlement Procedures Act	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Telephone Consumer Practices Act	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Electronic Funds Transfer Act	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

G. WARRANTY (DO NOT COMPLETE FOR RENEWALS)

1. Does any person(s) or entity(ies) applying for insurance have knowledge of any fact, circumstance, actual or alleged act, error, or omission which might give rise to a written demand, claim, suit, investigation or action, or loss under the proposed policy? Yes No

**If Yes, attach details on a separate page.*

IF ANY SUCH ACT, ERROR, OR OMISSION EXISTS, WHETHER OR NOT DISCLOSED HEREIN, ANY CLAIM ARISING FROM SUCH ACT, ERROR, OR OMISSION IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED POLICY, IF ISSUED.

H. REQUIRED ATTACHMENTS

Please submit the following as part of this **Application**:

- Sample copy of all standard contracts
- Copies of all promotional material distributed in connection with professional services offered
- Completed, signed and dated General Information Application

I. REPRESENTATIONS

The undersigned authorized owner, partner, director, or officer represents and warrants, on behalf of the **Named Insured** and all persons/entities for which insurance is being sought, that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this **Application**, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. It is further understood and agreed that in the event of any material misrepresentation or omission in the **Application**, including materials submitted to or obtained by the underwriter, the **Insurer** shall have the right to exclude from coverage any matter based upon, arising out of, or in any way related to the material misrepresentation or omission in the **Application**.

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SIGNATURE:	DATE:
PRINT NAME:	TITLE: