Admiral INSURANCE GROUP | a Berkley Company

HEALTH, NUTRITION & LIFESTYLE APPLICATION

SECTION I – BUSINESS INFORMATION

Applicant Name (including all DBAs):

Mailing Address:

Location Address:

Website Address(es):

Business Inception Date:

Applicant is: ☐ Individual ☐ Joint Venture ☐ LLC ☐ Corporation ☐ Partnership ☐ Other – Specify:

Are your operations performed at a residence? ◯ Yes ◯ No

Is Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? ◯ Yes ◯ No
If Yes, confirm the legal entity name and operation s of each, including organizational structure with ownership details:

SECTION II – YOUR PRODUCT SALES

Annual Gross Sales:	Total	United States	Foreign
Upcoming Year			
Current Year			
Prior Year			

1) Please provide a description of your operations and list all of your products and goods:

2) Does any applicant have any operations, websites and/or any receipts or income from any products, goods or services that are NOT reflected on the application(s) submitted? ◯ Yes ◯ No

3) Has there been any change in products or operations in the last twelve (12) months? ◯ Yes ◯ No

4) Please provide the percentage of total gross sales generated by the following types of products (if none, enter 0):

	Upcoming Year (Estimate):	Prior Year (Actual):
a. Caffeine exceeding 300 mg per serving (all sources)	%	%
b. Cannabidiol (CBD)/hemp products	%	%
c. Hemp/CBD vaping devices and related accessories including cartridges & replacement batteries	%	%
d. Class I & Class II Medical Products / Devices	%	%

5) Please check all of the following products that you will make or sell, or that you have made or sold in the past:

☐ Nicotine / Tobacco Electronic Cigarettes ☐ Hemp Vaping Devices ☐ Cartridges/E-liquid

☐ CBD Vape Oil ☐ Replacement Batteries ☐ Battery Rechargers

☐ Blunts / Smokeable Hemp

SECTION III – YOUR OPERATIONS

(In this section, please check N/A if you do not perform the operations and the question doesn't apply to you.)

6) Are you a franchise location? ◯ Yes ◯ No

If Yes, which are you? ☐ Franchisee ☐ Franchisor

Please provide a copy of the Franchise Agreement.

7) Have you had any acquisitions of companies and operations in the past five (5) years? ◯ Yes ◯ No
If Yes, please list all:

8) Are you performing any Research and Development? ◯ Yes ◯ No
If Yes, please provide details:

9) Please provide the percentage of your gross sales generated by the following types of operations:

a. Manufacturer – Your proprietary product formula that you manufacture in your facility %

b. Contract Manufacturer – Products that are custom developed and formulated for third parties and sold under third party labels %

c. Contract Manufacturer – Products made based on Applicants proprietary formula, or solely to the specification of the third party customer formula and sold under third party customer labels (no custom formulation) %

d. Contract Packaging – Packaging services to third parties using third party labels (no labeling services) %

e. Contract Labeling – Offering custom labeling services to third parties and sold under third party labels %

f. Wholesale / White Label – Your proprietary formulated and manufactured products sold in bulk under labels of others %

g. Distributor – Products of others sold under labels of others on behalf of others %

h. Importer – Directly Importing Ingredients or Finished Products %
(Note: Applicants that have products drop shipped directly to your customers without physical possession will no longer qualify for the HNL Program.)

i. Retailer (Own Label) – Products sold under your own label or brand ____ %

j. Retailer – Products of others sold under label of others ____ %

k. Extractor – Hemp or other ____ %

l. Grower - Hemp ____ %

m. Other (please describe): ____ ____ %

10) If you are a **Manufacturer or Retailer** – (Own Label), please answer the following questions: ☐ N/A

a. Have you or will you use ingredients imported from foreign suppliers? ◯ Yes ◯ No

If Yes, list the Countries of Origin: ____

b. Do you contract the manufacturing of your product to others? ◯ Yes ◯ No
If Yes, please provide the manufacturer's name and physical address:

____

11) If you are a **Wholesaler / White Labeler** – (your proprietary formulated and manufactured products sold in bulk under labels of others), please answer the following questions: ☐ N/A

a. Are you cGMP compliant? ◯ Yes ◯ No

b. Do you provide a Certificate of Analysis to your customers upon delivery of the finished product? ◯ Yes ◯ No

c. Do you maintain batch records on file that document production details for each lot of finished product? ◯ Yes ◯ No

d. Do you confirm your customers carry their own liability coverage and obtain a certificate of liability insurance? ◯ Yes ◯ No

12) If you are a **Contract-Manufacturer** – (Products that are custom developed and formulated for third parties and sold under third party labels / Products made based on Applicants' proprietary formula, or solely to the specification of the third party customer formula and sold under third party customer labels), please answer the following questions: ☐ N/A

a. Are you offering any product development or custom formulation services to third party customers? ◯ Yes ◯ No

If Yes, confirm the credentials and experience of individuals signing off on formulation specifications:

____

b. Are you creating / designing original labels, warnings, instructions for use or any other regulatory required wording for others? ◯ Yes ◯ No

If Yes, confirm the credentials and experience of individuals signing off on label specifications, including name of the law firm if one is used:

____

c. Does your team have a minimum of three years of experience in the contract manufacturing, formulating, and labeling field? ◯ Yes ◯ No

d. What percentage of total sales are from products sold under labels of others? ____ %

e. Do you have written contracts or manufacturing agreements in place with your clients? ◯ Yes ◯ No

If Yes, do they contain mutual indemnification wording? ◯ Yes ◯ No

f. Do you confirm that your customers carry their own Product Liability coverage for products sold under their own label? ◯ Yes ◯ No

g. Do you confirm that your customers have formal, written product recall procedures in place? ◯ Yes ◯ No

h. Please provide a list of the products you will be manufacturing for others:

i. Do you provide Certificates of Analysis to your customers upon delivery of the finished product? ◯ Yes ◯ No

j. Please confirm the number of customers for whom you provide contract manufacturing services:

13) If you are a **Contract Packager / Contract Labeler** – please answer the following questions: ☐ N/A

a. Do you have a written contract with each customer that includes hold harmless and indemnification agreements in your favor? ◯ Yes ◯ No

b. Are you responsible for developing warnings, instructions for use, or any other regulatorily required wording? ◯ Yes ◯ No

c. Do you purchase Professional E&O coverage for possible financial damages due to errors and omissions on your part? ◯ Yes ◯ No

d. Please provide the number of customers for whom you provide contract packaging and labeling services:

14) If you are an **Importer**, please provide the following information: ☐ N/A

a. Please list the countries of origin:

b. Are you importing any products? ◯ Yes ◯ No

If Yes, can you confirm all products imported into the US are tested in the U.S. with proper quality assurance and quality controls? ◯ Yes ◯ No

c. Are all products shipped from the U.S.? ◯ Yes ◯ No

15) If you are a **Retailer**, please provide the following information: ☐ N/A

a. Name and address of manufacturers/suppliers:

b. Please list details on Quality Control/Quality Assurance in place:

c. Are manufacturers/suppliers cGMP compliant? ◯ Yes ◯ No

d. Are agreements in place? ◯ Yes ◯ No

e. Do your suppliers provide you with Certificates of Insurance? ◯ Yes ◯ No

If Yes, are they named as an Additional Insured? ◯ Yes ◯ No

f. Are inventory records kept? ◯ Yes ◯ No

g. Are there recall procedures in place by you or the manufacturer? ◯ Yes ◯ No

16) **Vape exposure** (including CBD vape products), please provide the following information: ☐ N/A

a. Name and address of manufacturer:

b. Are you aware of the PACT ACT for Vape Products? ◯ Yes ◯ No

Do you comply with the PACT ACT? ◯ Yes ◯ No

c. Please provide the gross sales of each of the following types of vape products:

Vape Devices $

Cartridges $

E-liquids $

Batteries $

Other: $

d. Are products UL8139 compliant? Yes No

e. Are E-liquids sold in childproof containers? Yes No

f. Are E-liquid products CBD only, confirmed to have no nicotine or tobacco? Yes No

g. Do battery chargers have auto safety cut-off to prevent overcharging? Yes No

h. Are there any replacement batteries? Yes No

If Yes, are they equipped with a protection circuit to prevent thermal runaway? Yes No

17) If you are performing **extraction/processing**, please answer the following questions: N/A

a. Are you performing any extraction operations? Yes No

If No, please provide the name and address of the company extracting and skip to question 18:

If Yes, please answer questions 17 b-m.

b. Will there be any residential operations? Yes No

c. What method of extraction will be used?

d. Is the equipment used for extraction certified commercial equipment that is certified and tested for its intended use? Yes No

e. Will the equipment be operated by certified technicians or engineers? Yes No
If No, who is operating and what experience do they have?

f. Will the hemp be tested for metals, pesticides, THC levels, and solvent residue? Yes No

g. What solvents will be used in the process?

h. Does the extraction facility comply with Class 1, Division 2 electrical requirements? Yes No

i. Are you in compliance with all regulations, laws and ordinances that involve the use, storage, handling and disposal of any gases used in the operations? Yes No

j. Is your extraction facility in compliance with state and local fire codes for this type of business? Yes No

k. Is the extraction done in a fireproof contained area? Yes No

l. Does the location where you are manufacturing require a business license? Yes No

If Yes, have you obtained one? Yes No

m. Are you the sole occupant of the building? Yes No

18) If you are a **Grower**, please answer the following questions: ☐ N/A

a. Will operations include growing or cultivating in any of the following? (Check all that apply.)

☐ Indoor ☐ Outdoor ☐ Greenhouse

b. Do you have a license to grow hemp? ◯ Yes ◯ No

c. Are you also selling any consumer products containing hemp or CBD? ◯ Yes ◯ No

d. Do you provide Certificate of Analysis to your customers to confirm product purity and the THC content? ◯ Yes ◯ No

e. Is Delta-9 THC content more than 0.3%? ◯ Yes ◯ No
(Note: If answered "Yes" to this question, coverage will not be available.)

f. Do your farming operations include extracting on site? ◯ Yes ◯ No

g. Please provide a complete Named Insured list:

19) If you manufacture or sell **Class I & Class II Medical Products / Devices**, please answer the following questions: ☐ N/A

a. Are you a member of MDMA? *(CLICK HERE to see MDMA website.)* ◯ Yes ◯ No

b. Is your device used as a component part of someone else's end product / device? ◯ Yes ◯ No
If Yes, please list products you manufacture that are a component of others end products / device:

c. Do you advertise your product directly to consumers / patients? ◯ Yes ◯ No

d. Do you have any past or present association with any of the products listed: *Latex Gloves, Breast Implants, Hip, Knee, Spinal Devices or Implants, DEHP, Pedicle Screws, IUD Devices Animal / Human Derived Products?* ◯ Yes ◯ No

e. Do you manufacture products for others to sell under the label of others? ◯ Yes ◯ No

f. Do you employ licensed medical professionals to sell, design or offer instruction related to the use of your product? ◯ Yes ◯ No

g. Do you repair, install, or service your products? ◯ Yes ◯ No

h. Are Material Data Safety Sheets and Scheduled Maintenance Procedures issued to each customer? ◯ Yes ◯ No

SECTION IV – HEMP & CANNABIDOL (CBD)

20) Are you making or selling any Hemp/Cannabidiol (CBD) products? ◯ Yes ◯ No
If No, please provide the name and address of the CBD Manufacturer and supplier:

a. Do you have batch records on file that document production details for each lot of finished products? ◯ Yes ◯ No

b. Are your products certified to contain no more than 0.3% Delta-9 THC? ◯ Yes ◯ No

Is it listed on the label? ◯ Yes ◯ No

c. Are your products tested and certified by a third party laboratory? ◯ Yes ◯ No

d. Do you obtain your hemp or CBD products from a licensed grower in the U.S.? ◯ Yes ◯ No

(Note: If answered "No", to 20) a-d., coverage for CBD will not be available.)

21) Are all of the cannabinoids contained in the products extracted from legally cultivated hemp? ◯ Yes ◯ No

22) Are all of the CBD and other cannabinoid products being sold where regulated, tested, and labeled THC products are available? ◯ Yes ◯ No

23) Are all the CBD and other cannabinoids contained in the products considered legal under State law in your State? ◯ Yes ◯ No

SECTION V – DELTA-8 THC AND OTHER THC & ADULT-USE CANNABINOIDS

If you are manufacturing, selling or distributing Delta-8 or other novel cannabinoid-containing products (e.g. Delta-10, THC-O, THC-V, THC-A, HHC, etc.), please answer the following questions: ☐ N/A

24) Are all cannabinoid-containing products sold by you or on your behalf directly extracted from legally cultivated hemp? ◯ Yes ◯ No

Do you attest that cannabinoid-containing products are hemp-derived and are NOT marijuana-derived? ◯ Yes ◯ No

25) Do all products sold by you or on your behalf contain less that.3% Delta-9 THC on a dry weight basis? ◯ Yes ◯ No

26) Have you received a favorable legal opinion regarding the sale of Delta-8/other adult use cannabinoids in your state? ◯ Yes ◯ No

27) Do you ship or sell your products to states or venues with an unfavorable legal opinion regarding the sale of Delta-8/other adult use cannabinoids? ◯ Yes ◯ No

28) Does your product undergo:

Pesticide testing? ◯ Yes ◯ No

Residual solvent testing? ◯ Yes ◯ No

Potency testing? ◯ Yes ◯ No

Mycotoxins testing? ◯ Yes ◯ No

29) Do any of your products contain caffeine? ◯ Yes ◯ No

30) Are your products tested and certified by a third-party laboratory? ◯ Yes ◯ No

31) What testing and quality control procedures are conducted to verify the safety and quality of your product?

32) Do all packaging/labels and marketing materials include warnings for intoxicating effects and directions for use? ◯ Yes ◯ No

33) Can you confirm that there have been no prior health claims or incidents in any way related to or arising out of the use of your product? ◯ Yes ◯ No

34) What is the highest total THC concentration in any products sold by you or on your behalf?

35) Do you ensure all patrons are over the age of 18 prior to selling cannabinoid-containing or THC-containing products? ◯ Yes ◯ No

36) Is on-site consumption permitted? ◯ Yes ◯ No

37) Can you confirm that all products sold by you or on your behalf are manufactured SOLELY in the United States? ◯ Yes ◯ No

SECTION VI – LABELING, MARKETING, AND ADVERTISING

38) Has legal counsel reviewed your labeling, advertising, and marketing materials and confirmed they are in compliance with the regulations established by the FDA and FTC? ◯ Yes ◯ No

39) Has the FDA or FTC ever contacted you about your labeling, advertising, and marketing materials? ◯ Yes ◯ No
If Yes, please provide details and attach to the application.

40) Do all of your labels include the disclaimer that the FDA has not evaluated the claims on your labels and that your products are not intended to diagnose, treat, cure or prevent any disease? ◯ Yes ◯ No

41) Are you making any structure/function claims products on labels, websites or other marketing materials? ◯ Yes ◯ No

42) Are you making any disease claims for specific health conditions on your products on labels, websites or other marketing materials? ◯ Yes ◯ No
If Yes, provide specifics:

43) Do you maintain documentation that substantiates each claim you make? ◯ Yes ◯ No

44) Have you conducted or are you planning to conduct, human clinical trials to substantiate your product claims? ◯ Yes ◯ No

45) Does your packaging, marketing material, and any other literature appeal to children (e.g. packaging that looks like candy, juice boxes, cookies, toys, etc.)? ◯ Yes ◯ No
If Yes, provide packaging details on warnings designed to prevent access to minors in the general fill area at the end of the application.

SECTION VII – YOUR QUALITY CONTROL AND REGULATORY COMPLIANCE

46) Product Withdrawal/Product recall:

a. Do you have a formal written product recall procedure? ◯ Yes ◯ No

If No, when do you plan to have one in place? Date:

b. Have you voluntarily or involuntarily recalled or withdrawn, or are you considering recalling or withdrawing any products for any reason? ◯ Yes ◯ No

If Yes, please provide details:

47) Current Practices or Your Specified Industry Equivalent:

a. Are you fully compliant with FDA Current Good Manufacturing Practices (cGMP)? ◯ Yes ◯ No

If No, when do you plan to have it in place? Date:

b. Are you compliant with Food, Drug & Cosmetic Act 21 CFR 111? ◯ Yes ◯ No

c. Have you been Certified cGMP Compliant? ◯ Yes ◯ No
If Yes, please list the Accredited Certifying Body along with the date of certification:

48) Quality Assurance Program (QAP)/Quality Control Program (QCP):

a. Have you attained an ISO 9000, QS 9000 or similar third party certification for your quality systems? ◯ Yes ◯ No

Please list any and all others:

b. Do you have a formal written Quality Assurance Program/Quality Control Program, including writing Standard Operating Procedures that control your operations? ◯ Yes ◯ No

c. Please provide name, title and contact information (email/phone) for Quality Assurance Program/Quality Control Program manager:

49) Are all facilities used to manufacture, process, pack, hold or store your products registered with the FDA? ◯ Yes ◯ No

SECTION VIII – REGULATORY EVENTS

50) In the past five (5) years, have you submitted a Serious Adverse Event Report (SAER) to the FDA or has the FDA notified you of an SAER submitted directly by a health care provider, firm or consumer? ◯ Yes ◯ No
If Yes, please attach a comprehensive list of all Serious Adverse Events, along with copies of all reports and relevant documents.

51) Do you have an SOP detailing how to identify and handle an SAER/SAE? ◯ Yes ◯ No

52) Are you aware of any complaint or notice filed in the last three years with any governmental agency or industry regulatory body, including but not limited to the FDA or FTC, concerning your product? ◯ Yes ◯ No
If Yes, please attach a detailed explanation.

53) Have you been inspected by the FDA? ◯ Yes ◯ No

a. Did the FDA issue a Form 483 notifying you of any objectionable conditions? ◯ Yes ◯ No

If Yes, please provide a copy and your written response to the FDA.

b. Has FDA Form 483 been responded to with an FDA closeout letter? ◯ Yes ◯ No

54) Do you comply with Prop 65 labeling requirements? ◯ Yes ◯ No

(Note: If the answer to the above question is "No", coverage will not be available.)

SECTION IX – OPTIONAL COVERAGE ENHANCEMENTS

55) Hired & Non-Owned Auto

Please answer all of the following questions if you would like to be considered for Hired & Non-Owned Auto Liability (HNOA) coverage:

a. Do you have a separate Auto Liability policy for the business? ◯ Yes ◯ No

b. Do you ***own*** any auto that is used in your business and is registered to your company? ◯ Yes ◯ No

c. Will you have more than five employees using their personal auto for business use? ◯ Yes ◯ No

d. Will any vehicle be operated beyond a 50-mile radius of the business location address on a weekly basis? ◯ Yes ◯ No

e. Will any vehicle be used for product delivery? ◯ Yes ◯ No

(Note: If answered "Yes", to any of the above questions, HNOA coverage will not be available.)

56) Cyber Liability

Please answer all of the following questions if you would like to be considered for Cyber Liability coverage.

a. Does the company configure firewalls to restrict inbound and outbound network traffic to prevent unauthorized access to internal networks? ◯ Yes ◯ No

b. Does the company update (e.g., patch, upgrade) commercial software for known security vulnerabilities per the manufacturer advice? ◯ Yes ◯ No

(Note: If a and b are answered "No", our limited cyber coverage will be unavailable.)

c. Do your third-party technology service providers meet required regulatory requirements that are required by your company (e.g., PCI-DSS, HIPAA, SOX, etc.)? ◯ Yes ◯ No

i) Does your website have an “online cart”? ◯ Yes ◯ No

ii) Do you collect medical information? ◯ Yes ◯ No

(Note: If insured has an online cart and is not PCI-DSS compliant, our limited cyber coverage will be unavailable. If the insured collects medical information, our limited cyber coverage will be unavailable.)

SECTION X – YOUR CLAIMS, LOSSES, DEMANDS FOR DAMAGES AND SIMILAR EXPERIENCES

57) Have there been any insured or uninsured losses in the past five (5) years? ◯ Yes ◯ No

58) Are you aware of any investigation, incident, condition, circumstance, lawsuit, legal action or suspected defect in any product or work, which has resulted in or may result in demand for damages or claims against you that are not listed in the five (5) years carrier loss history? If Yes, please attach a detailed explanation. ◯ Yes ◯ No

59) Has any insurer cancelled coverage with you in the past five (5) years? ◯ Yes ◯ No
If Yes, please provide details including the reason why:

60) Current Carrier (check N/A if no current coverage) ☐ N/A

Is your current carrier offering renewal? ◯ Yes ◯ No

Coverage Form: ☐ Occurrence ☐ Claims-Made If Claims-Made, Retroactive Date:

Limits: $ Deductible: $

Premium: $ Rate: $

61) Desired Limits: $ Desired Deductible: $

For detailed information on regulatory requirements and definitions, you may find useful references at:

www.fda.gov and www.ftc.gov

Note: Coverage will not apply to products containing ingredients banned by the FDA or any governmental body or ruling agency including but not limited to Steroids. Including any product, supplement, additive, substance, ingredient or compound controlled or banned by any governmental body or ruling agency or additions/changes to the Anabolic Steroid Control Act of 1990 including amendments thereto or the Anabolic Steroid Control Act of 2005; DMAA (Dimethylamylamine) (1.3 – Dimethylamylamine); Ephedra; Ephedrine Alkaloids; or Fenfluramine (N-Nitroso-Fenfluramine); Kratom; or Phenibut.

General fill-in area for further explanation:

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.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title: Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.