



**TARGET PROFESSIONAL PROGRAMS**  
A Division of CRC Insurance Services



## **American Tax Preparers Program Application for Professional Liability Insurance**

Dear Prospective Client,

Thank you for considering the American Tax Preparers Professional Liability Insurance Program, which is endorsed by the *National Society of Tax Professionals*. **Target Professional Programs** administers this program, and coverage is provided by **The Hartford**.

In addition to the application that follows, you'll find Coverage Cost Indications on the next page to help you estimate your cost in advance. Be sure to use the appropriate table for the state in which your firm does business, and note the Bookkeeping Factors if you'd like coverage for this service. If your firm has been in business for less than three years, please include your resume with your application.

You can return your completed application in any of three ways:

1. Scan all pages and email the file to: [TaxPreparers@TargetProIns.com](mailto:TaxPreparers@TargetProIns.com)
2. Fax the document to: 630-961-0284
3. Mail your application to:  
Target Professional Programs  
American Tax Preparers Program  
1230 East Diehl Road  
Suite 350  
Naperville, IL 60563

Assuming your firm is eligible for coverage, you can expect to receive your policy within seven-to-ten business days. We will email these documents to the email address you provide on your application. ***You will be directly billed by The Hartford once the policy is in effect. The bill will provide you with 20 days to make your payment, which can be made by check or electronic funds transfer.***

Please feel free to contact us if you have any questions:

Shelley Cvek

Toll-free: 800-692-5752, Ext. 228240

[SCvek@TargetProIns.com](mailto:SCvek@TargetProIns.com)

Dawn Harris

Toll-free: 800-692-5752, Ext. 228223

[dharris@target-capital.com](mailto:dharris@target-capital.com)

Thank you for considering our program. We look forward to serving you!

P.S. If you've had prior claims, please complete and return a Supplemental Claim / Error Reporting Form along with your application. All forms are available online at: [www.TargetProIns.com](http://www.TargetProIns.com).

## American Tax Preparers Professional Liability Insurance Program

### COVERAGE COST INDICATIONS

The cost indications below include a \$10 administrative fee which helps cover expenses associated with the Risk Purchasing Group (RPG) used to maintain favorable rates. **THIS PRODUCT IS NOT AVAILABLE IN AK, HI & LA.** Also note: In KY, NJ & WV, a state-mandated surcharge will be added.

**TABLE 1 (MOST STATES, EXCEPT CA AND NY)** A \$100 RETENTION APPLIES TO ALL RATES.

NUMBER OF PEOPLE TO BE COVERED	\$10,000 EACH CLAIMS	\$25,000 EACH CLAIM	\$50,000 EACH CLAIM	\$100,000 EACH CLAIM
	\$20,000 AGGREGATE	\$50,000 AGGREGATE	\$100,000 AGGREGATE	\$200,000 AGGREGATE
1-3	\$175	\$340	\$505	\$670
4	\$215	\$419	\$624	\$828
5	\$254	\$498	\$743	\$987
6	\$294	\$578	\$861	\$1145
7	\$333	\$657	\$980	\$1304
8	\$373	\$736	\$1099	\$1462
9	\$413	\$815	\$1218	\$1620
10	\$452	\$894	\$1337	\$1779

**TABLE 2 (CA RESIDENTS ONLY)** A \$100 DEDUCTIBLE APPLIES TO ALL RATES

NUMBER OF PEOPLE TO BE COVERED	CA ONLY	\$10,000 EACH CLAIM	\$25,000 EACH CLAIM	\$50,000 EACH CLAIM	\$100,000 EACH CLAIM
		\$20,000 AGGREGATE	\$50,000 AGGREGATE	\$100,000 AGGREGATE	\$200,000 AGGREGATE
1-3		\$191	\$372	\$553	\$733
4		\$234	\$459	\$683	\$908
5		\$278	\$546	\$814	\$1082
6		\$322	\$633	\$945	\$1256
7		\$365	\$720	\$1075	\$1430
8		\$409	\$807	\$1206	\$1605
9		\$452	\$894	\$1337	\$1779
10		\$496	\$982	\$1467	\$1953

**TABLE 3 (NY RESIDENTS ONLY)** A \$100 DEDUCTIBLE APPLIES TO ALL RATES. (NY rates do not include the \$10 administrative fee as it is not applicable in this state).

NUMBER OF PEOPLE TO BE COVERED	NY ONLY	\$10,000 EACH CLAIM	\$25,000 EACH CLAIM	\$50,000 EACH CLAIM	\$100,000 EACH CLAIM
		\$10,000 AGGREGATE	\$25,000 AGGREGATE	\$50,000 AGGREGATE	\$100,000 AGGREGATE
1-3		\$181	\$362	\$543	\$723
4		\$224	\$449	\$673	\$898
5		\$268	\$536	\$804	\$1072
6		\$312	\$623	\$935	\$1246
7		\$355	\$710	\$1065	\$1420
8		\$399	\$797	\$1196	\$1595
9		\$442	\$884	\$1327	\$1769
10		\$486	\$972	\$1457	\$1943

**TABLE 4 COST FACTORS FOR OPTIONAL BOOKKEEPING COVERAGE**

If you would like bookkeeping coverage, multiply your Coverage Cost Indication from the Table above by the appropriate factor below. Add the two costs for total annual premium.

BOOKKEEPING AS A % OF TOTAL WORK	CHARGE FACTOR
1-10%	1.15
11-25%	1.25
26% OR MORE	1.33



**TARGET PROFESSIONAL PROGRAMS**  
Insurance for Particular Professionals

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

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The Hartford is Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Its headquarters is in Hartford, CT. Premium indications are a good faith estimate and subject to the full underwriting of all account information. Coverage is not guaranteed. All information herein is as of June 2015. In Texas, insurance is underwritten by Twin City Fire Insurance Company.

TAX PREPARERS ERRORS AND OMISSIONS LIABILITY INSURANCE  
APPLICATION FOR A CLAIMS MADE POLICY

**This is an application for a CLAIMS-MADE AND REPORTED Policy**

If a policy is issued, this application will attach to and become part of the policy. Therefore, it is important that all questions are answered accurately.

**NOTICE: THIS PROFESSIONAL LIABILITY INSURANCE IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS AND PROVIDES COVERAGE FOR THOSE CLAIMS WHICH ARE FIRST MADE AND REPORTED TO THE COMPANY WHILE THIS INSURANCE IS IN FORCE AND WHICH ARE THE RESULT OF WRONGFUL ACTS OCCURRING ON OR AFTER THE RETROACTIVE DATE SHOWN IN ITEM 8 OF THE DECLARATIONS PAGE. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, AN EXTENDED REPORTING PERIOD APPLIES. THE INSURANCE PROVIDED BY THIS POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS. DEFENSE COSTS SHALL ALSO BE APPLIED AGAINST THE RETENTION AMOUNT.**

1. Full Legal Name of APPLICANT (include trading names and DBA's under which the applicant operates)

Contact Name: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. A. Applicant is:  Individual  Partnership  Corporation  Other

B. Date applicant was established: \_\_\_\_\_  
(If less than 3 years experience, please attach resumes for applicant principal(s).)

3. Is this a part-time business?  Yes  No

4. Total number of staff: \_\_\_\_\_  
(Please include yourself and all personnel, including clerical, who are involved in tax preparation & bookkeeping.)

5. Has the name of the APPLICANT been changed, or has the APPLICANT merged with or acquired another practice unit within the past 5 years?  Yes  No (If yes, please attach explanation)

6. Have you or your employees had a claim, or become aware of any circumstances which could give rise to a claim?  
 Yes  No (If yes, please complete the Supplemental Claim / Error Reporting Form.)

7. The policy provides coverage for tax preparation and notary public work. Bookkeeping coverage is available for an extra charge.

A.) Do you want coverage for bookkeeping activities?  Yes  No

B.) What percentage of your business' gross receipts is bookkeeping? \_\_\_\_\_%

8. Please select desired coverage limits by checking one box from either Table A or Table B below:

**Table A—U.S. (excluding New York)**

<input type="checkbox"/> \$10,000 each claim/\$20,000 aggregate	<input type="checkbox"/> \$50,000 each claim/\$100,000 aggregate
<input type="checkbox"/> \$25,000 each claim/\$50,000 aggregate	<input type="checkbox"/> \$100,000 each claim/\$200,000 aggregate

**Table B—New York only**

<input type="checkbox"/> \$10,000 each claim/\$10,000 aggregate	<input type="checkbox"/> \$50,000 each claim/\$50,000 aggregate
<input type="checkbox"/> \$25,000 each claim/\$25,000 aggregate	<input type="checkbox"/> \$100,000 each claim/\$100,000 aggregate

9. Effective date desired: \_\_\_\_\_

(NOTE: If you have *not* carried insurance in the past two years, we can include Prior Acts Coverage at your request. It will cover you for one year prior to the effective date above.

Yes Please provide Prior Acts Coverage for a period of one year prior to my effective date.

10. List all prior E&O liability coverage. If none, please state "None."

INSURANCE COMPANY	POLICY NUMBER	LIMITS	INCEPTION DATE	EXPIRATION DATE

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY**

Not applicable in Florida, Georgia, Kansas, Kentucky, Maine, New Hampshire, New York, North Carolina, Oregon, and West Virginia.

**WARRANTY:** The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

**NOTE:** In applying for coverage, the Applicant agrees that in the event of covered losses, he/she will be required to be defended by an attorney appointed by the Company.

The Applicant hereby acknowledges that he/she is aware that the limit of liability shall be reduced, and may be completely exhausted, by defense costs and in such event, the Company shall not be liable for defense costs or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she is aware that defense costs that are incurred shall be applied against the deductible amount.

The Applicant understands and accepts that the policy applied for provides coverage on a "claims-made and first reported" basis for only those claims that are made against the Insured while the policy is in force and that coverage ceases with the termination of the policy.

## NOTICE TO APPLICANT - PLEASE READ CAREFULLY

Applicable in Florida, Georgia, Kansas, Kentucky, Maine, New Hampshire, New York, North Carolina, Oregon, and West Virginia.

The Applicant represents that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a policy. It is hereby agreed and understood that this representation constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application submitted by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

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### FRAUD WARNING STATEMENTS

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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: 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."

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.

HAWAII APPLICANTS: 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.

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.

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.

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 A DENIAL OF INSURANCE BENEFITS.

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

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.

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.

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY 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 WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

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.

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.

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."

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.

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."

I HEREBY DECLARE that all statements and answers herein are full, complete and true to the best of my knowledge and belief and that no material circumstances or information concerning the subject matter of the questions asked has been withheld or omitted.

SIGNATURE OF APPLICANT\* \_\_\_\_\_ DATE \_\_\_\_\_

PRINT OR TYPE NAME AND TITLE \_\_\_\_\_

\*Signing this form, or deposit of the remittance, does not bind the APPLICANT, company or underwriting manager to complete the insurance. Application must be signed and dated to be considered for coverage.

NAME OF BROKER \_\_\_\_\_  
(Required: FLORIDA, IOWA, NEW HAMPSHIRE only)

BROKER LICENSE NO. \_\_\_\_\_  
(Required: FLORIDA only)

PRINT NAME \_\_\_\_\_

NAME OF AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

BROKER SIGNATURE \_\_\_\_\_  
(Required: NEW HAMPSHIRE only)