The Solution for Healthcare Application

Notice

THE LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENT AMOUNTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS. PLEASE READ THIS POLICY CAREFULLY.

Applicant information

Name of Applicant

Website address

Street address | City | State | Zip code

SIC or NACIS code | Year Applicant's Business Was Established

Description of Applicant's Operations

Contact Person in the event of a Claim
Name | Title

Email address | Phone

1. Applicant is
   - ☐ NFP Tax Exempt ☐ NFP Taxable ☐ FP Corporation ☐ LLC
   - ☐ Joint Venture ☐ Partnership ☐ Other (please specify):

2. Subsidiary Information

Name	% Owned	Year started	Description of operations	Entity type

*Entity Types: FP = For-Profit (other than Partnership); NP = Non-Profit; GP = General Partnership; LP = Limited Partnership; LLC = Limited Liability Company; JV = Joint Venture. To enter more information, please attach a separate page or an organization chart.

3. In the next 12 months (or during the past 24 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing) the following:

a. Any actual or proposed merger, acquisition, or divestiture?	☐ Yes	☐ No
b. Undertaking any new areas of business?	☐ Yes	☐ No
c. Any registration for a public offering or a private placement of securities?	☐ Yes	☐ No
d. Bankruptcy, receivership, liquidation or reorganization?	☐ Yes	☐ No
e. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs?	☐ Yes	☐ No

If "Yes", please provide details in an attachment.

Financial information

Please indicate the following as it relates to the Applicant's fiscal year end (FYE): (please indicate negative figures with "( )" or "-", as appropriate)	Most Recent FYE (Month/Year)	Prior FYE (Month/Year)
Total Assets		
Long Term Debt		
Net Equity/Net Assets (Deficit Equity)		
Revenues		
Operating Income		

1. Is the Applicant currently, or has it been in the past 24 months, in violation of or has it amended any debt covenant? ☐ Yes ☐ No
   If "Yes", please provide details in an attachment.
2. Has any auditor issued a "going concern" opinion for the Applicant's or any of its subsidiaries financial statements during the past three (3) years? ☐ Yes ☐ No
   If "Yes", please provide details in an attachment.
3. Have the outside auditors stated there are material weaknesses in the Applicant's systems of internal controls? ☐ Yes ☐ No
   If "Yes", please attach an explanation and provide the latest CPA letter to management and management's response.
4. Has the Applicant implemented all material recommendations of the auditor? ☐ Yes ☐ No
   If "No", please provide details in an attachment.

Policy options

☐ Shared Limits (please check coverages to share limits): ☐ D&O ☐ EPL ☐ FID
☐ Separate Limits

Current insurance information/requested insurance terms

Liability coverages

Desired Liability Coverage	Expiring Premium	Expiring limit	Expiring retention	Requested limit	Requested retention
Directors and Officers (D&O)					
Employment Practices (EPL)					
Fiduciary Liability					

Crime coverages

Desired Crime Coverage	Expiring limit	Expiring retention	Requested limit	Requested retention
Employee Theft				
In Transit				
Inside the Premises				
Forgery or Alteration				
Computer Fraud				
Funds Transfer Fraud				
Credit Card Fraud				
Money Orders and Counterfeit Currency Fraud				
Client Coverage				

Expiring crime insurer

Expiring crime premium

Directors & Officers and Entity Liability Coverage Part

Coverage requested ☐ Yes ☐ No

Please complete this section if applying for this coverage.

1. Does the Charter or By-laws of the Organization provide indemnification to its Directors and Officers to the fullest extent permitted by law? ☐ Yes ☐ No
2. Total number of owners / shareholders:

Shareholder	% Owned	Director or Officer?	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

If there are more shareholders, please attach a list including: Shareholder Name, percent owned, and whether he/she is a Director or Officer.

3. Have there been any changes in the Board of Directors or Senior Management of the Applicant over the past year for reasons other than death or retirement? ☐ Yes ☐ No
   If "Yes", please provide details in an attachment.

4. Has the Applicant or any person proposed for coverage been the subject of, or been involved in, any of the following during the past five years?		
a. Anti-trust, copyright or patent litigation	☐ Yes	☐ No
b. Civil, criminal or administrative or regulatory proceeding alleging violation of any federal or state laws	☐ Yes	☐ No
c. Any other criminal proceeding or investigation	☐ Yes	☐ No
d. Any allegedly illegal discriminatory practices	☐ Yes	☐ No
e. Any class action or derivative suit	☐ Yes	☐ No
If the Applicant answered "Yes" to any of the above questions, attach a full description of the details including but not limited to name and date of action or proceeding, parties' names, summary allegations and resolution.		
5. Is the Applicant a party to any affiliations, partnership arrangements or joint venture arrangements? If "Yes", please provide details in an attachment.	☐ Yes	☐ No
6. Do you perform provider selection? If "Yes", does the Applicant have written policies and procedures in place for provider selection?	☐ Yes	☐ No
7. Does the Applicant control more than twenty percent (20%) in any given geographical area of (a) providers in any given field of practice; (b) hospital beds; (c) health care services; or (d) if the Applicant provides managed care products or services, the market share of health plan members? If "Yes", please provide details in an attachment.	☐ Yes	☐ No
8. Does the Applicant have exclusive contracts with any hospitals or providers? If "Yes", please provide details in an attachment.	☐ Yes	☐ No
9. Does the Applicant have any provider agreements that contain non-compete clauses? If "Yes", please provide details in an attachment.	☐ Yes	☐ No
10. Are all mergers and acquisitions reviewed by outside counsel for antitrust compliance?	☐ Yes	☐ No
11. Is the applicant in compliance with all aspects of HIPAA Regulations?	☐ Yes	☐ No
12. Does the Applicant have a Regulatory Compliance Plan in effect?	☐ Yes	☐ No
13. Has the Applicant been subjected to any type of audit investigating overpayments received for services provided or violation of any law? If "Yes", please provide details in an attachment.	☐ Yes	☐ No
14. Has the Applicant or any proposed Insured voluntarily disclosed to any governmental entity a violation or potential violation of the Civil False Claims Act or the Physician Ownership & Referral Law (Stark Self-Referral Law)? If "Yes", please provide details in an attachment.	☐ Yes	☐ No
15. Has the Applicant or any proposed Insured retained legal counsel to provide an opinion as to whether or not a certain course of conduct would be in violation of the Civil False Claims Act or the Physician Ownership & Referral Law (Stark Self-Referral Law)? If "Yes", please provide details in an attachment.	☐ Yes	☐ No

Employment Practices Liability Coverage Part

Coverage requested ☐ Yes ☐ No

Please complete this section if applying for this coverage.

Please provide employee information for the past two years

	20	20
Full Time Employees (including employed physicians)		
Part Time Employees (including seasonal, leased, temporary, employed physicians)		
Independent Contractors (full and part time)		
Total Number of Employed Physicians (full time and part time)		
Employees located in CA		
Employees located in AL, NJ, WV		

	20	20
Voluntary Terminations		
Involuntary Terminations		
Layoffs		

If the applicant has had any layoffs in the past 24 months please provide details.

	20	20
Percentage of employees compensated less than $150,000 annually		
Percentage of employees compensated between $150,000 - $250,000 annually		
Percentage of employees compensated more than $250,000 annually		

	20	20
Percentage of employees unionized		
Are any collective bargaining agreements pertaining to unionized employees coming up for renewal in the next 12 months?	☐ Yes	☐ No

Human Resources

1. Does the Applicant have a Human Resources (HR) department? Number of HR employees:	☐ Yes	☐ No
2. Do you have a handbook? If yes, has legal counsel reviewed the handbook?	☐ Yes ☐ Yes	☐ No ☐ No
3. Does the Applicant utilize an employment application for all prospective employees?	☐ Yes	☐ No
4. Does the employment application or employee handbook contain "Employment at Will" language?	☐ Yes	☐ No
5. Does the employment application contain an "Equal Employment Opportunity" statement?	☐ Yes	☐ No

6. Please indicate whether the Applicant has formal written policies and procedures related to the following and indicate whether employees sign and acknowledge receipt and understanding:

			Receipt Acknowledged	
Anti-Harassment – Including Sexual Harassment	☐ Yes	☐ No	☐ Yes	☐ No
Discrimination	☐ Yes	☐ No	☐ Yes	☐ No
Equal Opportunity	☐ Yes	☐ No	☐ Yes	☐ No
Disabled Employees and Accommodations	☐ Yes	☐ No	☐ Yes	☐ No
Grievance Procedures	☐ Yes	☐ No	☐ Yes	☐ No
Pregnancy Leave/FMLA	☐ Yes	☐ No	☐ Yes	☐ No
Employee Discipline	☐ Yes	☐ No	☐ Yes	☐ No
Conduct when dealing with third parties (including non-discrimination and non-harassment)	☐ Yes	☐ No	☐ Yes	☐ No
Annual Written Performance Evaluation	☐ Yes	☐ No	☐ Yes	☐ No
Internet/Social Media Policy	☐ Yes	☐ No	☐ Yes	☐ No

7. Have the above policies and procedures been reviewed by legal counsel within the past 24 months?	☐ Yes	☐ No
8. With respect to employee terminations, does the Applicant consult with legal counsel or Human Resources personnel prior to every termination? If "No", please attach an explanation describing your procedures	☐ Yes	☐ No
9. Please indicate whether the Applicant conducts human resources training, including sexual harassment training for managers and supervisors.	☐ Yes	☐ No
10. Is the company subject to OFCCP oversight?	☐ Yes	☐ No
11. Does the company have a policy for handling customer complaints of harassment or discrimination?	☐ Yes	☐ No
12. During the past 3 years, has any applicant or any person proposed for coverage been involved in any capacity in any of the following matters?		
a. EEOC, NLRB, OFCCP or other similar proceeding	☐ Yes	☐ No
b. Employment related civil suit	☐ Yes	☐ No

If "Yes", please provide details in an attachment.

Fiduciary Liability Coverage Part

Coverage requested ☐ Yes ☐ No

Please complete this section if applying for this coverage.

Plan data

Complete chart for all plans for which coverage is requested:

Full plan name (do not include health & welfare plans)	*Plan type	Is this a church plan?	Current asset value	Current No. of Participants	**Plan Status	Funded Status (If DB Plan)

*Plan Types: Defined Benefit (DB) Defined Contributions (DC) ESOP (E) Other (O) – Attach Explanation

**Plan Status: (A)=Active (F)=Frozen (S)=Sold (T)=Terminated (if any plan has been terminated, indicate date of transaction)

List additional plans on a separate attachment

Plan underwriting questions

1.	Is each plan reviewed periodically to assure there are no violations of ERISA (e.g., prohibited transactions or party-in-interest rules)? If "No", please provide details in an attachment.	☐ Yes	☐ No
2.	Does any plan (a) not conform to the standards of eligibility, participation, vesting, blackout notification requirements and other provisions of ERISA or similar foreign law; (b) hold employer securities or employer real property in violation of ERISA or in excess of ERISA limits; or (c) invest in or provide an option to invest in employer securities? If "Yes", please provide details in an attachment.	☐ Yes	☐ No
3.	Has any plan (a) been the subject of an investigation by the DOL, IRS, or any similar foreign agency; (b) had its tax exempt status withdrawn or threatened to be withdrawn by the IRS; (c) experienced an event reportable to the PBGC; (d) filed for an exemption from a prohibited transaction; (e) received an adverse opinion as to its financial condition by an independent public accountant; or (f) not been certified by an actuary to be adequately funded in accordance with ERISA's minimum funding standard? If "Yes", please provide details in an attachment.	☐ Yes	☐ No
4.	Does the Applicant sponsor any Cash Balance Plans or does the Applicant anticipate the conversion to or has it ever converted a pension plan to a Cash Balance Plan? If "Yes", please provide details in an attachment.	☐ Yes	☐ No
5.	Has any plan (a) been amended within the last 12 months in a way that will result in the reduction of benefits or are any such amendments anticipated within the next 12 months; or (b) been merged with another plan, terminated or sold within the past two years or anticipated in the next 12 months? If "Yes", please attach an explanation detailing whether a blackout period will result and any associated plans for implementation and disclosure to participants.	☐ Yes	☐ No
6.	Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? If "Yes", please provide details in an attachment.	☐ Yes	☐ No
7.	Do all employee pension benefit plans or pension plans have a written investment policy?	☐ Yes	☐ No
8.	Are all employee benefit plan or pension plan assets managed by a third party investment manager?	☐ Yes	☐ No
9.	Are all Employee Benefit Plans compliant with the Health Insurance Portability and Accountability Act (HIPPA)?	☐ Yes	☐ No
10.	Do you follow a written procedure to determine the reasonableness of all plan fees, including revenue sharing arrangements?	☐ Yes	☐ No

Crime Coverage Part

Coverage requested ☐ Yes ☐ No

Please complete this Section if applying for this coverage.

1.	Are bank accounts reconciled on a monthly basis?	☐ Yes	☐ No
2.	Does someone other than the person responsible for reconciling bank accounts:		
	a. Make Deposits?	☐ Yes	☐ No
	b. Make Withdrawals?	☐ Yes	☐ No
	c. Sign Checks?	☐ Yes	☐ No
3.	Is countersignature of checks required?	☐ Yes	☐ No
	If "Yes", what is the dual signing limit?	$	
4.	Is segregation of duties practiced in the following areas:		
	a. Inventory management?	☐ Yes	☐ No
	b. Cash, check and credit card receipts?	☐ Yes	☐ No
	c. Oversight of blank check stock?	☐ Yes	☐ No
	d. Wire transfer receipts and payments?	☐ Yes	☐ No
5.	Are all incoming checks stamped “for deposit only” immediately upon receipt?	☐ Yes	☐ No
6.	Is a physical count of inventory conducted at least annually?	☐ Yes	☐ No
7.	Are inventory records computerized?	☐ Yes	☐ No
8.	Is there a CPA letter to management relating to internal control weaknesses?	☐ Yes	☐ No
9.	Are the duties of computer programmers and operators separated?	☐ Yes	☐ No
10.	Is dual authorization required for all wire transfers?	☐ Yes	☐ No
11.	Does the Applicant’s financial institution receive authorization from an employee, other than the one who requested the wire transfer, before acting on the request?	☐ Yes	☐ No
12.	Are background and credit checks performed on vendors in order to determine ownership and financial capability prior to doing business with them?	☐ Yes	☐ No
13.	Is an authorized vendor list utilized by the Applicant and updated annually for all purchases, with competitive bidding required over stated amounts?	☐ Yes	☐ No
14.	Does the Applicant verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment?	☐ Yes	☐ No
15.	Do you perform any of the following on candidates for new employment:		
	a. Verification of Prior Employment?	☐ Yes	☐ No
	b. Credit History?	☐ Yes	☐ No
	c. Drug Testing?	☐ Yes	☐ No
	d. Criminal History?	☐ Yes	☐ No
	e. Education Verification?	☐ Yes	☐ No

16. Indicate if you have or perform any of the following:

Business Practices/Polices:

- ☐ Formal written business plan?
- ☐ Code of Ethics?
- ☐ Fraud Policy?
- ☐ Conflict of Interest Policy?
- ☐ Confidential hotline or procedure for employees to report violations in your policies?

Physical Controls:

- ☐ Guards/Watchmen
- ☐ Premises Alarm Systems
- ☐ Messengers
- ☐ Controlled Premises Access
- ☐ Other protection

Loss information

For liability coverage parts

Related to the requested Liability Coverage(s), has any person or entity proposed for this insurance been a party to any employment-related claims, ERISA claims, professional liability claims, securities claims, criminal actions, administrative or regulatory proceedings, charges, hearings, demands or lawsuits during the past three years including but not limited to, shareholder, creditor, antitrust, fair trade law, copyright or patent litigation, whether or not insured? ☐ Yes ☐ No

If "Yes", please complete the table below

To the extent that any lawsuit or claim required to be disclosed in response to the question above constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

Details	Amount Paid for Defense	Amount Paid for Damages	Covered by Insurance?	Corrective Procedures Implemented
	$	$	☐ Yes ☐ No	
	$	$	☐ Yes ☐ No	

For crime coverages

Has the Applicant incurred any crime-related losses, or been involved in any crime-related incidents, during the past three years? ☐ Yes ☐ No

If "Yes", please complete the table below

To the extent that any loss, incident or expense is required to be disclosed in response to the question above and such loss, incident or expense was "Discovered", as defined by these Coverages, prior to the policy period requested hereunder, such loss, incident or expense is excluded under these Coverages.

Date of Loss	Amount of Loss	Description of Loss	Corrective Procedures Implemented
	$		
	$		
	$		

Required attachments

As part of this Application, submit the following documents with respect to the Applicant:

General Information Required:

- Most recent audited financial statements with notes. If no audit is available provide the most recent year-end income statement and balance sheet.
- Interim financial statements, if annual financial statements are older than 6 months.
- Loss runs for the past 5 years, from any carrier for which the coverage requested is a direct or indirect replacement.

Required if requesting D&O Coverage:

- List of Directors & Officers
- Organizational Chart

Required if requesting EPL Coverage:

- Employee Handbook, if policy limit requested is $5,000,000 or greater.
- Most recent EEO-1 report, if Applicant has 1,000 or more employees.

Required if requesting Fiduciary Coverage:

- Plan 5500s for each defined benefit plan.
- Plan financial statement for each defined benefit plan.
- ESOP Valuation, if any plan is an ESOP or if any plan has 10% or more of plan assets invested in employer securities.

Required if requesting Crime Coverage:

- CPA Management Letter, if policy limit requested is $5,000,000 or greater.

Material change

If there is any material change in the answers to the questions in this Application before the policy inception date, the applicant must immediately notify the Insurer in writing, and any outstanding quotation may be modified or withdrawn.

Fraud warnings

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 Alaska residents: “A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law”.

Notice to Arizona residents: “For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties”.

Notice to California residents: “For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison”.

Notice to Colorado residents: “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 Delaware residents: “Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony”.

Notice to Florida residents: “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 Idaho residents: “Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony”.

Notice to Indiana residents: “A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony”.

Notice to Kansas residents: “A ‘fraudulent insurance act’ means an act committed by 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”.

Notice to Kentucky residents: “Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits an fraudulent insurance act, which is a crime”.

Notice to Maryland residents: “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 Maine residents: “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”.

Notice to Minnesota residents: “A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime”.

Notice to New Hampshire residents: “Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20”.

Notice to New Jersey residents: “Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties”.

Notice to New Mexico residents: “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”.

Notice to Ohio residents: “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”.

Notice to Oklahoma residents: “WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony”.

Notice to Oregon residents: “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”.

Notice to Pennsylvania residents: “Any person who knowingly and with intent to defraud any insurance company or other person files a 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 and Washington residents: “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 Texas residents: “Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison”.

Notice to Vermont residents: “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”.

Notice to New York residents: “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 violation”.

Representation – Prior knowledge of acts/circumstances/situations

The undersigned authorized agent of the Proposed Insureds represent, after reasonable inquiry, that no person or entity proposed for this insurance is aware of any fact, circumstance or situation which could reasonably be expected to give rise to a claim to which the proposed insurance would apply, except as disclosed immediately below (a "Disclosed Matter").

If no Disclosed Matter exists, please write “None” here

The undersigned authorized agent acknowledges and agrees, on behalf of all Proposed Insureds proposed for this insurance, that any Disclosed Matter shall be excluded from coverage under the proposed insurance.

Signatures

Name (please print) | Title (please print)

Signature | Date

If this application is completed in Florida, please provide the insurance agent’s name and license number as designated.
If this application is completed in Iowa, please provide the insurance agent’s name only.

Name of insurance agent | License number