

# commercial-lines-app-templates

## COMMERCIAL LINES APPLICATION TEMPLATES

### ACORD FORMS AND SUPPLEMENTAL QUESTIONNAIRES

#### CONFIDENTIAL - INTERNAL USE ONLY

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#### 1. INTRODUCTION

This document catalogs the standard application forms and supplemental questionnaires required for commercial lines submissions. These forms are designed to collect the necessary information to properly evaluate risks according to our underwriting guidelines.

Underwriters must ensure the appropriate application forms and supplemental questionnaires are completed in accordance with: - Industry-Specific Risk Acceptance Criteria (UW-GUIDE-2025-C01) - Coverage Limitations by Business Class (UW-GUIDE-2025-C02) - Rating Factors and Considerations by Industry (UW-GUIDE-2025-C03) - Authority Levels and Referral Triggers (UW-GUIDE-2025-C04)

**Note:** Applications that are incomplete or missing required supplemental questionnaires will delay the underwriting process and may result in declination. Producers are responsible for ensuring complete submissions.

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## 2. ACORD APPLICATION FORMS

The following ACORD forms are the primary application documents for commercial lines policies. The most current version of these forms must be used for all submissions.

### 2.1 STANDARD ACORD FORMS

Form Number	Form Title	Description	Required For
ACORD 125	Commercial Insurance Application	Business information, contacts, general information	All commercial submissions
ACORD 126	Commercial General Liability Section	General liability exposures and coverages	All GL submissions
ACORD 127	Business Auto Section	Vehicle schedule and auto coverages	All auto submissions
ACORD 128	Commercial Umbrella/Excess Section	Umbrella information and underlying policies	All umbrella submissions
ACORD 129	Property Section	Building and personal property exposures	All property submissions
ACORD 130	Workers Compensation Section	Employee information and class codes	All WC submissions
ACORD 131	Umbrella/Excess Section	Alternative to ACORD 128	As needed
ACORD 140	Property Exposure Supplement	Detailed property exposure information	Large/complex property risks
ACORD 823	Edge Business Auto Supplement	More detailed auto exposure information	Complex auto exposures
ACORD 827	Commercial Property Supplement	Supplemental property information	As needed
ACORD 833	Security Protection Supplement	Security and safety information	As needed
ACORD 835	Certificate of Insurance Request	Requests for certificates of insurance	All certificate requests
ACORD 837	Crime Section	Crime coverage application information	All crime submissions
ACORD 845	Equipment Breakdown Section	Equipment breakdown exposures	Equipment breakdown coverage

### 2.2 COMPANY-SPECIFIC FORMS

In addition to standard ACORD forms, the following company-specific forms may be required:

Form Number	Form Title	Description	Required For
CL-APP-01	Commercial Application Certification	Agent/insured certifications	All submissions
CL-APP-02	Terrorism Coverage Selection/Rejection	TRIA coverage election	All submissions
CL-APP-03	Premium Payment Plan Selection	Payment plan options	All submissions

Form Number	Form Title	Description	Required For
CL-APP-04	Prior Carrier and Loss History	Detailed loss information	All submissions
CL-APP-05	Statement of Values	Detailed property values	Property schedules > 5 locations
CL-APP-06	Business Income Worksheet	Business income calculation	BI coverage > \$250,000
CL-APP-07	Vehicle and Driver Schedule	Detailed vehicle/driver information	Auto submissions > 10 vehicles
CL-APP-08	Risk Management Questionnaire	Risk management practices	Premium > \$25,000

## 9. SUBMISSION PACKAGING REQUIREMENTS

Proper submission packaging ensures that underwriters have all necessary information to evaluate risks efficiently. The following requirements outline how submissions should be packaged and presented.

### 9.1 NEW BUSINESS SUBMISSION REQUIREMENTS

A complete new business submission package must include the following components in the order listed:

1. **Submission Cover Letter**
  - Named insured information
  - Effective date
  - Coverage(s) requested
  - Target premium (if applicable)
  - Special circumstances or unique characteristics
  - Marketing strategy (if applicable)
2. **Executive Summary**
  - Brief description of operations
  - Risk highlights
  - Loss experience summary
  - Risk management highlights
  - Submission differentiators
3. **Completed Applications**
  - ACORD forms
  - Company-specific forms
  - Supplemental questionnaires
  - All required signatures
4. **Exposure Information**
  - Schedule of locations
  - Schedule of values
  - Vehicle/equipment schedules
  - Driver information
  - Payroll/sales/receipts documentation
5. **Loss History Documentation**
  - Loss runs meeting requirements in Section 6
  - Loss analysis
  - Large claim details
  - Claim mitigation measures
6. **Risk Management Information**

- Safety program documentation
- Risk control measures
- Certifications and inspections
- Training programs
- 7. **Supporting Documentation**
  - Photos and diagrams
  - Financial statements (if required)
  - Contracts and agreements (if relevant)
  - Marketing materials (if helpful)
- 8. **Quote Requirements**
  - Coverage specifications
  - Desired limits and deductibles
  - Payment plan preferences
  - Required endorsements

## 9.2 RENEWAL SUBMISSION REQUIREMENTS

Renewal submissions should include the following components:

1. **Renewal Cover Letter**
  - Any changes in operations or exposures
  - Coverage change requests
  - Premium expectations
  - Current policy number
2. **Updated Applications**
  - Updated ACORD forms or change endorsements
  - Any required renewal supplementals
3. **Exposure Updates**
  - Updated schedules
  - New locations/vehicles/equipment
  - Changes in operations
4. **Updated Loss Runs**
  - Current term loss experience
  - Status of open claims
  - Claim mitigation efforts
5. **Renewal Underwriting Information**
  - Inspection reports
  - Audit results
  - Compliance with recommendations

## 9.3 SUBMISSION QUALITY STANDARDS

All submissions must meet the following quality standards:

1. **Presentation Quality**
  - Professional appearance
  - Logical organization
  - Clear and concise information
  - Accurate spelling and grammar
  - Appropriate use of industry terminology
2. **Content Quality**
  - Complete answers to all questions
  - Consistent information across all forms
  - Detailed descriptions where required
  - Accurate numerical data

- Appropriate level of detail based on complexity of risk
- 3. **Documentation Quality**
  - Current and accurate loss runs
  - Clear photographs (when required)
  - Legible documents and forms
  - Proper signatures and dates
  - Applicable certificates and licenses
- 4. **Electronic Submission Quality**
  - Proper file naming conventions
  - Appropriate file formats
  - Manageable file sizes
  - Complete email information
  - Secure transmission of data

## 9.4 SUBMISSION CHECKLIST

The following checklist should be used to verify submission completeness:

### SUBMISSION CHECKLIST

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Producer: \_\_\_\_\_ Effective Date: \_\_\_\_\_

#### GENERAL REQUIREMENTS

Submission cover letter  
 Completed and signed ACORD 125  
 Supplemental applications appropriate for industry  
 Loss runs (minimum 3 years)  
 Loss summary worksheet  
 Details for all claims >\$10,000  
 Description of operations  
 Financial information (if applicable)  
 Risk management information

#### PROPERTY COVERAGE

Completed and signed ACORD 129  
 Statement of values  
 Photos of buildings (exterior and interior)  
 Construction/occupancy/protection details  
 Building updates information  
 Business income worksheet (if applicable)  
 Equipment breakdown information (if applicable)  
 Flood/earthquake information (if applicable)

#### GENERAL LIABILITY COVERAGE

Completed and signed ACORD 126  
 Detailed description of operations  
 Products information (if applicable)  
 Contractual liability information  
 Certificate tracking procedures (if applicable)  
 Quality control information (if applicable)  
 Premises diagrams (if applicable)

#### COMMERCIAL AUTO COVERAGE

Completed and signed ACORD 127  
Complete vehicle schedule with VINs  
Driver list with license numbers and DOB  
Radius of operations  
Fleet safety program information  
Maintenance program information  
MVRs (if available)

#### WORKERS COMPENSATION COVERAGE

Completed and signed ACORD 130  
Experience modification worksheet  
Detailed class code information  
Payroll information by class and state  
OSHA logs (if applicable)  
Return to work program information  
Safety program information

#### UMBRELLA/EXCESS COVERAGE

Completed and signed ACORD 131 or 128  
Schedule of underlying policies  
Underlying declarations pages

#### SPECIAL COVERAGES

Professional liability application  
Cyber liability application  
Employment practices liability application  
Directors & officers application  
Environmental liability application  
Other: \_\_\_\_\_

#### SUBMISSION QUALITY REVIEW

All questions answered (no blanks)  
Information consistent across all forms  
All required signatures obtained  
Appropriate level of detail provided  
Logical organization of information  
Professional appearance of submission  
Electronic files properly named  
All numerical data verified

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 10. APPENDICES

### APPENDIX A: STATE-SPECIFIC FORMS

The following state-specific forms are required in addition to standard applications for the indicated states:

State	Form Number	Form Title	Required For
CA	CA-APP-01	California Uninsured Motorists Election	Auto policies
CA	CA-APP-02	California Premium Finance Disclosure	All policies with premium financing

State	Form Number	Form Title	Required For
FL	FL-APP-01	Florida Hurricane Deductible Selection	Property policies
FL	FL-APP-02	Florida Sinkhole Coverage Election	Property policies
NY	NY-APP-01	New York Free Trade Zone Disclosure	All excess line placements
NY	NY-APP-02	New York Construction Certificate	GL for contractors
TX	TX-APP-01	Texas Windstorm Acknowledgement	Property in coastal territories
TX	TX-APP-02	Texas Non-subscriber Acknowledgement	Employers not subscribing to WC

## APPENDIX B: INDUSTRY CLASSIFICATION CODES

The industry classification codes in this appendix should be used consistently across all application forms to ensure proper classification of risks.

**SIC Codes (Standard Industrial Classification)** - 0100-0999: Agriculture, Forestry, and Fishing - 1000-1499: Mining - 1500-1799: Construction - 1800-1999: Not allocated - 2000-3999: Manufacturing - 4000-4999: Transportation, Communications, Electric, Gas, and Sanitary Services - 5000-5199: Wholesale Trade - 5200-5999: Retail Trade - 6000-6799: Finance, Insurance, and Real Estate - 7000-8999: Services - 9000-9999: Public Administration

**NAICS Codes (North American Industry Classification System)** - 11: Agriculture, Forestry, Fishing and Hunting - 21: Mining, Quarrying, and Oil and Gas Extraction - 22: Utilities - 23: Construction - 31-33: Manufacturing - 42: Wholesale Trade - 44-45: Retail Trade - 48-49: Transportation and Warehousing - 51: Information - 52: Finance and Insurance - 53: Real Estate and Rental and Leasing - 54: Professional, Scientific, and Technical Services - 55: Management of Companies and Enterprises - 56: Administrative and Support and Waste Management and Remediation Services - 61: Educational Services - 62: Health Care and Social Assistance - 71: Arts, Entertainment, and Recreation - 72: Accommodation and Food Services - 81: Other Services (except Public Administration) - 92: Public Administration

## APPENDIX C: APPLICATION DOCUMENT RETENTION REQUIREMENTS

The following document retention requirements apply to all application materials:

Document Type	Retention Period	Storage Format	Access Level
Applications	7 years after policy expiration	Electronic and paper	Underwriting, Claims, Audit
Loss Runs	10 years	Electronic	Underwriting, Claims, Audit
Photos	3 years after policy expiration	Electronic	Underwriting, Claims
Inspection Reports	5 years after policy expiration	Electronic	Underwriting, Claims, Audit
Risk Management Plans	3 years after policy expiration	Electronic	Underwriting, Claims
Financial Statements	3 years	Electronic	Underwriting, Audit
Certificates of Insurance	5 years after policy expiration	Electronic	Underwriting, Claims, Audit

Document Type	Retention Period	Storage Format	Access Level
Signed Forms/Endorsements	10 years after policy expiration	Electronic and paper	Underwriting, Claims, Audit, Legal

## DOCUMENT CONTROL

Approved by: \_\_\_\_\_

Jennifer L. Rodriguez, CPCU, CIC

VP of Underwriting Operations

**Revision History** | Version | Date | Description of Changes | Approved By | | — — — | — — | — — — — — — — —  
 | — — — — — | 1.0 | 03/01/2023 | Initial document | T. Wilson | 1.5 | 08/15/2023 | Added industry questionnaires  
 | J. Rodriguez | 2.0 | 02/01/2024 | Major revision to all sections | J. Rodriguez | 2.2 | 07/15/2024 | Updated  
 submission requirements | J. Rodriguez | 2.3 | 11/10/2024 | Updated for 2025 guidelines | J. Rodriguez |

## CONFIDENTIALITY NOTICE

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## 4. INDUSTRY-SPECIFIC SUPPLEMENTAL QUESTIONNAIRES

### 4.5 OFFICE & PROFESSIONAL SERVICES QUESTIONNAIRE

#### OFFICE & PROFESSIONAL SERVICES SUPPLEMENTAL QUESTIONNAIRE

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### GENERAL OPERATIONS INFORMATION

1. Years in business under current name: \_\_\_\_\_ Years of experience in industry: \_\_\_\_\_

2. Type of professional service business:

Legal      Accounting/Bookkeeping      Insurance agency      Real estate  
 Consulting      Architecture/Engineering      Marketing/Advertising  
 Financial services      Technology services      Other: \_\_\_\_\_

3. Detailed description of professional services provided: \_\_\_\_\_  
 \_\_\_\_\_

4. Hours of operation: \_\_\_\_\_ Days of week open: \_\_\_\_\_

5. Total square footage: \_\_\_\_\_ sq ft      Number of locations: \_\_\_\_\_

6. Annual gross revenue: \$ \_\_\_\_\_

Current year: \$ \_\_\_\_\_ 1 year prior: \$ \_\_\_\_\_ 2 years prior: \$ \_\_\_\_\_

7. Do you own or lease the building?      Own      Lease

If leased, are you responsible for building insurance?      Yes      No

Are you responsible for interior/exterior maintenance?      Yes      No

#### PROFESSIONAL STAFF & OPERATIONS



8. Number of staff: Principals/Partners: \_\_\_\_\_ Professionals: \_\_\_\_\_ Administrative: \_\_\_\_\_

9. Professional qualifications (list professional designations/licenses held by key staff):  
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10. Do you maintain professional liability/E&O insurance?      Yes      No  
If yes, carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Expiration: \_\_\_\_\_

11. Client profile (percentage of clients by type):  
Individuals: \_\_\_\_%    Small businesses: \_\_\_\_%    Mid-size businesses: \_\_\_\_%  
Large corporations: \_\_\_\_%    Government entities: \_\_\_\_%    Other: \_\_\_\_%

12. Average value of largest contracts/matters: \$\_\_\_\_\_

13. Do you use written contracts with clients?      Yes      No  
If yes, percentage of operations: \_\_\_\_\_%  
Do contracts contain limitation of liability clauses?      Yes      No  
Do contracts clearly define scope of services?      Yes      No

14. Do you subcontract work to others?      Yes      No  
If yes, percentage of work subcontracted: \_\_\_\_\_%  
Type of work subcontracted: \_\_\_\_\_  
Do you require certificates of insurance from subcontractors?      Yes      No  
Minimum limits required: \$\_\_\_\_\_

#### PROPERTY & PREMISES INFORMATION

15. Building information:  
Age of building: \_\_\_\_\_ Year of last update: Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_

16. Fire protection:  
Smoke detectors      Fire extinguishers      Central station fire alarm  
Sprinkler system (% of building): \_\_\_\_%      Local fire alarm  
Emergency lighting      Other: \_\_\_\_\_

17. Security measures:  
Central station burglar alarm      Card access system      Security cameras  
Security guard      Exterior lighting      Receptionist/visitor sign-in  
Other: \_\_\_\_\_

18. Do you have:  
Emergency evacuation plan      Business continuity plan  
ADA compliant entrances/restrooms      Unobstructed exits

#### COMPUTER SYSTEMS & DATA PROTECTION

19. Do you maintain sensitive customer/client data?      Yes      No  
If yes, what type?  
Personal information      Financial information      Health information  
Corporate confidential information      Other: \_\_\_\_\_

20. Data security measures (check all that apply):

Firewall      Anti-virus software      Encryption      Password policies  
Regular updates/patches      Backup procedures      Employee training  
Other: \_\_\_\_\_

21. How often is data backed up? \_\_\_\_\_  
Backup method:      Cloud      External drives      Network storage      Other: \_\_\_\_\_  
Are backups stored off-site?      Yes      No
22. Do you have cyber liability insurance?      Yes      No  
If yes, carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Expiration: \_\_\_\_\_
23. Have you experienced any cyber incidents or data breaches in the past 3 years?      Yes      No  
If yes, explain: \_\_\_\_\_

#### VALUABLE PROPERTY & EQUIPMENT

24. Electronic equipment (total value): \$ \_\_\_\_\_  
Desktop computers      Laptops      Servers      Networking equipment  
Specialized equipment: \_\_\_\_\_ Other: \_\_\_\_\_
25. Do employees use company-owned laptops/devices off premises?      Yes      No  
If yes, describe security measures: \_\_\_\_\_
26. Do you maintain valuable papers/records?      Yes      No  
If yes, estimated replacement cost: \$ \_\_\_\_\_  
Storage method:      Fire-rated cabinets      Vault      Digital backup      Other: \_\_\_\_\_
27. Do you have any fine arts or valuable property on premises?      Yes      No  
If yes, total value: \$ \_\_\_\_\_ Types: \_\_\_\_\_  
Are items appraised?      Yes      No

#### ADDITIONAL OPERATIONS & EXPOSURES

28. Do you host clients/visitors on premises?      Yes      No  
Estimated number of visitors per month: \_\_\_\_\_
29. Do employees travel to client locations?      Yes      No  
If yes, percentage of time: \_\_\_\_\_%
30. Do you have any international operations or clients?      Yes      No  
If yes, describe: \_\_\_\_\_
31. Do you organize or sponsor any events?      Yes      No  
If yes, describe: \_\_\_\_\_

The undersigned declares that to the best of their knowledge, the statements set forth herein are true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. RISK-SPECIFIC DATA COLLECTION FORMS

In addition to industry-specific questionnaires, the following risk-specific data collection forms are required when applicable exposures exist. These forms gather detailed information about specific exposures that require specialized underwriting consideration.

### 5.1 EQUIPMENT BREAKDOWN DATA COLLECTION FORM

#### EQUIPMENT BREAKDOWN DATA COLLECTION FORM

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### GENERAL INFORMATION

1. Location address(es) where equipment is located:

\_\_\_\_\_  
\_\_\_\_\_

2. Type of business operation: \_\_\_\_\_

3. Annual business income/revenue: \$\_\_\_\_\_

4. Business interruption exposure:

Estimated daily value of business income: \$\_\_\_\_\_

Maximum downtime tolerable without significant business impact: \_\_\_\_\_ days

#### EQUIPMENT INVENTORY

5. Boilers/Pressure Vessels:

Hot water boilers: Number: \_\_\_\_\_ Age: \_\_\_\_\_ PSI: \_\_\_\_\_ Size/capacity: \_\_\_\_\_

Steam boilers: Number: \_\_\_\_\_ Age: \_\_\_\_\_ PSI: \_\_\_\_\_ Size/capacity: \_\_\_\_\_

Pressure vessels: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Purpose: \_\_\_\_\_

Are boilers and pressure vessels inspected regularly? Yes No

Date of last inspection: \_\_\_\_\_ By whom: \_\_\_\_\_

6. Mechanical Equipment:

Refrigeration systems: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Size/capacity: \_\_\_\_\_

Air conditioning systems: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Size/capacity: \_\_\_\_\_

Compressors: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Purpose: \_\_\_\_\_

Pumps: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Purpose: \_\_\_\_\_

Fans/blowers: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Purpose: \_\_\_\_\_

Production equipment: Type: \_\_\_\_\_ Number: \_\_\_\_\_ Age: \_\_\_\_\_

Other mechanical equipment: \_\_\_\_\_

7. Electrical Equipment:

Transformers: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Size/KVA: \_\_\_\_\_

Electrical panels: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Amperage: \_\_\_\_\_

Motors: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Size/HP: \_\_\_\_\_

Generators: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Size/KW: \_\_\_\_\_

UPS systems: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Size/capacity: \_\_\_\_\_

Other electrical equipment: \_\_\_\_\_

8. Electronic Equipment:

Computer systems: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Value: \$\_\_\_\_\_

Diagnostic equipment: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Value: \$\_\_\_\_\_
Telecommunications systems: Number: \_\_\_\_\_ Age: \_\_\_\_\_ Value: \$\_\_\_\_\_
Other electronic equipment: \_\_\_\_\_

9. Total estimated replacement cost of all equipment: \$\_\_\_\_\_

MAINTENANCE & INSPECTIONS

10. Do you have a preventative maintenance program? Yes No
If yes, is it: Formal/written Informal

11. Maintenance performed by: In-house personnel Outside contractor
If outside contractor, company name: \_\_\_\_\_

12. Maintenance frequency:
Monthly Quarterly Semi-annually Annually Other: \_\_\_\_\_

13. Are maintenance records kept? Yes No

14. Do you have service contracts on any equipment? Yes No
If yes, which equipment: \_\_\_\_\_

15. Equipment inspection frequency: \_\_\_\_\_

16. Is equipment operated within manufacturer's specifications? Yes No

LOSS CONTROL & CONTINGENCY PLANNING

17. Is critical equipment:
Alarmed Monitored Redundant systems available

18. Do you have a backup power supply? Yes No
If yes: Generator UPS Battery Other: \_\_\_\_\_
Capacity: \_\_\_\_\_ Run time: \_\_\_\_\_

19. Do you have a contingency plan for equipment breakdown? Yes No
If yes, please describe or attach: \_\_\_\_\_

20. Is replacement equipment readily available? Yes No
Estimated replacement time: \_\_\_\_\_

21. Has any equipment been modified from original specifications? Yes No
If yes, describe: \_\_\_\_\_

LOSS HISTORY

22. Has the applicant experienced any equipment breakdown losses in the past 5 years? Yes No
If yes, provide details:
Date: \_\_\_\_\_ Equipment: \_\_\_\_\_ Cause: \_\_\_\_\_ Amount: \$\_\_\_\_\_
Date: \_\_\_\_\_ Equipment: \_\_\_\_\_ Cause: \_\_\_\_\_ Amount: \$\_\_\_\_\_

23. Were any improvements/safeguards implemented as a result of prior losses? Yes No
If yes, describe: \_\_\_\_\_

The undersigned declares that to the best of their knowledge, the statements set forth herein are true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_