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15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PRIOR CARRIER INFORMATION YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY OTHER: CARRIER POLICY NUMBER PREMIUM \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$															
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PRIOR CARRIER INFORMATION YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY OTHER: CARRIER POLICY NUMBER PREMIUM \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	14.	DOES APPLICA	NT OWN /	LEASE	/ OPERATE ANY DR	ONES?	(If "YES", describe us	e)							N
REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PRIOR CARRIER INFORMATION YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY OTHER: CARRIER POLICY NUMBER PREMIUM \$ \$ \$ \$ \$, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,							
REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PRIOR CARRIER INFORMATION YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY OTHER: CARRIER POLICY NUMBER PREMIUM \$ \$ \$ \$ \$	15	DOES APPLICA	NT HIRE C	THER!	S TO OPERATE DRO	NES? (I	f "YES" describe use)								N
PRIOR CARRIER INFORMATION YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY OTHER: CARRIER POLICY NUMBER PREMIUM \$ <	'	20207 2.07			3 . 3 3 . 2 2		20 , 400020 400,								
PRIOR CARRIER INFORMATION YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY OTHER: CARRIER POLICY NUMBER PREMIUM \$ <		MARKS / DRO	CESSING	INICT	DUCTIONS (ACOE	D 101	Additional Bomar	ke Sel	hodulo m	21/	ho attached if	more space is	roquirod)		
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YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY OTHER: CARRIER POLICY NUMBER PREMIUM \$ \$ \$ \$ EFFECTIVE DATE \$ \$ \$ \$ \$ \$															
YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY OTHER: CARRIER POLICY NUMBER PREMIUM \$ \$ \$ \$ EFFECTIVE DATE \$ \$ \$ \$ \$ \$	PRI	OR CARRIER	INFORM	ATION	 										
CARRIER </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>AUTOM</td> <td>OBILE</td> <td></td> <td></td> <td>PROP</td> <td>ERTY</td> <td>OTHER:</td> <td></td> <td></td>							AUTOM	OBILE			PROP	ERTY	OTHER:		
PREMIUM \$ \$ \$ \$ \$ \$ \$ \$ EFFECTIVE DATE											<u> </u>				
EFFECTIVE DATE	1	POLICY NUME	BER												
	1	PREMIUM		\$			\$			\$			\$		
EXPIRATION DATE	1	EFFECTIVE D	ATE												
	1	EXPIRATION [DATE												

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTOR	Y	Check if non	e (Attach Loss Summary for A	dditional Loss Ir	formation)			
ENTER ALL CLAIMS	OR LOSSES (REC	GARDLESS OF FAULT AN	D WHETHER OR NOT INSURED) OR OCCURF	RENCES THAT MAY GI	VE RISE TO CLAIMS			
FOR THE LAST	YEARS					TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRI	PTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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 YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

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 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

			If CLAIMS				the POLICY	INFORM	IATION	section b	elow, tl	nis is an appl	ication for a claims-	made policy.	
AGENCY	u un	piovi	310113 01 111	Срс	noy care	iuny.				CARRIER				l N	AIC CODE
	Villian	ns & C	ompany, LL	С						1					
POLICY NUI								EFFECTIV	E DATE	NAMED INS	URED(S)				
24-25 PA		E						03/06/2		4AM Deve		nt, LLC			
POLICY I			ION								•	·			
T OLIO I		IXIVIAI	1011		TDA	NSACTION	I TVDE					LIM	IT OF LIABILITY	RETAINED	LIMIT
X NEW		×	UMBRELLA		OCCURRE		VOLUNTARY		RETROAC	TIVE DATE		\$ 2,000,000	EA OCC	\$	LIMIT
RENEV	WAL	<u> </u>	EXCESS		CLAIMS MA		7	PROP	OSED	CURR	ENT	\$	AGG		
EXPIRING P	POL #:											\$		FIRST DOLL DEFENSE (1	
		ENEF	ITS LIABII	LITY											
LIMIT OF IN						AGGREC	GATE LIMIT FOR I	EBL			RETAINE	D LIMIT FOR EBL		RETROACTIVE DATE	FOR EBL
\$						\$					\$				
NAME OF B	ENEFI	T PROG	GRAM							L				•	
PRIMARY	Y LO	CATIC	N & SUBS	SIDIA	RIES (AC	CORD 1	25)								
#	N/	MEAN	D LOCATION	OF PF	RIMARY AND	ALL SUB	SIDIARY COMPA	NIES (Desci	ribe Opera	itions)	ANI	NUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
NAN	ME:														
LOC	OITAC	l:													
DES	SCRIPT	ION:													
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UNDERL	YING	INSU	IRANCE												
					LIST AL	L LIABILIT	Y / COMPENSATI	ON POLICIE	S IN FOR	CE TO APPL	AS UND	ERLYING INSURA	NCE	ANNUAL DENEMA	RATING
TYPE			CARRIER	/ POL	ICY NUMBE	R	POLICY E	FF DATE	POLICY	EXP DATE	-	LI	MITS	ANNUAL RENEWA PREMIUM	L MOD
											CSL E	A ACC	\$	\$	
AUTOMOBI LIABILITY											BI EA	ACC .	\$	_ \$	
EI/ (DIEIT	.										BI EA I	PER	\$		
											PD EA		\$	\$	
GENERA												OCCURRENCE	\$	PREM / OPS	
LIABILITY POLICY TY												RAL AGGR & COMP OPS	\$	\$	_
OCCU											AGGR	EGATE DNAL & ADV	\$	PRODUCTS	
CLAIN											INJUR DAMA	GE TO RENTED	\$	\$	
MADE	E										PREM	ISES	\$	OTHER	
												AL EXPENSE	\$	\$	
EMPLOYE	RS										DISEA		\$	\dashv	
LIABILITY											DISEA		\$	\$	
												Y LIMIT	\$		
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	\dashv														
														\$	

ACORD 131 (2017/11)

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: 00017022

UNDERLYING	GENERAL LIABILI	TY INFORMAT	TION (Explain a	ıll "YES'	responses)										
1. ARE D	EFENSE COSTS:		TIW	THIN AC	GGREGATE LIMITS?				A SEPARATE LIMIT?		UN	NLIMITED?			
									regate limits, but must have a se limits; subject to Commissioner's			ual limit or m	ust be unlim	nited.)	
2. INDIC	ATE THE EDITIO	N DATE OF	THE ISO FOR	RM OR	SIMILAR FILING FOR	THE	UND	ERL'	YING COVERAGE:						
3. HAS	ANY PRODUCT, V	VORK, ACCI	DENT OR LC	CATIO	N BEEN EXCLUDED, L	JNIN:	SUR	ED C	OR SELF-INSURED FROM ANY	PRE	EVIOUS	S COVERAC	GE? (Y / N)		
	·				F CURRENT UNDERLY										
—					NTERRUPTED CLAIMS				OR EXCESS POLICY? (Y / N)				F. DATE:		
0. 1010	·								. ,						
									RESENT FOR EACH COVERAGE. PF OND STANDARD FORMS. EXPLAIN				N. EXPLAIN IF		
	CHECK IF A	PPROPRIATE			COVERAGE				EXPOSURE	C	OVERA	GE			EXPOSURE
ANY AU	TO (SYMBOL 1)				CARE, CUSTODY, CO	ONTR	OL				PRO)FESSIONAL I	LIABILITY (E8	(O)	
CGL - C	LAIMS MADE				EMPLOYEE BENEFIT	ΓLIAE	BILITY				VEN	IDORS LIABIL	ITY		
CGL - O	CCURRENCE				FOREIGN LIABILITY	/ TRA	VEL				WAT	ERCRAFT LIA	ABILITY		
COVERAGE			EXPOS	SURE	GARAGEKEEPERS L	IABIL	.ITY				4				
AIRCRA	FT LIABILITY			\vdash	INCIDENTAL MEDICA	AL MA	LPRA	CTIC	E	-	4				
	FT PASSENGER LIA	ABILITY			LIQUOR LIABILITY					+	-				
	ONAL INTERESTS S INSURANCE COVE	RAGE INFOR	MATION (INCL)	UDF ALI	POLLUTION LIABILIT		NDOF	RSEM	ENTS, DISCRIMINATION, SUBROGA	L	N WAIVE	FRS OR EXT	ENSIONS OF		
WHETHER IN required.	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.														
	JSTODY, CONT ROPERTY TYPE	KUL		VALUE		A*	B*	C*	D*				so	Q FT OF BLD	3.000
110	REAL			TALUE		Ť	-	Ť						0, 5250	
	PERSONAL														
OCCUPANCY	/ DESCRIPTION OF	PERSONAL	PROPERTY												
* ^	ADDI ICANIT: (A) (C	S HEI D IIAD	MI ECC IN T	JE 1 F ^	SE IDI HAS A WALLED	05	GI IDI	200	ATION TO LE A NAMED INICUES	ED '	INI TLIF	EIDE DOL "	יידט וחו סדיי	ED (anasit	\
VEHICLES		HELD HAK	IVILESS IN 11	TE LEA	SE, [B] HAS A WAIVER	UF :	SUBI	KUG.	ATION, [C] IS A NAMED INSURI	ועם	IN IHE	FIRE PULI	סן, נטן OTH	EK (Specify)
VEHICLES	<u> </u>													ADIUS (MILE	S)
-	TYPE	# OWNED	# NON- OWNED	# LEASI	ED				PROPERTY HAULED				LOCAL	INTER- MEDIATE	LONG DISTANCE
PRIVATE	PASSENGER														2.0.2.102
	LIGHT														
TDUCTO	MEDIUM														
TRUCKS	HEAVY														
	EX. HEAVY														

TRUCKS / HEAVY
TRACTORS EX. HEAVY

ADDITIONAL EXPOSURES AGENCY CUSTOMER ID: 00017022

	DITIONAL EXPOSURES	T
EXF	PLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
	ADVERTISERS LIABILITY	
1.	MEDIA USED:	
	ANNUAL COST: \$	
2.	ARE SERVICES OF AN ADVERTISING AGENCY USED?	
	ANY COVERAGE PROVIDED UNIDED A CENOVIO POLICIVO	
3.	ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	
	AIRCRAFT LIABILITY	
4.	DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	
-		
	AUTO LIABILITY	
5.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	
6.	ARE PASSENGERS CARRIED FOR A FEE?	
7.	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
8.	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	
_		-
9.	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
	CONTRACTORS LIABILITY	•
10.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	
l		
<u> </u>	PERSONE TYPICAL LODGE PERSONER (ARREST LANGUE LA	
11.	DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
l		
<u> </u>		
12.	DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
13.	DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	
 		1
14.	DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	
	EMPLOYERS LIABILITY	
15.	IS APPLICANT SELF-INSURED IN ANY STATE?	
\vdash		1
16.	SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	
L	INCIDENTAL MALPRACTICE LIABILITY	
17.	IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	
1		
10	ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	1
'8.	AND GOVERNOLD I NOVIDED FOR DOCTORS / NORGES!	
1		
1 10	INDICATE # OF DOCTORS: NURSES: BEDS:	1

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: 00017022

EXPL	AIN ALL "	YES" RESPONSES	, PROVIDE O	HER INFORMATION	REQUI	RED								Y/N
EPA:	#:					POL	LUT	ION LIABILI	ГҮ					<u> </u>
	EPA #: POLLUTION LIABILITY 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? 21. INDICATE THE COVERAGES CARRIED:													
21.														
	21. INDICATE THE COVERAGES CARRIED: GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE PRODUCT LIABILITY													
	GL	WITH STANDAR	D SUDDEN	& ACCIDENTAL O	NLY									
22.	ARE MIS	SILES, ENGINES	S, GUIDANC	E SYSTEMS, FRAI	MES C	OR ANY OTHER PR				AIRCRAFT)			
		EIGN OPERATION Attach ACORD 8		GN PRODUCTS D	ISTRII	BUTED IN THE USA	A OR	R US PROD	OUCTS SOLD / D	ISTRIBUTE	O IN FOREIGN C	OUNTR	RIES?	
24.	PRODUC [*]	T LIABILITY LOS	S IN PAST 1	THREE (3) YEARS?	? (SPE	:CIFY)								
25.	25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$													
								TIVE LIABILI						
26.	DESCRIB	E INDEPENDEN	T CONTRAC	CTORS (ACORD 1	01, Ad	dditional Remarks So	ched	dule, may b	e attached if mor	e space is re	quired)			
27	DOES AP	PLICANT OWN (OR LEASE V	VATERCRAFT?		WATE	RCF	RAFT LIABIL	ITY					
2".	LOC#	# OWNED		LENGTH		HORSEPOWER	1	LOC#	# OWNED		LENGTH		HORSEPOWER	
							1							
			<u> </u>		!	APARTMENTS / COM	NDO	MINIUMS / H	OTELS / MOTELS	 		1		
28.	LOC#	# STORIES	# UNITS	# SWIMMING PC	OLS	# DIVING BOARDS		LOC#	# STORIES	# UNITS	# SWIMMING I	POOLS	# DIVING BOARDS	
L	MARKS (ACORD 101	 	Remarks Sched	dule	may be attached	l if r	more spa	ce is required	<u> </u>				
	•	·							•					
1														

FRAUD STATEMENTS

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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.

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SIGNATURE			
IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MO (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:	OTORISTS (UN	M), UNDERINSURED I	MOTORISTS
UNINSURED MOTORISTS (UM) COVERAGE: \$*			
UNDERINSURED MOTORISTS (UIM) COVERAGE: \$	*		
MEDICAL PAYMENTS COVERAGE: \$*	* IF APPLICABLE IN	N YOUR STATE	
APPLICABLE ONLY IN LOUISIANA, MONTANA, NEV	W HAMPSHIF	RE AND VERMONT	
APPLICABLE ONLY IN LOUISIANA:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS REJECT UM COVERAGE ENTIRELY.			
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS)	OR		
2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)			
APPLICABLE ONLY IN MONTANA:			
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UUNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THIS	THÉ LIMITS IN	IDICATED IN (IN	IITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJ	,		E OPTION
1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS)	OR		
2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)			
APPLICABLE ONLY IN VERMONT:			
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUA SELECTED THE LIMITS INDICATED IN THIS APPLICATION.	AL TO MY LIAI	BILITY LIMITS. I HAVE	=
IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE			
WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.		ISTANCE CONCERNIN	NG THIS
PRODUCER'S SIGNATURE PRODUCER'S NAME	(Please Prin	st) STATE PRODU (Required in Florid	CER LICENSE NO
APPLICANT'S SIGNATURE DA	ATE	NATIONAL PROD	UCER NUMBER