

GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



TRAP, SKEET AND SPORTING CLAY APPLICATION

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver/hold harmless agreement you require your guests to sign, if applicable.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

GENERAL INFORMATION

Named Insured: _____
Principal Contact: _____
Mailing Street Address: _____
Mailing City: _____ State: _____ Zip: _____
Location Street Address: _____
Location City: _____ County: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Website: www. _____
Business Form: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
Effective Date: _____
Limit of Liability Requested: ☐ \$ 300,000 Occurrence
☐ \$ 500,000 Occurrence
☐ \$ 1,000,000 Occurrence
1. Do you operate any other businesses from this location? ☐ Yes ☐ No
(List information below for each business, use a separate sheet to list information if necessary)
If yes, type of entity:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
Description of business: _____

PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year		\$	\$
Two Years Ago		\$	\$
Three Years Ago		\$	\$

ADDITIONAL INSURED, if necessary use another sheet of paper

Name	Complete Address	Interest

PRODUCING INSURANCE AGENT

AGENCY: Campbell Insurance Agency, Inc.
CONTACT: Craig Campbell or Kirk Campbell
ADDRESS: P.O. Box 1695 • 209 N. Walnut • Harrison, AR 72602-1695
TELEPHONE: (870) 741-5423 FAX: (870) 741-4714
E-MAIL: craig@campbellinsuranceinc.com • kirk@campbellinsuranceinc.com

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

Gillingham & Associates • A Member of Philadelphia Insurance Companies
8501 Turnpike Drive, Suite 200 • Westminster, CO 80031
Toll Free: 800-849-9288 • In Colorado: 303-428-5400 • Fax: 303-428-5900
www.outdoorinsurance.com • www.phly.com

PROPERTY SECTION	<input type="checkbox"/> N/A
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Premises Information

1. Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean? ☐ Yes ☐ No
2. What is the Fire Protection Class of your location? _____
3. Distance to fire station? _____ Miles
4. Is the responding fire department ☐ staffed or ☐ volunteer? _____
5. Distant to fire hydrant? _____ Feet
6. Are there other fire control water sources available? ☐ Yes ☐ No
☐ Pool ☐ Pond/Lake ☐ Water Tank ☐ Other: _____
7. Is your location prone to grass fires and/or forest fires? ☐ Yes ☐ No
8. Are there buildings at your facility with limited access due to forest, terrain or season? ☐ Yes ☐ No
9. Are your buildings located in heavily wooded areas? ☐ Yes ☐ No
10. Is the clearing from forest/wooded areas greater than 150 feet? ☐ Yes ☐ No
11. Is your business operational year round? ☐ Yes ☐ No
 If no, provide the number of months you are operational? _____ Months
12. Are your buildings occupied year round? ☐ Yes ☐ No
13. If no, is there a caretaker on site ☐ Yes ☐ No or contracted? ☐ Yes ☐ No
14. If no, are buildings winterized? _____

Building Information

1. Are there smoke alarms in all corridors and bedrooms? ☐ Yes ☐ No
2. What type of smoke alarms are installed? ☐ Battery ☐ Hardwired
3. Do any buildings have cooking facilities? ☐ Yes ☐ No
If yes, list building numbers: _____
4. Do any buildings have wood burning fireplaces and/ or woodstoves? ☐ Yes ☐ No
If yes, list building numbers: _____
5. If yes, are the chimneys and flues cleaned annually? ☐ Yes ☐ No
 Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? ☐ Yes ☐ No
If yes, list building numbers: _____
6. Do you have power generating equipment? ☐ Yes ☐ No
 If yes, is it 100% for emergency use only? ☐ Yes ☐ No
 List the size of each unit (in HP and KW): _____

DOCK INFORMATION

1. Number of docks: _____
2. Number of boat slips: _____
3. Construction: ☐ Frame ☐ Metal ☐ Floating ☐ Fixed ☐ Roofed Age: _____
 If roofed, has proper engineering for wind/ snow loads been assessed? ☐ Yes ☐ No
4. Does the water around your dock freeze? ☐ Yes ☐ No
 If yes, what date on average? _____
5. Are the docks removed? ☐ Yes ☐ No

ACTIVITIES INFORMATION		
Activities Conducted	Number of Guides	Number of Units
Club Members		Members
Acreage-Leased		Acres
Acreage-Owned		Acres
Archery Range		Stations
Range (Rifle & Pistol) – indoor		Lanes
Range (Rifle & Pistol) – outdoor		Lanes
Sporting Clay		
Trap & Skeet		
Big Game Hunting		
Upland Bird Hunting		
Waterfowl Hunting		
Lakes or Ponds		
Boats		
Farming: Crops, Livestock		\$ Revenues
Clubhouse		Square Feet
Lodging		Rooms
Restaurant		
Liquor Sales		
Retail Store		
Docks & Piers		
ATV-guided		
ATV-unguided		
Youth Programs		

- Check all that apply to your operation:
☐ For Profit ☐ Not-for-Profit ☐ Open to Public ☐ Private Membership
- Do you require participants to sign a liability waiver? ☐ Yes ☐ No
- How many years have you been operating? _____ Years
- If you are a new venture, how many years of prior experience? _____ Years
- Are any operations conducted outside of the United States? ☐ Yes ☐ No
- Do you hire guides as sub-contractors? ☐ Yes ☐ No
 If yes, for what activities? _____
 If yes, do you obtain proof of insurance? ☐ Yes ☐ No
- List safety procedures and/or attach safety guidelines: _____

CLUBHOUSE/LODGING SECTION		<input type="checkbox"/> N/A
1. Total number of units/rooms for lodging: _____		
2. What is the square footage of the main lodge or clubhouse? _____	Square Feet	
3. Number of RV Spaces/Tent Sites: _____		
4. Maximum guest capacity is: _____		
5. Do you have a swimming pool or swimming area? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have a diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Are all swimming pools compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide time table and action plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		

SPECIAL EVENT / DOG TRIAL SECTION☐ N/A

- Special Events
Number: _____
Revenue: _____ \$ _____
Type of Event(s): _____
- Number of
Participants: _____
Spectators: _____
Volunteers: _____
- How many field trial events are held annually? _____
- What is the minimum age of a volunteer gunner – bird boy? _____ Years

HUNTING SECTION☐ N/A

- What percentage of your hunting operations are unguided? _____ %
- What type of game is being hunted?
☐ Elk ☐ Deer ☐ Exotics ☐ Bear ☐ Turkey ☐ Upland Birds
☐ Hogs ☐ Alligators ☐ Waterfowl ☐ Other: _____
- Are Tree Stands used? ☐ Yes ☐ No
Do you use any of the following to transport hunters? **If yes, how many?**
☐ ATVs: _____
☐ Horses: _____
☐ Snowmobiles: _____
☐ Boats: _____
☐ Other Unlicensed Vehicles: _____

EXPOSURE INFORMATION

Use of helmets on ATV's is	<input type="checkbox"/> mandatory	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	<input type="checkbox"/> N/A
Use of muzzleloaders is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	<input type="checkbox"/> prohibited	
Use of pistols is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	<input type="checkbox"/> prohibited	
Use of modified weapons is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	<input type="checkbox"/> prohibited	
Tree stand use is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent		
Tree stand safety harness use is	<input type="checkbox"/> mandatory	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	
Heavy Equipment use is (Tractors, bulldozers, etc.)	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent		
ATV, Hunting Buggy, Argo use is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent		
Snowmobile use is	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent		
Sponsored youth events are	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent		
Members sign liability waivers	<input type="checkbox"/> mandatory	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	<input type="checkbox"/> N/A
Guests sign liability waivers	<input type="checkbox"/> mandatory	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	<input type="checkbox"/> N/A
Clients sign liability waivers	<input type="checkbox"/> mandatory	<input type="checkbox"/> frequent	<input type="checkbox"/> rare	<input type="checkbox"/> nonexistent	<input type="checkbox"/> N/A

SHOOTING RANGE SECTION☐ N/A

- Is a rangemaster/supervisor on premise during shooting hours? ☐ Yes ☐ No
- What is the minimum age of an unsupervised shooter? _____ Years old
- Is the premise secured and locked when not operating? ☐ Yes ☐ No
- Are range rules and safety guidelines posted in a conspicuous manner? ☐ Yes ☐ No
- What is the maximum distance of ranges? _____ Yards
- What type and kind of backstop or berm is used? Describe: _____

WATERCRAFT LIABILITY SECTION	<input type="checkbox"/> N/A
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Boat Schedule if necessary use another sheet of paper

Year	Make & Model	Length	HP	OB/IB/IO	# Pass	Guided
						<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

WATERCRAFT GENERAL INFORMATION

1. How are boats used?
☐ Boat Rental ☐ Fishing ☐ Hunting ☐ Other, describe: _____
2. On what bodies of water does use take place?
☐ Rivers ☐ Lakes/Ponds ☐ Ocean ☐ Bays/Inlets
3. If Rivers, what classes are boated:
☐ Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Class V
4. Are life vests (PFD's) required? ☐ Yes ☐ No
5. Are life vests (PFD's) provided? ☐ Yes ☐ No

GUIDE INFORMATION SECTION	<input type="checkbox"/> N/A
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Name	Age	Years Experience	First Aid Qualifications

SALES AND REVENUE SECTION	<input type="checkbox"/> N/A
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Sales Information

1. Do you raise game birds for sale to others? ☐ Yes ☐ No
2. Do you sell game birds to restaurants or to other food processors? ☐ Yes ☐ No
3. Do you sell handguns? ☐ Yes ☐ No
 How many a year? _____ handguns
4. Do you sell used guns? ☐ Yes ☐ No
 How many a year? _____ used guns

GROSS RECEIPTS

Actual Total Receipts for Prior 12 Months:	\$
Estimated Total Receipts for Next 12 Months:	\$
Membership Dues	\$
Rifle/Pistol Range	\$
Shotgun Range/Trap & Skeet	\$
Pro-Shop or Retail Operations	\$
Of this amount, how much is gun sales?	\$
Restaurant Sales	\$
Of this amount, how much is liquor sales?	\$
Lodging	\$
Gunsmithing	\$
Game Bird Sales to Others (preserves, restaurants, etc.)	\$
Other:	\$

LOSS HISTORY		
Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim?
If yes, please describe:

☐ Yes ☐ No

FRAUD NOTICE STATEMENTS

NOTICE TO ALASKA RESIDENTS 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."

NOTICE TO ARKANSAS RESIDENT 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 ARIZONA RESIDENTS 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."

NOTICE TO COLORADO RESIDENTS 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 DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA 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."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY "MATERIALLY" FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME."

NOTICE TO LOUISIANA RESIDENTS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE RESIDENTS 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 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."

Insured Signature

Date

Title

Name of Authorized Producer or Broker

Date

Signature

Title