



Colorado Springs Urban Renewal Authority

2018 Renewal Summary

Prepared by:

Jill Webb
Vice President

Alecia Mercier, CIC, CPIA, CISR
Operations Specialist

Marla Blatchley, CISR
Account Manager

Colorado Springs Urban Renewal Authority
Your CB Insurance Service Team

When you need to make changes to your insurance, require claim service, and/or have any other insurance-related questions, our team of qualified professionals is prepared to assist you.

Insurance Questions	
In the event you have a question about insurance coverage provided by your current insurance program, or possible future or projected business endeavors, please contact:	
Jill Webb	719-228-1063, or jill.webb@centralbancorp.com
Daily Service and Maintenance	
To make policy changes, request certificates of insurance, or ask questions regarding your insurance program during the policy term, please contact:	
Alecia Mercier, CIC, CPIA, CISR	719-477-4256, or alecia.mercier@centralbancorp.com
Marla Blatchley, CISR	719-477-4252, or marla.blatchley@centralbancorp.com
Claims	
In the event you have a claim or a claim-related question, please contact:	
Kris Marshek, CISR, AIC, CCP	719-477-4257, or kris.marshek@centralbancorp.com
Personal Lines	
For questions regarding Personal Lines insurance, please contact:	
Trenda Knott	719-477-4263, or trenda.knott@centralbancorp.com
Bonds	
For questions regarding Bonds, please contact:	
Jason Yezek, CIC, CISR, AIS	719-477-4278, or jason.yezek@centralbancorp.com

**Colorado Springs Urban Renewal Authority
General Information**

Named Insured:
Colorado Springs Urban Renewal Authority

Policy Period:
11/15/2017 - 11/15/2018

Mailing Address:
30 S. Nevada Ave. #502
Colorado Springs, CO 80903

Loc #	Bldg. #	Location Address	Occupancy
1	1	30 S. Nevada Ave., Colorado Springs, CO 80903	Office

Colorado Springs Urban Renewal Authority
Specified Location Property Schedule
Hartford Casualty Insurance Company
11/15/2017 to 11/15/2018

Loc #	Bldg #	Address	Subject of Insurance	2017-2018 Limit of Insurance	2018-2019 Limit of Insurance
1	1	30 S. Nevada Ave., Colorado Springs, CO 80903	Business Personal Property	\$89,000	
1	1	30 S. Nevada Ave., Colorado Springs, CO 80903	Business Income with Extra Expense	Actual Loss Sustained	
1	1	30 S. Nevada Ave., Colorado Springs, CO 80903	Equipment Breakdown	Included	
			Computer Fraud	\$5,000	
			Employee Dishonesty	\$10,000	

INSURANCE Coverage is provided for the risk of direct physical loss, for ownership and/or use of property, and is subject to all policy terms, limitations, exclusions, and conditions. The final values used for insurance are ultimately chosen by you, the client.

Colorado Springs Urban Renewal Authority
Commercial Liability Insurance
Hartford Casualty Insurance Company
11/15/2017 to 11/15/2018

Commercial Liability Insurance	Limit of Insurance
Per Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal Injury and Advertising Injury	\$1,000,000
Fire Damage Legal Liability	\$300,000
Medical Payments	\$10,000
Hired and Non-Owned Auto Liability	\$1,000,000

INSURANCE Coverage is provided for protection against loss because of your negligence to persons or property resulting from your premises or operations, and is subject to all policy terms, limitations, exclusions, and conditions.

Colorado Springs Urban Renewal Authority
Commercial General Liability Insurance Rating
Hartford Casualty Insurance Company
11/15/2017 to 11/15/2018

Classification	Premium Basis	2017-2018 Exposure Basis	2018-2019 Exposure Basis
Office	Area	300	

Some of the premiums are based on estimated payrolls, costs, additional insured status and/or receipts. An audit may be performed by the insurance company after the policy period expires to determine the final premiums.

Colorado Springs Urban Renewal Authority
Public Officials/Directors & Officers Liability Insurance
 Indian Harbor Insurance Company
 11/15/2017 to 11/15/2018

	Limit of Liability
Each Claim	\$5,000,000
Aggregate – Shared Limit	\$5,000,000

Self-Insured Retention	
Each Individual, Non indemnifiable Claim	\$7,500

INSURANCE Coverage provides protection against loss the insured becomes legally obligated to pay as a result of actual or alleged misstatements, misleading statements, a wrongful act, error or omission, or breach of duty, and is subject to all policy terms, exclusions and conditions.

Colorado Springs Urban Renewal Authority
Employment Practices Liability Insurance
 Indian Harbor Insurance Company
 11/15/2017 to 11/15/2018

	Limit of Liability
Each Claim	\$5,000,000
Aggregate – Shared Limit	\$5,000,000
Third Party Liability	Included

Self-Insured Retention	
Each Employment Practices Liability Claim	\$7,500

INSURANCE Coverage provides protection against loss for which the insured becomes legally obligated to pay for employment related offenses such as discrimination, harassment, wrongful termination and other workplace torts, subject to all policy terms, exclusions and conditions.



**Professional
Governmental
Underwriters, Inc.**
The Authority.

**CLAIMS MADE PUBLIC OFFICIALS AND
EMPLOYMENT PRACTICES LIABILITY
INSURANCE RENEWAL APPLICATION**

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

I. GENERAL INFORMATION

1. Legal Name of Entity: Colorado Springs Urban Renewal Authority

Street Address: 30 S. Nevada Ave.

City: Colorado Springs State: CO Zip: 80903

County: El Paso Current Population: 674471

FEIN Number: _____

Human Resource Contact: (Name): _____
(Email): _____
(Phone Number): _____

2. Within the last twelve (12) months, have any of the following taken place?

a. Grand Jury investigations into activities of any official or employee. Yes No
If "yes", provide details: _____

b. Indictment of any official or employee: Yes No
If "yes", provide details: _____

3. Provide revenues and expenditures. *Provide an explanation for any deficit or large surplus.*

FISCAL YEAR	REVENUES	EXPENDITURES	SURPLUS (+)/ DEFICIT (-)	ACCUMULATED SURPLUS/DEFICIT
2016	11,262,936	6,861,058	4,401,878	13,136,827

4. Current bond rating (Standard & Poor's or Moody's): _____

II. CLAIMS HISTORY

1. Check here if there have been no claims made against the public entity during the twelve(12) months

2. Does any official or employee have knowledge of acts, errors, and/or omissions that might reasonably give rise to a claim or suit? Yes No

3. a. Check the boxes which generally describe the types of complaints/disputes the public entity has received during the last twelve (12) months.

- | | | |
|--|---|--|
| <input type="checkbox"/> Zoning | <input checked="" type="checkbox"/> Termination | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Permits Insurance | <input type="checkbox"/> Equal Pay | <input type="checkbox"/> Land Use |
| <input type="checkbox"/> Sex Harassment | <input type="checkbox"/> Suspension | <input type="checkbox"/> License Insurance |
| <input type="checkbox"/> Variances | <input type="checkbox"/> Promotion | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Segregation | |

b. Have such complaints/disputes been reported to us? Yes No

III. PUBLIC OFFICIALS INFORMATION.

Check the boxes with services provided or activities performed by the public entity.

- | | | |
|--|--|--|
| <input type="checkbox"/> Police Department | <input type="checkbox"/> License Issuance | <input type="checkbox"/> Gas Utility |
| <input type="checkbox"/> Transit Authority | <input type="checkbox"/> Zoning | <input type="checkbox"/> Tax Assessment Collection |
| <input type="checkbox"/> Port Authority | <input type="checkbox"/> Landfill | <input type="checkbox"/> Building Inspection |
| <input type="checkbox"/> Water/Sewer Utility | <input type="checkbox"/> Airport Authority | <input type="checkbox"/> Hospital/Nursing Home |
| <input type="checkbox"/> Permits Issuance | <input type="checkbox"/> Electric Utility | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Daycare | | |

Any new services provided or activities performed during the last twelve (12) months which were not declared on the application of the expiring policy require completion of applicable portions pages 2-3 of the main Application Form PGU POL APP 0417.

IV. EMPLOYMENT PRACTICES INFORMATION.

1. Total number of employees: Full time: 1 Part time: _____ Seasonal: _____

2. Have any of the following taken place during the last twelve (12) months?

- | | | | | |
|--|---|--|------------------------|----------|
| A. Strike, slowdown or other disruption? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Provide # of Incidents | _____ |
| B. Layoff or reduction in staff? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Provide # of Incidents | _____ |
| C. Employee suspensions? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Provide # of Incidents | _____ |
| D. Employee transfers? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Provide # of Incidents | _____ |
| E. Non-renewal of employment contracts? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Provide # of Incidents | _____ |
| F. Employee terminations/dismissals? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | <u>1</u> |
| G. Administrative appeals? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Provide # of Incidents | _____ |
| H. Formal Grievances? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Provide # of Incidents | _____ |

Provide explanation on a separate sheet of paper for any "yes" response to questions 2. A-H.

3. Personnel policies and procedures have been reviewed by legal counsel within the last twelve (12) months? Yes No

4. Have supervisors and/or employees received employment practices training during the last twelve (12) months? Yes No

NOTICE TO 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.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to 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.

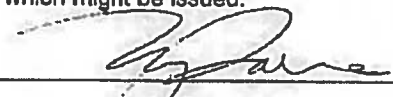
VI. AUTHORIZED REPRESENTATIVE; APPLICANT'S SIGNATURE:

1. Provide the name and title of the individual designated to receive any and all notices from the insurer concerning any policy issued as a result of this application (please type or print).

Name: Wynne Palermo

Title: Chair

2. Attestation: The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity, official, or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance. However, it is agreed that this Application shall be the basis of the contract and any policy which might be issued.



Authorized Signatory of Entity

August 17, 2017

Date

Wynne Palermo

Print Name and Title

719-338-7700

Phone Number

VII. AGENCY INFORMATION

Agency Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Will you make surplus lines filings if necessary? Yes No

Provide your surplus lines license number: _____

Possibility of employment claim:

We have a past terminated employee who has threatened to bring a claim to the Colorado Springs Urban Renewal Authority but has yet to turn a claim in. Just wanted to clarify.

Jariah Walker

A handwritten signature in black ink, appearing to read 'Jariah Walker', written over the printed name.

CSURA Executive Director



**Professional
Governmental
Underwriters, Inc.**
The Authority.

**CLAIMS MADE PUBLIC OFFICIALS AND
EMPLOYMENT PRACTICES LIABILITY
INSURANCE RENEWAL APPLICATION**

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

I. GENERAL INFORMATION

Policy #: POL0951411

1. Legal Name of Entity: Colorado Springs Urban Renewal Authority

Street Address: 30 South Nevada Avenue, Suite 502

City: Colorado Springs State: CO Zip: 80903

County: _____ Current Population: _____

FEIN Number: _____

Human Resource Contact: (Name): _____
 (Email): _____
 (Phone Number): _____

2. Within the last twelve (12) months, have any of the following taken place?

a. Grand Jury investigations into activities of any official or employee. Yes No
 If "yes", provide details: _____

b. Indictment of any official or employee: Yes No
 If "yes", provide details: _____

3. Provide revenues and expenditures. *Provide an explanation for any deficit or large surplus.*

FISCAL YEAR	REVENUES	EXPENDITURES	SURPLUS (+)/ DEFICIT (-)	ACCUMULATED SURPLUS/DEFICIT

4. Current bond rating (Standard & Poor's or Moody's): _____

II. CLAIMS HISTORY

1. Check here if there have been no claims made against the public entity during the twelve(12) months

2. Does any official or employee have knowledge of acts, errors, and/or omissions that might reasonably give rise to a claim or suit? Yes No

3. a. Check the boxes which generally describe the types of complaints/disputes the public entity has received during the last twelve (12) months.

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Termination | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Permits Insurance | <input type="checkbox"/> Equal Pay | <input type="checkbox"/> Land Use |
| <input type="checkbox"/> Sex Harassment | <input type="checkbox"/> Suspension | <input type="checkbox"/> License Insurance |
| <input type="checkbox"/> Variances | <input type="checkbox"/> Promotion | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Segregation | |

b. Have such complaints/disputes been reported to us? Yes No

III. PUBLIC OFFICIALS INFORMATION.

Check the boxes with services provided or activities performed by the public entity.

- | | | |
|--|--|--|
| <input type="checkbox"/> Police Department | <input type="checkbox"/> License Issuance | <input type="checkbox"/> Gas Utility |
| <input type="checkbox"/> Transit Authority | <input type="checkbox"/> Zoning | <input type="checkbox"/> Tax Assessment Collection |
| <input type="checkbox"/> Port Authority | <input type="checkbox"/> Landfill | <input type="checkbox"/> Building Inspection |
| <input type="checkbox"/> Water/Sewer Utility | <input type="checkbox"/> Airport Authority | <input type="checkbox"/> Hospital/Nursing Home |
| <input type="checkbox"/> Permits Issuance | <input type="checkbox"/> Electric Utility | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Daycare | | |

Any new services provided or activities performed during the last twelve (12) months which were not declared on the application of the expiring policy require completion of applicable portions pages 2-3 of the main Application Form PGU POL APP 0417.

IV. EMPLOYMENT PRACTICES INFORMATION.

1. Total number of employees: Full time: _____ Part time: _____ Seasonal: _____

2. Have any of the following taken place during the last twelve (12) months?

- | | | | | |
|--|------------------------------|-----------------------------|------------------------|-------|
| A. Strike, slowdown or other disruption? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| B. Layoff or reduction in staff? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| C. Employee suspensions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| D. Employee transfers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| E. Non-renewal of employment contracts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| F. Employee terminations/dismissals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| G. Administrative appeals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |
| H. Formal Grievances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provide # of Incidents | _____ |

Provide explanation on a separate sheet of paper for any "yes" response to questions 2. A-H.

3. Personnel policies and procedures have been reviewed by legal counsel within the last twelve (12) months? Yes No

4. Have supervisors and/or employees received employment practices training during the last twelve (12) months? Yes No

V. IMPORTANT NOTICES; AUTHORIZED ENTITY REPRESENTATIVE

This application is for Claims-Made coverage. Upon receipt read the policy carefully.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

FRAUD WARNINGS

NOTICE TO ARKANSAS 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 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 for 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 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 KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by 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.

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 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 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.

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

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND 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 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.

NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON 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.

NOTICE TO 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.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to 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.

VI. AUTHORIZED REPRESENTATIVE; APPLICANT'S SIGNATURE:

1. Provide the name and title of the individual designated to receive any and all notices from the insurer concerning any policy issued as a result of this application (please type or print).

Name: _____

Title: _____

2. Attestation: The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity, official, or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance. However, it is agreed that this Application shall be the basis of the contract and any policy which might be issued.

_____	_____
Authorized Signatory of Entity	Date
_____	_____
Print Name and Title	Phone Number

VII. AGENCY INFORMATION

Agency Name: _____

Contact: _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax _____

Will you make surplus lines filings if necessary? Yes No

Provide your surplus lines license number: _____

