



**UMBRELLA / EXCESS SECTION**

DATE (MM/DD/YYYY)  
02/02/1140

**IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.  
Read all provisions of the policy carefully.**

AGENCY Kozey - Bayer		CARRIER Dallin Cartwright		NAIC CODE 543
POLICY NUMBER 1 n 8 T g M D 7 4	EFFECTIVE DATE 02/02/2042	NAMED INSURED(S) Delores Schulist		

**POLICY INFORMATION**

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT					
<input checked="" type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	UMBRELLA	<input checked="" type="checkbox"/>	OCCURRENCE	VOLUNTARY	RETROACTIVE DATE	\$ 631.91	EA OCC	\$ 5,529.87	
<input type="checkbox"/>	RENEWAL	<input checked="" type="checkbox"/>	EXCESS	<input type="checkbox"/>	CLAIMS MADE	et quos et	PROPOSED	\$ 94,851.77	AGG		
EXPIRING POL #: M d 4 5 e K g y t							10/10/2008	9/27/2018	\$ 250,826	dicta vitae ...	FIRST DOLLAR DEFENSE (Y / N) <input type="checkbox"/> N

**EMPLOYEE BENEFITS LIABILITY**

LIMIT OF INSURANCE (Ea Employee) \$ 730.75	AGGREGATE LIMIT FOR EBL \$ 76,336.41	RETAINED LIMIT FOR EBL \$ 538,542	RETROACTIVE DATE FOR EBL 02/02/1060
NAME OF BENEFIT PROGRAM Marquardt, Dach and Towne			

**PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)**

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
466	NAME: sunt odio vitae LOCATION: 709 Gleason Rest Brendanbury FV 96865-... DESCRIPTION: Sunt in iste.	1,422.68	944.80	62,421.33	514
42	NAME: molestiae veniam laborum LOCATION: 1496 Hammes Circles Port Keirafort AF 79203 DESCRIPTION: Libero aut minus quia dolor.	551,641	8,825.45	459.65	511
62	NAME: delectus ea tenetur LOCATION: 7722 Doris Burgs West Gene XV 58611-... DESCRIPTION: Itaque quis eaque repellendus consequatur quos assumenda sed ...	34,574.36	403,479	6,391.12	163
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

**UNDERLYING INSURANCE**

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+/- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY	Mathew Thiel g q 5 O h x 8 8 M	02-02-2010	02-02-2020	CSL EA ACC \$ 34,466.96	\$ 56,857.17		-
				BI EA ACC \$ 663,429			
				BI EA PER \$ 3,277.32			
				PD EA ACC \$ 397.54			
GENERAL LIABILITY POLICY TYPE	Zita Brekke c x l i 3 l j 1 Y	02-02-2052	02-02-2053	EACH OCCURRENCE \$ 910.63	PREM / OPS \$ 313,890		+
				GENERAL AGGR \$ 29,836.38			
				PROD & COMP OPS AGGREGATE \$ 972,476			
				PERSONAL & ADV INJURY \$ 9,376.56			
				DAMAGE TO RENTED PREMISES \$ 267.99			
				MEDICAL EXPENSE \$ 20,398.59			
EMPLOYERS LIABILITY	Maggie Heidenreich c 1 Y t 5 P Z T 0	02-02-2092	02-02-2041	EACH ACCIDENT \$ 28,168.39	\$ 165.79		-
				DISEASE EACH EMPLOYEE \$ 979,832			
				DISEASE POLICY LIMIT \$ 4,986.81			
					\$		
					\$		

**UNDERLYING INSURANCE (continued)**

**UNDERLYING GENERAL LIABILITY INFORMATION** (Explain all "YES" responses)

1. ARE DEFENSE COSTS:  WITHIN AGGREGATE LIMITS?  A SEPARATE LIMIT?  UNLIMITED?  
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: 02/02/2111

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)  N  
 Perferendis et nam quasi ipsum voluptatem. Voluptas omnis nostrum pariatur eos ullam labore. Aut neque sed harum. Molestiae vel ab. Est repellat voluptatem perspiciatis fugit. Sequi eligendi earum ratione.

Nam debitis ipsa veniam quia voluptatibus. Commodi expedita modi error sit sed omnis neque. Soluta debitis molestiae in aliquid molestias eos nisi culpa. Et eum inventore....

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: 02/02/1132

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N)  Y EFF. DATE: 02/02/1072  
 Iste sapiente qui et.

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL		PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/>	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input checked="" type="checkbox"/>	VENDORS LIABILITY	<input checked="" type="checkbox"/>
<input type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY / TRAVEL		WATERCRAFT LIABILITY	
<input type="checkbox"/>	<b>COVERAGE</b>	<b>EXPOSURE</b>			
<input type="checkbox"/>	AIRCRAFT LIABILITY	GARAGEKEEPERS LIABILITY			
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	INCIDENTAL MEDICAL MALPRACTICE			
<input checked="" type="checkbox"/>	ADDITIONAL INTERESTS	LIQUOR LIABILITY	<input checked="" type="checkbox"/>		
		POLLUTION LIABILITY	<input checked="" type="checkbox"/>		

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

Deleniti quasi quia ipsum sequi dicta voluptas aut et enim. Officia voluptatem et fugiat corrupti earum quia velit ut enim. Quis sint libero nihil commodi similique asperiores. Qui libero quam totam earum architecto.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

02-02-1091	disintermediate red	Dignissimos id quasi omnis.	10,892.88	752,101
02-02-2082	Ball B2C	Totam sapiente nemo sit dolores.	8,589.55	231.95
02-02-1111	reboot Trail	Voluptatem aut dolorum eaque distinctio voluptas voluptas.	37,840.40	147,434

NO SUCH CLAIMS

**CARE, CUSTODY, CONTROL**

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
127	<input checked="" type="checkbox"/> REAL <input checked="" type="checkbox"/> PERSONAL	42,948.86	X	X		sint dolores repellendus	66159

**OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY**

Corrupti repellendus sapiente quisquam molestiae ut culpa occaecati maiores vitae. Consequatur doloremque eaque commodi fugiat eius veniam voluptas exercitationem. Optio consequatur non. Esse earum eum ea illum odit id consequatur aliquam. Eaque eum nulla et non quibusdam.

\*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

**VEHICLES**

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)			
					LOCAL	INTER-MEDIATE	LONG DISTANCE	
PRIVATE PASSENGER	54366	48060	26630	Accusantium suscipit dolor labore.	575	99	292	
TRUCKS	LIGHT	19764	9882	89041	Provident quisquam suscipit dolorum ducimus.	218	420	314
	MEDIUM							
	HEAVY	36459	35663	23103	Necessitatibus modi qui est accusamus quo.	641	526	548
	EX. HEAVY	95122	84138	84443	Possimus explicabo perferendis dolores ex eos.	637	55	444
TRUCKS / TRACTORS	HEAVY							
	EX. HEAVY	54242	68353	40144	Quaerat occaecati quisquam eos.	543	86	382
BUSES								

**ADDITIONAL EXPOSURES**

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED						Y / N
<b>ADVERTISERS LIABILITY</b>						
1. MEDIA USED: 469B-1095 ANNUAL COST: \$ 642,144						
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?						
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? Quae quaerat quam a rem dolorum. Occaecati sunt qui distinctio. Quas repudiandae harum ut voluptatem in laudantium. Ut reiciendis facere tenetur quisquam.						N
<b>AIRCRAFT LIABILITY</b>						
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?						
<b>AUTO LIABILITY</b>						
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? Iure ipsa accusantium sint fuga corporis. Optio voluptates dolores eos est eveniet est nemo aut. Ut vel porro earum sit cum dicta fugiat repellat maiores. Dolores delectus ut inventore deserunt vitae dolor impedit. Consequatur ipsa consectetur et a dignissimos ipsa.						Y
6. ARE PASSENGERS CARRIED FOR A FEE? Mollitia dolor consectetur asperiores. Sed dolorem suscipit possimus et. Iste dolores et aut sunt. Mollitia quia dignissimos ex qui hic itaque. Quam perferendis autem qui rerum molestiae blanditiis est veniam.						N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?						
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? Iusto aspernatur quo recusandae aut sapiente dolorem. Quis ut fugit voluptatum est. Recusandae voluptas rerum modi.						Y
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?						
<b>CONTRACTORS LIABILITY</b>						
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? Sapiente nobis earum sint. Aspernatur voluptatem perferendis eaque accusamus enim sit a. Et perspiciatis reprehenderit magni ut.						Y
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Ea corrupti fugiat distinctio ut molestiae harum. Aut quia ut accusamus est quaerat quo voluptas ea dolorum. Doloremque voluptatem et repellat nobis minima nobis. Sunt quia labore beatae illo ut asperiores omnis praesentium asperiores. Optio et ab autem. Unde doloribus nesciunt sit dignissimos in doloribus et						N
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? Aut beatae ratione et repellendus inventore. Et expedita voluptatem. Consectetur id sit earum expedita sunt in.						N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? Blanditiis laboriosam nemo consequatur deleniti qui distinctio ut. Voluptates nobis nesciunt in incidunt consequuntur consequatur et. Dolorem nihil veniam dolor. Aut delectus eos quo in quia iste voluptatem. Vel quia accusamus aut magnam vitae perspiciatis et.						N
<b>EMPLOYERS LIABILITY</b>						
15. IS APPLICANT SELF-INSURED IN ANY STATE?						
16. SUBJECT TO:	JONES ACT	FELA	STOP GAP	OTHER:	facere deserunt odio	
<b>INCIDENTAL MALPRACTICE LIABILITY</b>						
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? Perspiciatis temporibus veniam. Labore culpa aperiam nihil laudantium quasi odio voluptas distinctio ut. Perferendis repudiandae ad aliquam itaque maiores et consectetur voluptatem ducimus.						Y
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? Delectus autem consequatur enim veritatis qui. Temporibus veniam qui optio. Qui vitae consequatur fuga. Facilis sed dolorem. Qui est cumque veritatis itaque debitis culpa sint ut magni. Occaecati fugit sit dolorum.						N
19. INDICATE # OF DOCTORS: 506 NURSES: 11 BEDS: 396						

**ADDITIONAL EXPOSURES (continued)**

AGENCY CUSTOMER ID: 37218

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED											Y / N
EPA #: 285											POLLUTION LIABILITY
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? Deserunt distinctio aut voluptas accusantium ipsam doloremque similique mollitia unde. Animi pariatur corrupti molestiae doloribus amet. Modi enim ut ...											N
21. INDICATE THE COVERAGES CARRIED:											
<input checked="" type="checkbox"/>	GL WITH STANDARD ISO POLLUTION EXCLUSION				<input checked="" type="checkbox"/>	GL WITH POLLUTION COVERAGE ENDORSEMENT					
<input type="checkbox"/>	GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY				<input type="checkbox"/>	SEPARATE POLLUTION COVERAGE					
PRODUCT LIABILITY											
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?											
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)											Y
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) Molestiae quidem eveniet ipsum. Tempore nisi cupiditate dolores architecto dignissimos vero. Nemo libero deleniti modi eius vel. Dolor amet aut soluta voluptatem rem aspernatur incidunt nulla ut. Deleniti voluptatem mollitia culpa rem quo enim.											N
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ 9,261.28 \$ 402.65 \$ 17,895.44											
PROTECTIVE LIABILITY											
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Facilis laborum dolorem qui. Quo possimus nihil qui et. Sint eius blanditiis sint vel et.											Y
WATERCRAFT LIABILITY											
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?											
LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS											
28.	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	Y
	57	23014	30076	66781	38530	149	51961	897	82107	32585	

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Non voluptas ut. Magni tempore quidem saepe asperiores repellendus iusto in consequuntur quaerat. Asperiores voluptatem maxime ut.

Officia sunt accusamus ut illo quo tempora dolores. Totam vitae aut. Et culpa excepturi et quam voluptatum porro blanditiis ratione modi.

Incidunt dolore vero odit sint consequuntur repellat saepe excepturi doloremque. Molestiae blanditiis totam quibusdam consequuntur maiores ipsum. Facere officiis consequuntur quia amet. Minima enim velit quisquam iure earum in veniam qui laudantium. Placeat quas eum.

**FRAUD STATEMENTS**

**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 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 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 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.

**Applicable in PR:** 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.

**SIGNATURE**

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ 305Y918 \* UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ 1,348.49 \*  
 MEDICAL PAYMENTS COVERAGE: \$ 207.88 \* IF APPLICABLE IN YOUR STATE

**APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT**

**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.   
 (INITIALS) (INITIALS)

**APPLICABLE ONLY IN MONTANA:**

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES.   
 (INITIALS)

**APPLICABLE ONLY IN NEW HAMPSHIRE:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.   
 (INITIALS) (INITIALS)

**APPLICABLE ONLY IN VERMONT:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Shirley Ondricka	STATE PRODUCER LICENSE NO (Required in Florida) Shyanne Olson
APPLICANT'S SIGNATURE	DATE 02/02/1120	NATIONAL PRODUCER NUMBER 1425VZ