

Domestic Partnership

Declaration

I, _____ and _____ certify that
Insured's Name (print) Insured's Name (print)

we are domestic partners in accordance with the following criteria:

Representations

1. We are in a relationship of mutual support, caring, and commitment as domestic partners named herein, and intend to remain in such relationship for the indefinite future.
2. We are not married to anyone else.
3. We are each other's sole domestic partner.
4. We are not related by blood.
5. We are at least 18 years of age.
6. We share a legal residence, and have shared a common legal residence for at least 6 months prior to the application of insurance.
7. We are jointly responsible for maintaining the common household.
8. We are jointly responsible for each other's common welfare and share financial obligations. Joint responsibility for each other's common welfare and shared financial obligations may be demonstrated by the existence of at least three of the following items. Proof of these documents will not be required at this time, but that the Insurer reserves the right to request copies at a later date.
 - a. Evidence of joint obligation on a loan.
 - b. Joint ownership of a motor vehicle, checking account or credit account.
 - c. Execution of wills naming each other as executor and/or beneficiary.
 - d. Designation by one or the other as beneficiary under a retirement benefits account.
 - e. Granting each other durable power of attorney.
 - f. Evidence of a common household (household expenses, e.g. utility bills, telephone bills, joint public assistance budget, etc.)

We further understand that the Insurer retains the right to verify, at any time, any and/or all of the information set forth herein. We have reviewed information we have provided herein and do hereby certify that it is true and correct to the best of our knowledge. We will inform Main Street America Group promptly if there is any change in the status of the domestic partnership.

Insured's Signature _____ Date _____

Insured's
Signature _____ Date _____