

SECTION #1: GENERAL INFORMATION SECTION

Named Insured:			
<input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other:			
Description of Operations: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesale Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Automobile Repair <input type="checkbox"/> Other, Explain:			
FEIN #:		Years in business:	
Total number of Employees?	# Owners:	# Full Time Employees:	# Part-time Employees:
Contact Name/Title:		Email Address:	
Mailing Address:		Web Address:	
Phone #:	Fax #:	Mobile #:	
1. Is coverage currently in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date:
2. Are you a current SEMA Member		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you contractually require all subcontractors to carry liability coverage of \$1,000,000 naming your company as an Additional Insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Do those agreement include "hold harmless" language favoring your Co.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are any guarantees or warranties provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are there any discontinued operations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Been involved in any divestitures, mergers or acquisitions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does any named insured sell to another named insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Machinery or equipment loaned or rented to others?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Any watercraft, docks floats owned, hired or leased?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Any parking facilities owned/rented?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Any recreation facilities provided on your premise?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Sporting or social events sponsored?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Any structural alterations contemplated to building?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Do you lease employees to or from other employers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Do you sell, treat or dispose of any hazardous materials?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Do you sponsor any race teams or sanctions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Are employee benefits offered?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan name:
19. Is employee benefits legal liability coverage desired?		<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Employees on plan:

SECTION #2: PROPERTY SECTION – REQUIRED INFORMATION FOR EACH LOCATION TO BE INSURED

LOCATION #1:		PREMISE ADDRESS	
LIMIT	COVERAGE	DESCRIPTION	DEDUCTIBLE
\$	Building	Property coverage for Buildings owned or required by lease.	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Business Contents	Business fixtures, furnishings, equipment & finished goods etc.	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Business Interruption	Coverage for actual loss of earnings and extra expenses post loss	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Mobile Property	Property in transit	
Construction Type:	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry-Wood Roof & Floors <input type="checkbox"/> Masonry-Concrete & Steel Roof/Floors <input type="checkbox"/> Steel		
Location Type:	<input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Co-Op <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other, explain:		
# of Stories:	Age of Building:	Sq. Footage:	Roof Type:
If over 30 years old, when were updates made to the following:		Wiring:	Plumbing:
		Roofing:	Heating & Air:
What Percentage of the building do you occupy?		Do you own your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does it have an Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Gong Alarm <input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Video	
Do you have? <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinkler System		Percentage of Building with Fire Suppression Sprinklers:	

SECTION #2: PROPERTY SECTION – CONTINUED

LOCATION #2 PREMISE ADDRESS			
LIMIT	COVERAGE	DESCRIPTION	DEDUCTIBLE
\$	Building	Property coverage for Buildings owned or required by lease.	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Business Contents	Business fixtures, furnishings, equipment & finished goods etc.	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Business Interruption	Coverage for actual loss of earnings and extra expenses post loss	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Mobile Property	Property in transit	
Construction Type: <input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry-Wood Roof & Floors <input type="checkbox"/> Masonry-Concrete & Steel Roof/Floors <input type="checkbox"/> Steel			
Location Type: <input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Co-Op <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other, explain:			
# of Stories:	Age of Building:	Sq. Footage:	Roof Type:
If over 30 years old, when were updates made to the following:		Wiring:	Plumbing: Roofing: Heating & Air:
What Percentage of the building do you occupy?		Do you own your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does it have an Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Gong Alarm <input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Video	
Do you have? <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinkler System		Percentage of Building with Fire Suppression Sprinklers:	
LOCATION #3 PREMISE ADDRESS			
LIMIT	COVERAGE	DESCRIPTION	DEDUCTIBLE
\$	Building	Property coverage for Buildings owned or required by lease.	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Business Contents	Business fixtures, furnishings, equipment & finished goods etc.	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Business Interruption	Coverage for actual loss of earnings and extra expenses post loss	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Mobile Property	Property in transit	
Construction Type: <input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry-Wood Roof & Floors <input type="checkbox"/> Masonry-Concrete & Steel Roof/Floors <input type="checkbox"/> Steel			
Location Type: <input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Co-Op <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other, explain:			
# of Stories:	Age of Building:	Sq. Footage:	Roof Type:
If over 30 years old, when were updates made to the following:		Wiring:	Plumbing: Roofing: Heating & Air:
What Percentage of the building do you occupy?		Do you own your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does it have an Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Gong Alarm <input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Video	
Do you have? <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinkler System		Percentage of Building with Fire Suppression Sprinklers:	
LOCATION #4 PREMISE ADDRESS			
LIMIT	COVERAGE	DESCRIPTION	DEDUCTIBLE
\$	Building	Property coverage for Buildings owned or required by lease.	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Business Contents	Business fixtures, furnishings, equipment & finished goods etc.	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Business Interruption	Coverage for actual loss of earnings and extra expenses post loss	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
\$	Mobile Property	Property in transit	
Construction Type: <input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry-Wood Roof & Floors <input type="checkbox"/> Masonry-Concrete & Steel Roof/Floors <input type="checkbox"/> Steel			
Location Type: <input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Co-Op <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other, explain:			
# of Stories:	Age of Building:	Sq. Footage:	Roof Type:
If over 30 years old, when were updates made to the following:		Wiring:	Plumbing: Roofing: Heating & Air:
What Percentage of the building do you occupy?		Do you own your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does it have an Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Gong Alarm <input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Video	
Do you have? <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinkler System		Percentage of Building with Fire Suppression Sprinklers:	

SECTION #3: GENERAL LIABILITY (TO BE COMPLETED IF PARTS ARE MANUFACTURED OR IMPORTED)

1. Are you currently a manufacturer or have parts manufactured by 3 rd party sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please complete this section
2. Do you import goods directly from a foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete this section
3. What limit of liability is desired? <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other:		

Please provide gross estimated sales for manufactured and imported goods

+ \$	Manufacturing – Sales from goods manufactured, by you, for you or imported from a foreign source
+ \$	Wholesale Distribution – Sale of pass through goods sourced from domestic suppliers sold B2B
Please complete garage section #4	Installation – Revenue derived from the installation of parts
= \$	Total Annual Gross Annual Revenue derived from goods manufactured or imported

Please provide percentage of sales of products manufactured or imported totaling 100%

___ % Internal Engine Components ___ % Cooling Products ___ % Fuel Systems (Carb, EFI, Tanks) ___ % Turbo Chargers, Superchargers, NOS ___ % Exhaust Systems ___ % Electronics ___ % Exterior Trim Accessories	___ % Interior Trim Accessories ___ % Transmission, Driveline, Axles ___ % Suspension Systems ___ % Chassis / Frame ___ % Steering ___ % Wheels ___ % Cargo Management Products	___ % Tires ___ % Towing Products ___ % Brakes ___ % Safety Equipment ___ % Lubricants ___ % Car Care Products ___ % Tools
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------

Other; Please explain:

PRODUCT LIABILITY QUESTIONNAIRE – Only complete if you are a manufacturer or directly import goods

1. What is the factory name & country of origin of your product(s)?		
2. Do you have a quality control program or procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you maintain the following records?		
• When and where your product was manufactured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• To whom your products were sold and date of sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Who supplied the parts going in to the products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Changes in advertising, packaging materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. How long are quality control and testing records kept?		
5. Do products have warning labels & installation instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are warning labels/instructions reviewed by outside counsel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you install your products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete Garage Section
8. Do you contract the manufacturing of your products to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. If foreign sourced, provide factory name(s) and country origin.		
10. If contractors used is there an indemnification agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Do you produce products for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Do you offer training / instructions in the use of your products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do you have a written products recall procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Have you ever or plan on recalling a product from the market?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Are any products related to aircraft/space industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Do you manufacture products other than automotive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Do you manufacture / import brakes, tires or safety equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Can you identify your goods from those of the competition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Are your products subject to government or industry standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION #4: GARAGE LIABILITY SECTION – (TO BE COMPLETED FOR ANY AUTO PARTS INSTALLATION)

1. What is the limit of liability desired?	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other:
2. What is your current deductible	<input type="checkbox"/> None <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other \$

Please provide estimated gross annual sales

+\$	Installation – Revenue derived from the installation of parts
+\$	Retail – Part sales not installed
=\$	Total Gross Annual Revenue from part sold and installed

Please provide percentage of sales of products installed.

<input type="checkbox"/> % Internal Engine Components <input type="checkbox"/> % Cooling Products <input type="checkbox"/> % Fuel Systems (Carb, EFI, Tanks) <input type="checkbox"/> % Turbo Chargers, Superchargers, NOS <input type="checkbox"/> % Exhaust Systems <input type="checkbox"/> % Electronics <input type="checkbox"/> % Exterior Trim Accessories <input type="checkbox"/> % Interior Trim Accessories	<input type="checkbox"/> % Transmission, Driveline, Axles <input type="checkbox"/> % Suspension Systems <input type="checkbox"/> % Chassis / Frame <input type="checkbox"/> % Steering <input type="checkbox"/> % Wheels & Tires <input type="checkbox"/> % Cargo Management Products <input type="checkbox"/> % Dyno Tuning	<input type="checkbox"/> % Towing Products <input type="checkbox"/> % Brakes <input type="checkbox"/> % Safety Equipment <input type="checkbox"/> % Lubricants <input type="checkbox"/> % Car Care Products <input type="checkbox"/> % Tools <input type="checkbox"/> % Paint & Body
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

GARAGE KEEPERS LEGAL LIABILITY – Vehicle left in your care, custody or control

TOTAL # VEHICLES STORED	MAX VALUE ANY ONE VEHICLE	MAX VALUE ALL VEHICLE PER LOCATION	LIMIT DESIRED
Loc.#1	\$	\$	\$
Loc.#2	\$	\$	\$
Loc.#3	\$	\$	\$
Loc.#4	\$	\$	\$

1. Are Vehicles: <input type="checkbox"/> Dropped off by customers <input type="checkbox"/> Picked up by you <input type="checkbox"/> Delivered to customers <input type="checkbox"/> Transported by Motor carrier
2. If vehicles are picked up or delivered, what is the radius of travel?
3. What mode of deliver is used? <input type="checkbox"/> Driven by an owner/employee <input type="checkbox"/> Trailered by you <input type="checkbox"/> Owned Tow Truck <input type="checkbox"/> Third Party
4. If third party, do they carry adequate “On Hook” or Cargo coverage protecting your customers car? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are vehicles stored overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. If so, how are they stored? <input type="checkbox"/> Inside <input type="checkbox"/> Outside in Fenced Gated Lot <input type="checkbox"/> Outside in Open Lot <input type="checkbox"/> Public Street
7. If open lot, is it Lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No, Video Surveillance <input type="checkbox"/> Yes <input type="checkbox"/> No, Guarded by Dogs <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are gates / chains used across all open entrances and exits when business is closed? <input type="checkbox"/> Yes <input type="checkbox"/> No

AUTOMOBILE LIABILITY SECTION- Test driving customer cars and or employee usage

1. Do you test drive customer cars? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the radius of travel?		
2. Do employees use their cars for company use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
3. Is there a formal rule in place prohibiting cell phone usage without the appropriate hands free device by employees operating vehicles on the insured’s behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Are employees required to provide acknowledgement of this rule as a condition of operating vehicles on the insured's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Do all regular drivers who use their own vehicles for company business have personal auto coverage with at least \$100,000 CSL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Do you transport cars for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is the maximum number of vehicles hauled?		
6. Do you have any motor vehicle plates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many		
7. What type of plates: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Dealer <input type="checkbox"/> Service	Physical Damage Value Per Plate: <table style="display: inline-table; border: none;"> <tr> <td style="width: 100px;"></td> <td style="text-align: right;">\$</td> </tr> </table>		\$
	\$		
8. If dealer do you need dealer open lot coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dealer Open Lot Limit Desired? <table style="display: inline-table; border: none;"> <tr> <td style="width: 100px;"></td> <td style="text-align: right;">\$</td> </tr> </table>		\$
	\$		

Please note driver information is required for all owners and employees driving customer’s cars or their own vehicle for company use.

SECTION #5: EMPLOYMENT PRACTICES LEGAL LIABILITY (NOT REQUIRED IF COVERAGE ISN'T DESIRED)			
*OPTIONAL LIMIT	DESCRIPTION		
<input type="checkbox"/> \$25,000 / <input type="checkbox"/> \$50,000	Coverage for suits brought by an employee due to discrimination, harassment or wrongful termination. *Defense is within the limit of liability – Higher limits available upon request		
1. Total number of full time employees:		Part time employees:	
2. In the last 5 years has any current or former employee made a claim against you? If yes, please explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a formal written procedure for the following?			
<input type="checkbox"/> Yes <input type="checkbox"/> No - Written Applications	<input type="checkbox"/> Yes <input type="checkbox"/> No - Employee Handbook	<input type="checkbox"/> Yes <input type="checkbox"/> No - Injury Illness Program	<input type="checkbox"/> Yes <input type="checkbox"/> No - Document Employee Grievances
4. Do you have a procedure for handling of employment related grievances, disputes, notifications or claims?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you plan on increasing or reducing your staff within the next 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Prior to employee terminations do you consult with:			
A. Human resources personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B. An attorney with experience in employment law? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION #6: REQUIRED UNDERWRITING INFORMATION			
Is coverage currently in force? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes please complete below. If No please attached bio.			
Coverage	Carrier Name	Expiration	Annual Premium
Liability			
Property			
Umbrella/Excess			
Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work performed which may result in a claim or claims against you that are not listed above?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been cancelled or non-renewed by a prior carrier within the past year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a claim? If yes, please describe below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Required underwriting information			
<input type="checkbox"/> Signed Supplemental Application			
<input type="checkbox"/> 4 Years of hard copy loss runs (Please ask for our assistance when reviewing and ordering loss runs)			
<input type="checkbox"/> Per our underwriting guidelines: With no prior insurance a bio outlining education, experience, etc. is required			
<input type="checkbox"/> Drivers Schedule – Please list those individual who either test drive customer vehicles or drive their own car on behalf of the company			
First Name	Last Name	Driver's License #	State License Issued
Notice of insurance information practices – Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request.			
Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: Substantial] civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA) insurance benefits may also be denied. In Florida, 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. The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.			
Applicant Signature:		Date:	
Print Name:		Title:	