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**AMERICAN ALTERNATIVE INSURANCE CORPORATION**

**555 College Road East, Princeton, NJ 08543-5241**

***TITLE AGENCY SUPPLEMENT to***

**APPLICATION FOR LAWYERS’ PROFESSIONAL LIABILITY INSURANCE**

**Claims Made and Reported Insurance Policy**

**IMPORTANT NOTICE –**This form should only be completed if either the Applicant Firm or any of its members have an ownership interest or control over any other entity that performs either title-related real estate services or handles real estate closings or sales transactions, and desires professional liability insurance coverage for such an entity be endorsed onto the American Alternative Insurance Corporation lawyers professional liability insurance.

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| **Title Agency Overview** |

1. Applicant Law Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Is this an American Alternative Insurance Corporation renewal? YES NO

*If YES, please update only the information below that has changed since the prior application.*

2. a. Title Agency Name (& *address if different from Applicant Law Firm*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

b. Date Established: \_\_\_\_\_\_\_\_\_\_\_\_ c. Entity Type: Proprietorship  Partnership  Corporation  Other\_\_\_\_\_\_\_\_\_\_\_\_

d. Please check all in force insurance/bonds? E&O/Prof. Liability GL Employee Dishonesty/Fidelity Bond

*(For each YES to subpart* ***d.****, please list Insurer’s Name, Policy or Bond Type & Limits):*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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e. Number of Staff: Attorney Title Agents\_\_\_\_\_\_ Non-Attorney Title Agents\_\_\_\_\_\_\_ Escrow/Closing Agents\_\_\_\_\_\_ Title Abstracter/Title Searcher\_\_\_\_\_\_ Other Professionals\_\_\_\_\_\_\_ Clerical Staff \_\_\_\_\_\_\_ Total Staff\_\_\_\_\_\_\_\_

Of the total Staff above, number who also work for Applicant Law Firm: \_\_\_\_\_\_\_

f. Professional Association Memberships: (i.e., State Land Title Associations, ATLA, NAILTA, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Please list all Title Agency Owners and % of Ownership:

|  |  |  |  |
| --- | --- | --- | --- |
| Owner Name | **% of Ownership** | Owner Name | **% of Ownership** |
| 1. | % | 4. | % |
| 2. | % | 5. | % |
| 3. | % | 6. | % |

4. a. Excluding the Owners, does any other person or entity exert any operational control or have significant influence over the Agency revenues, including referral volume under an affiliated or controlled business arrangement? YES NO

b. Does any single client generate more than 10% of the total Agency revenues? YES NO

*If YES to a. or b. above, please describe fully:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Services & Transactions Detail |

5. a. Total Agency Revenues: This Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Prior Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Percentage of Revenues by **Type of Service**: Title Agent Commissions\_\_\_\_\_\_% Escrow Services\_\_\_\_\_ %

Closing Services\_\_\_\_\_\_% Title Abstracting/Searches\_\_\_\_\_\_% Title or Legal Opinions:\_\_\_\_\_\_% Other Services:\_\_\_\_\_\_% (*Description of Other Services*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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c. Percentage of Revenues by **Type of Transaction**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Transaction | Est. % of Revenues | Est. # of Transactions | Estimated Average Transaction Size | Estimated Maximum Transaction Size |
| Residential Construction | % |  | $ | $ |
| Other Residential | % |  | $ | $ |
| Commercial Construction | % |  | $ | $ |
| Other Commercial | % |  | $ | $ |
| Raw Land/Agricultural | % |  | $ | $ |
| Oil & Gas | % |  | $ | $ |
| Metals and Minerals | % |  | $ | $ |
| 1031 Exchanges | % |  | $ | $ |
| Aircraft | % |  | $ | $ |
| Other (*Describe*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | % |  | $ | $ |

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| Title Insurance Details |

6. Please detail the Agency’s Title Insurance business by Title Insurer (*please do not abbreviate names*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title Insurer | Est. Ann. Title Insurance Premium Placed | Maximum Limit of Underwriting Authority | Est. Annual # of Owner’s Policies | Est. Annual # of Lender’s Policies |
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7. a. Who performs Agency’s title searches? Applicant Agency\_\_\_\_\_\_% Independent Contractor\_\_\_\_\_% Title Underwriter\_\_\_\_\_\_% Other\_\_\_\_\_% *Please explain any Other Search Providers: \_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Has the Agency verified that all external search providers/resources have E&O insurance? YES NO

8. List of States (*abbrev*.) where the Agency performs title insurance and related real estate services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

9. Has Any Title Insurer ever cancelled or non-renewed an Agency contract with the applicant?  YES NO

**(NOT APPLICABLE IN MISSOURI)**

IF Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Escrow & Closing Details |

10. Est. # of closed escrows Past Year: \_\_\_\_\_\_\_ Prior Year: \_\_\_\_\_\_\_ Ave. Escrow: $\_\_\_\_\_\_\_\_\_\_\_\_ Largest Escrow: $\_\_\_\_\_\_\_\_\_\_\_

11. Please confirm which procedures are in place for Closing and Escrow services:

a. Written Closing Instructions Required? YES NO

b. Internal Escrow Files audited pre-Closing? YES NO c. Regular Independent CPA Audits of Escrow Account? YES NO

d. Cashier’s Check/“Good Funds” pre-Closing? YES NO e. Require/Retain Signatures from all Parties for changes? YES NO

f. Disclaimers/Waivers required if Closing without Title Insurance? YES NO

g. Escrow duration limited to 1 Year? YES NO

h. Escrow Accounts balanced at least Monthly? YES NO i. Closing or Escrow services only for 1031 Exchanges? YES NO

For any NO answers, please provide explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Title Agency Claim Information |

12. Has any Principal, Officer, Director or Employee of the Agency ever been convicted of, or investigated for, or been involved in litigation or administrative proceedings alleging personal involvement or assistance in a Felony, Financial Crime or Fraud? YES NO

13. Does any member of the applicant Title Agency either have knowledge of, or been the subject of any of the following:

a. A claim or suit arising out of the provision of Professional Services by the applicant Agency or a Predecessor? YES NO

b. An act, error omission, or other incident that could reasonably be expected to form the basis of a future

professional liability claim? YES NO

c. Any situation where professional liability insurance coverage for any past or present member of the

applicant Agency or a predecessor was cancelled or non-renewed (*Missouri Applicants do not respond)* YES NO

*For any YES answer in this Section, please provide full details:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***Title Agency Supplement* to LPL Application NOTICES** |

**APPLICANT REPRESENTATIONS AND ASSURANCES:** The undersigned hereby represents to and assures the Company that the information contained in this application is true and correct as of the date this application is executed and that the Company shall be entitled to rely upon this application as the basis of any insurance policy the Company may issue to the applicant firm. The undersigned acknowledges and agrees that the accuracy of the information contained in this application will be material to the decision by the Company to issue any insurance policy to the applicant firm.

The undersigned further represents to and assures the Company that the applicant firm will report to the Company (as soon as practicable) any material change in any answers, responses, facts or information set forth in this application or any supplemental application submitted herewith, including, but not limited to, the existence of any claim(s) or any facts or circumstances which may give rise to a claim.

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY- WARNING**

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD**

**NOTICE TO 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 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: 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.

**NOTICE TO 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.

**NOTICE TO KANSAS APPLICANTS:** IN KANSAS, 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.

**NOTICE TO LOUISIANA** and **MAINE APPLICANTS:** It is a crime to 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.

**NOTICE TO MARYLAND APPLICANTS**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO 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 fines and confinement in prison.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any 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 or 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer makes a claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO 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.

**NOTICE TO TENNESSEE, VIRGINIA & 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.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**This application must be signed by an owner, partner or corporate officer. Signing does not bind the applicant or the Company.**

Signature of Owner, Partner or Corporate Officer Date (mm/dd/yyyy)

Print or Type Name/Title

[In States Where Required]

Authorized Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Producer License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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