



2515 Moody Blvd. • Flagler Beach, FL 32136

Phone: 386/439-3378 • Fax: 386/439-3376

[www.eckerins.com](http://www.eckerins.com)

## BOWLING/ENTERTAINMENT CENTER INFORMATION FORM

### GENERAL INFORMATION

Date: \_\_\_\_\_

Named insured (as it is to appear on the policy): \_\_\_\_\_

Doing business as: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ FEIN: \_\_\_\_\_

Insured is:  Corporation  Partnership  Individual  Joint venture Other: \_\_\_\_\_

Website: \_\_\_\_\_

Number of years in business under present management: \_\_\_\_\_

Are any of the insured's locations within ½ mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or a major amusement park:  Yes  No

If yes, explain: \_\_\_\_\_

Proposed effective date: \_\_\_\_\_ Expiration: \_\_\_\_\_

Does applicant own or lease premises?  Own  Lease Other occupancies? \_\_\_\_\_

Trade associations which insured belongs to: \_\_\_\_\_

Prior insurance carrier: \_\_\_\_\_ Premium: \_\_\_\_\_

Has insurance ever been:  Cancelled  Declined  Non-renewed

Additional insureds/Address: \_\_\_\_\_

Franchisor: \_\_\_\_\_

Lessor: \_\_\_\_\_

Other: \_\_\_\_\_

Total annual receipts: \$ \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Do you host any special events?  Yes  No

If yes, please explain: \_\_\_\_\_

### ADDITIONAL INFORMATION

Parking facilities provided:  Yes  No If yes, are they lighted?  Yes  No

Describe security (armed/unarmed): \_\_\_\_\_

Is security present during open hours?  Yes  No Closed hours?  Yes  No

Do you have a formal operations/training guide?  Yes  No

Describe first aid facilities: \_\_\_\_\_

Number of employees certified in CPR: \_\_\_\_\_ Minimum # of CPR trained employees on duty at any time: \_\_\_\_\_

Emergency lighting:  Yes  No Surveillance cameras:  Inside  Outside  N/A Fire alarm:  Yes  No

Is Assumption of Risk signage placed throughout facility:  Yes  No

Is there an emergency evacuation plan?  Yes  No

## ATTRACTION INFORMATION

### ARCADES:

**# of Units:** \_\_\_\_\_ **Receipts: \$** \_\_\_\_\_ **# of Attendants:** \_\_\_\_\_

Does the insured own or lease games?  Own  Lease

Who provides service/maintenance on machines: \_\_\_\_\_

Non-slip, Non-conductive floor covering?  Yes  No

Are all machines property grounded?  Yes  No

Are there any coin-operated rides?  Yes  No

Any interactive games or ride simulators?  Yes  No If yes, describe: \_\_\_\_\_

---

### BATTING CAGES:

**# of Units:** \_\_\_\_\_ **Receipts: \$** \_\_\_\_\_ **# of Attendants:** \_\_\_\_\_

Minimum age: \_\_\_\_\_

Are participants allowed to swing bats outside of batting cages?  Yes  No

Is there a light or other indicator to show when final ball is pitched?  Yes  No

Are Reduced Injury Factor (RIF) baseballs used?  Yes  No

Signed batting cage guidelines are required.

### BOWLING:

**Receipts: \$** \_\_\_\_\_

How many total years of management experience do you have: \_\_\_\_\_

Total years at this location: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Number of lanes: \_\_\_\_\_

Lane construction:  Wood  Synthetic

Finish:  Oil  Water Base

Are all flammables stored in U.L. approved containers?  Yes  No

Do you contract lane refinishing?  Yes  No

Does your bowling center have automatic scoring equipment?  Yes  No

Do employees repair and/or maintain the automatic bowling equipment?  Yes  No

If no, who services? \_\_\_\_\_

Are food and drinks restricted from bowling area?  Yes  No

### BILLIARDS:

Indicate the number of tables: \_\_\_\_\_

**Receipts: \$** \_\_\_\_\_

### BUMPER BOATS:

**# of Units:** \_\_\_\_\_ **Receipts: \$** \_\_\_\_\_ **# of Attendants:** \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Maximum engine HP: \_\_\_\_\_

Age/height requirements: \_\_\_\_\_ Height of observation fence: \_\_\_\_\_

Is the depth of water 4' or less?  Yes  No

Is water rescue equipment (throw rings, shepherd hooks) present?  Yes  No

Does gas storage meet NFPA/Local fire code?  Yes  No

How are propellers protected? \_\_\_\_\_

**BUMPER CARS:**

# of Units: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_ # of Attendants: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Oldest unit: \_\_\_\_\_  
Age/height requirements: \_\_\_\_\_  
Are cars equipped with a dash pad & headrest pad?  Yes  No  
Type of seat belts: \_\_\_\_\_  
Wheel pads on steering wheels?  Yes  No Cars inspected daily?  Yes  No  
Are rider instructions posted and enforced?  Yes  No  
Are spectators restricted from floor area when cars are in motion?  Yes  No

**BUNGEE TRAMPOLINES:**

Receipts: \$ \_\_\_\_\_  
Do you have a copy of the manufacturer's maintenance and operations manual?  Yes  No  
Are all attendants trained on manufacturer specifications for fitting harnesses and bungee cord adjustments?  Yes  No  
What are the minimum and maximum age requirements for users? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_  
What are the minimum and maximum weight restrictions for users? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_  
What are the minimum and maximum height restrictions for users? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_  
Do you always maintain a one-to-one ratio of attendant supervision for each person on a trampoline?  Yes  No  
If not, please describe procedure: \_\_\_\_\_  
Is there a barrier or fence around the attraction to prevent pedestrian or observation traffic in the jumping area?  Yes  No  
Are user restrictions, warning and safety signs clearly posted by the entrance to the attraction?  Yes  No  
Do you inspect all the equipment daily?  Yes  No  
Do you document your inspections with a written checklist and findings?  Yes  No  
Is secured padding provided over the trampoline springs and frame perimeter?  Yes  No  
Is the flooring beneath and surrounding the perimeter of the attraction padded?  Yes  No

**CLIMBING WALLS:**

Receipts: \$ \_\_\_\_\_ # of Attendants: \_\_\_\_\_ # of Walls: \_\_\_\_\_  
Who built the wall(s)? \_\_\_\_\_ Height of wall(s): \_\_\_\_\_  
What safety equipment will the participants be using? \_\_\_\_\_  
Does your organization have an inspection policy and/or practices in place for all critical safety equipment?  Yes  No  
Describe your equipment check policy for wall, hardware, and rental gear: \_\_\_\_\_  
How often are the checks done? \_\_\_\_\_ Are records kept?  Yes  No  
Are signs posted indicating age/size limitations and operation instructions?  Yes  No

**GOLF DRIVING RANGES:**

# of Stalls: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
Are there partitions between stalls/tee boxes?  Yes  No Maximum one person allowed per tee box?  Yes  No  
Describe partitions between tee boxes: \_\_\_\_\_  
Are other attractions exposed to range?  Yes  No Explain: \_\_\_\_\_  
Do all ranges face away from the public access areas?  Yes  No

**GO KARTS:**

# Single karts: \_\_\_\_\_ # Double karts: \_\_\_\_\_ # Tracks: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
# Attendants: \_\_\_\_\_ # Extinguishers / Type at track area: \_\_\_\_\_

Are track rules and safety signs clearly posted?  Yes  No  
Are verbal instructions provided before each ride?  Yes  No  
Minimum age/height requirements: \_\_\_\_\_ Maximum speed of karts: \_\_\_\_\_ MPH  
Are governors installed?  Yes  No  
Maximum number of karts on track at one time? \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  Gas or  Electric  
Are karts inspected daily?  Yes  No Is there a daily maintenance checklist with written records kept?  Yes  No  
Do operators sign waivers?  Yes  No (attach a copy)  
Are any/all obstructions padded?  Yes  No Roll bars in karts?  Yes  No  
Are seat belts required?  Yes  No Bumper guards on karts?  Yes  No  
Are helmets required?  Yes  No Is steering wheel padded?  Yes  No  
Operator cut off system:  Yes  No Is there a headrest support?  Yes  No  
Are spectators separated from track?  Yes  No Type of track surface?  Slick  Dry  
Do you allow racing?  Yes  No Do you allow timed runs?  Yes  No  
Track fenced?  Yes  No Do fences meet ASTM F24 requirements?  Yes  No  
Type of barrier? \_\_\_\_\_ Amount of gas on premises: \_\_\_\_\_  
How stored? \_\_\_\_\_ Where is gasoline stored? \_\_\_\_\_ How far away from track? \_\_\_\_\_

**INFLATABLES:**

# of Units: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_ # of Attendants: \_\_\_\_\_

Are all inflatables property anchored/secured/tied down?  Yes  No  
Type of flooring in inflatables area: \_\_\_\_\_  
Do inflatables have signs clearly indicating age, height, or size limitations?  Yes  No  
Are your inflatables inspected by the state and/or your employees?  Yes  No  
Are daily maintenance records kept?  Yes  No  
Are all inflatables manned by an operator/attendant?  Yes  No  
Do you rent inflatables?  Yes  No  
If yes,  
Are they rented with operators/attendants?  Yes  No  
Do you deliver the inflatables?  Yes  No  
Do you set up the inflatables?  Yes  No  
Do you tear down the inflatables?  Yes  No  
Do you use the manufacturer's checklist for the set up and use of the equipment?  Yes  No  
If used outdoors, are there procedures to suspend use during inclement weather?  Yes  No  
Attach a copy of rental agreement if applicable.  
Attach a list of inflatables. (see attached addendum)

**KIDDIE RIDES:**

# of Units: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_ # of Attendants: \_\_\_\_\_

Are all rides in full compliance with ASTM F24 Standards?  Yes  No  
Is there a daily maintenance checklist with written records kept?  Yes  No  
Coin-operated?  Yes  No  
(Complete attached addendum)

**LASER TAG:**

Receipts: \$ \_\_\_\_\_ # of Attendants: \_\_\_\_\_

Is there an emergency lighting system?  Yes  No      Are rules posted?  Yes  No

Are all games refereed?  Yes  No

Do you rent laser tag equipment?  Yes  No

If yes,

Is equipment rented with operators/attendants?  Yes  No

Do you deliver the equipment?  Yes  No

Do you set up the equipment?  Yes  No

Do you tear down the equipment?  Yes  No

Do you use the manufacturer's checklist for the set up and use of the equipment?  Yes  No

If used outdoors, are there procedures to suspend use during inclement weather?  Yes  No

Attach a copy of rental agreement if applicable.

**MINIATURE GOLF:**

Total # of Holes: \_\_\_\_\_ # of Courses: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_ # Attendants: \_\_\_\_\_

Do fountains and waterfalls have ground fault interrupters in place?  Yes  No

Are appropriate safety warning and rule/regulation signs posted at club rental counter and/or hole #1?  Yes  No

**PAINTBALL/AIRSOFT:**

Receipts: \$ \_\_\_\_\_ Equipment Sales: \$ \_\_\_\_\_

Maximum # of participants per game: \_\_\_\_\_ Minimum Age: \_\_\_\_\_

Total square footage of playing area: \_\_\_\_\_ Are rules posted?  Yes  No

Are signs posted stating rules and procedures?  Yes  No

Are waivers signed by all participants? (attach copy)  Yes  No

Are written instructions and procedures provided to all participants?  Yes  No

Are participants who violate the safety rules ejected?  Yes  No

Are participants separated by level of experience?  Yes  No

Are all games refereed?  Yes  No

What is the ratio of participants to judges? \_\_\_\_\_

Are spectators properly protected from the paintball area?  Yes  No

Does all equipment meet ASTM standards?  Yes  No

Can participants bring own equipment?  Yes  No

If yes, do you verify that fps is less than 300?  Yes  No

What type of protective gear is supplied to participants? \_\_\_\_\_

What type of air system is used? \_\_\_\_\_

Are barrel plugs or socks mandatory?  Yes  No

What is the feet per second (fps) used at your facility? \_\_\_\_\_

Do you permit full automatic or burst/turbo shooting?  Yes  No

What is the average age of rental equipment? \_\_\_\_\_

Do you repair or modify equipment sold?  Yes  No

Do you sell US made products?  Yes  No

Do you purchase products through a US wholesaler?  Yes  No

Do manufacturers provide certificates of insurance naming you as an additional insured?  Yes  No

Do you have a formal maintenance plan?  Yes  No

How often is equipment inspected? \_\_\_\_\_

Please attach field safety rules.

**SOFT PLAY / BALL CRAWL:**

Receipts: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Number of employees supervising play area: \_\_\_\_\_

Are there signs indicating age, height, or size limitations?  Yes  No

Is there playground equipment?  Yes  No

What type of flooring under equipment? \_\_\_\_\_

**CHILDCARE/CHILD DROP-OFF/LOCK-INS:**

Describe the programs for which you allow minor children to be dropped off and supervised by employees: \_\_\_\_\_

What is the average daily attendance of children dropped off/left in your care: \_\_\_\_\_

What are the maximum hours per day that a child may be in your care? \_\_\_\_\_

What is the ratio of attendants to children who are left in your care? \_\_\_\_\_

What is the minimum age of childcare staff? \_\_\_\_\_ Of children? \_\_\_\_\_

Do you perform background checks on all staff who are onsite with children who are dropped off and left in your care?  Yes  No

What system do you use for checking in and out the children as they arrive and depart? \_\_\_\_\_

Do you comply with state and local requirements for having minor children in your care?  Yes  No

**ABUSE AND MOLESTATION LIABILITY:**

Identify current hiring practices for paid and volunteer staff:

Are employment applications required for positions?  Yes  No

Is prior employment verified for each applicant and recorded in applicant's file?  Yes  No

Are references obtained and checked?  Yes  No

Are criminal records checked?  Yes  No

Does your employment application include questions regarding prior criminal convictions?  Yes  No

Identify staff status (check all that apply):  Employees  Volunteers  Parent-Volunteers

Are all staff members age 21 years or older?  Yes  No

Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation?  Yes  No

Have you ever had an incident which resulted in an allegation of sexual abuse at your facility?  Yes  No

**RESTAURANT/SNACK BAR:**

Receipts (excluding liquor): \$ \_\_\_\_\_

What is the restaurant exposure?  Full Serve  Snack Bar  Lessor's Risk – Square Footage \_\_\_\_\_

Indicate which of the following apply and the number of each:

ranges \_\_\_\_\_  ovens \_\_\_\_\_  deep fryers \_\_\_\_\_

grills \_\_\_\_\_  broilers \_\_\_\_\_  griddles \_\_\_\_\_

Are portable fire extinguishers provided in the kitchen?  Yes  No

What type of Automatic Extinguishing System (AES) is in place? \_\_\_\_\_

Do you have a contract for cleaning the hoods and ducts?  Yes  No

How often are they cleaned?  Monthly  Quarterly  Semi-Annually (Semi-Annually Required)

How often are filters cleaned? \_\_\_\_\_

**LIQUOR LIABILITY:**

Receipts: \$ \_\_\_\_\_

Are alcoholic beverages sold?  Yes  No

License holder: \_\_\_\_\_ Liquor License #: \_\_\_\_\_

Have you ever been fined or had your license revoked or suspended?  Yes  No

If yes, please explain: \_\_\_\_\_

Do all servers receive alcohol awareness training?  Yes  No

If yes, describe training: \_\_\_\_\_

Are patrons allowed to carry alcoholic beverages onto the premises?  Yes  No

Do you stop serving at least one hour prior to closing?  Yes  No

**PRO SHOP:**

What is the pro-shop exposure?  Your operation Receipts: \$ \_\_\_\_\_  Lessor's Risk – Square Footage \_\_\_\_\_

**MISCELLANEOUS:**

Is there a dance floor?  Yes  No

Do you have live entertainment?  Yes  No

If yes, please describe: \_\_\_\_\_

Are any services subcontracted?  Yes  No

Do you have any tenants?  Yes  No

If so, do you obtain a certificate of insurance with limits of \$1,000,000?  Yes  No

Please list: Subcontractor or Tenant

Operation/Relationship

_____	_____
_____	_____
_____	_____

**NONOWNED/HIRED AUTO LIABILITY:**

Do you have a Business Auto Policy for owned autos?  Yes  No

If yes, coverage should be obtained under your Business Auto Policy.

Do employees or volunteers routinely use their autos for company business?  Yes  No

Explain: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Total number of volunteers: \_\_\_\_\_

Do you, the Insured, verify that the insurance is in place with limits of at least \$300,000 before employees or volunteers can use the auto?  Yes  No

During the last three years, have you leased, borrowed or hired any vehicles for your business?  Yes  No

If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) do you hire, lease and/or borrow?

(Explain and identify) \_\_\_\_\_

Attach a List of Drivers.

**RIDES, INFLATABLES, SLIDES ADDENDUM:**

Name	Description	Attraction Height	Age/Height Requirements	Manufacturer

- **Please submit the following with completed application:**
  - Five years (including current year) insurance company loss runs

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date:





## BATTING CAGE OPERATIONS MINIMUM UNDERWRITING GUIDELINES

The following guidelines have been established as minimum requirements for batting cage operations.

### FAST PITCH BATTING CAGE OPERATIONS

1. Patrons must be required to wear batting helmets.
2. Patrons must be at least 4'6" tall or a height specified by the manufacturer.
3. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage.)
4. Occupancy must be limited to one (1) person per cage.
5. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain sight.
6. Batting cages must be completely self-contained or closed.
7. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
8. Accuracy and maintenance checks must be performed on a regular basis.
9. Maximum ball speed of any machine must not exceed 80 miles an hour.
10. Children under the age of 12 must not be allowed access to the cages with ball speeds in excess of 65 MPH.
11. There must be a light or other indicator to show when final ball is pitched.

### SOFTBALL/SLOW PITCH BATTING CAGES

1. Patrons must be at least 48" (four feet) tall or a height specified by the manufacturer.
2. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage.)
3. Occupancy must be limited to one (1) person per cage.
4. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain sight.
5. Batting cages must be completely self-contained or closed.
6. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
7. Accuracy and maintenance checks must be performed on a regular basis.
8. There must be a light or other indicator to show when final ball is pitched.

**Note:** Any deviation from these guidelines must be documented and submitted along with the application for consideration and receive written approval for the exception.

---

Applicant's Signature

---

Date:



MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: \_\_\_\_\_

FRAUD WARNING

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)\*. \*Applies in FL Only.

Applicable in HI

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in KS

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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

Applicable in MA, NE, and VT

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

Applicable in ME, TN, VA and WA

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. \*Applies in ME Only.

Applicable in MN

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

FRAUD APPS (2016/04)

I understand that \_\_\_\_\_, for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured I solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or its agent, provides a quotation offering to provide insurance coverage and the insurance company, or its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)