



VISTA INTERNATIONAL BROKERS LTD., LLC
1318 Redwood Way, Suite 250
Petaluma, CA 94954

analducci@vistainternational.com
Phone: (707) 796-7180 Fax: (707) 796-7190

Enclosed you will find **an admitted** Non Profit Package quote for Tejas Bluebonnet Region of Narcotics Anonymous. The quote number is NPP016U0873 Version 3 .

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Provides the Liability Limits of Insurance
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote. This service is free of charge; no interest, no set-up fees and no installment charges apply.

Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.



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Thank you for the opportunity to quote this account!

Sincerely,
Alicyn Nalducci
VISTA INTERNATIONAL BROKERS LTD., LLC



NPP016U0873 Version 3

Quote is valid until 8/22/2016

To: **Tejas Bluebonnet Region of Narcotics Anonymous**

From: Alicyn Nalducci

analducci@vistainternational.com

Please bind effective: _____

Confirm optional coverages:

- Do not include any optional coverages.
- Include the following optional coverages from Section V
(Taxes & Fees may apply to optional premium if purchased)
 - Option 1 - (add: *\$52.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

This policy is eligible to be Direct Billed - please select one of the following:

- Direct Bill both this New Business and future Renewals**
(If checked - Select a Payment Plan):
 - SINGLE PAYMENT
 - TWO PAYMENTS - Premium must be over \$400
 - THREE PAYMENTS - Premium must be over \$675
 - FOUR PAYMENTS - Premium must be over \$1,000
 - SIX PAYMENTS - Premium must be over \$2,500
 - TEN PAYMENTS - Premium must be over \$5,000

See the last page of this quote for Payment Plan Descriptions

- Do not Direct Bill this New Business but do Direct Bill future Renewals**
- Do not Direct Bill this policy**

NOTE: If the Direct Bill Option is selected, the Company will invoice the Insured. Do not bill or collect the down payment. All fees or state surcharges will be billed in full with the first installment.

Signature: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

NON PROFIT PACKAGE POLICY INFORMATION	
Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - IX
COVERAGE PART	PREMIUM
Commercial General Liability	\$5,185.00
TOTAL PREMIUM DUE TO CARRIER	\$5,185.00
ADDITIONAL COSTS	
Broker Fee	_____
TOTAL AMOUNT DUE	_____

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Prior to binding, this account is subject to the following:

- Subject to underwriter review and approval of completed and properly signed Non Profit Package Social Services Product Application SSP APP (12/09).

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - Tbd, Austin, TX 78715

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Counseling Services - NPP Social Services	61227	Total Area	40,000	Incl	125.492	Incl	\$5,020
			Per 1,000 Total Area				
Professional Liability - Social Services - Not-for-Profit	72990	Flat	Flat	Incl	165.000	Incl	\$165

Liability Coverage Premium for Location #1: \$5,185

III. LIABILITY LIMITS OF INSURANCE

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage to Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

PROFESSIONAL E&O LIABILITY

Each Incident	\$1,000,000
Aggregate	\$2,000,000

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

IV. REQUIRED FORMS & ENDORSEMENTS**General Liability Endorsements**

CG0001	(12/07) Commercial General Liability Coverage Form	L-549	(12/07) Absolute Professional Liability Exclusion
CG0103	(06/06) Texas Changes	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2107	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included	L-622TX	(03/11) Molestation Or Abuse Exclusion
CG2139	(10/93) Contractual Liability Limitation	L-728 SSO	(07/09) Limits Of Insurance Under Multiple Coverage Forms
CG2147	(12/07) Employment-Related Practices Exclusion	L-729	(08/09) Exclusion - Violation Of Statutes That Govern E-Mails, Fax, Phone Calls Or Other Methods Of Sending Material Or Informat
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	L-734 SSO	(05/10) Exclusion - Specific Activities/Events
IL0017	(11/98) Common Policy Conditions	L-783	(02/14) Amendment Of Liquor Liability Exclusion
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	NPP Jacket	(09/10) Non Profit Package Policy Jacket
IL0168	(09/08) Texas Changes - Duties	SSO	(12/09) Social Service Organization Professional Liability Coverage Form
IL0275	(09/07) Texas Changes - Cancellation And Nonrenewal Provisions For Casualty Lines And Commercial Package Policies	TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage
L TX	(06/11) Texas State Amendatory Endorsement	TX NOTICE	(07/07) Texas Notice To Policyholders
L-232s	(09/05) Classification Limitation Endorsement	TX Notice USLI	(04/14) Texas Notice
L-500	(02/11) Bodily Injury Exclusion - All Employees, Volunteer Workers, Temporary Workers, Casual Laborers, Contractors, and Subcontractors		

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Additional Premium
Option 1 Terrorism Coverage	\$52.00

Important Information

- Terrorism coverage is available per the Terrorism Risk Insurance Program Reauthorization Act of 2015. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.
- This coverage cannot be added mid-term.

VI. DIRECT BILL PAYMENT PLAN DESCRIPTIONS**One Year Payment Plan Descriptions:**

- SINGLE PAYMENT** - The entire premium is invoiced immediately and is due 20 days after it is invoiced.
- TWO PAYMENTS** - 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 60 days after inception.
- THREE PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 60 days after inception; the balance is invoiced 120 days after inception.
- FOUR PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 60 days, 120 days and 180 days after inception.
- SIX PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; five equal installments of 12% are invoiced at 45 days, 105 days, 165 days, 225 days and 255 days after inception.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

TEN PAYMENTS - 25% of the premium is invoiced immediately and is due 20 days after it is invoiced; the remaining amount is divided into 9 equal installments that are invoiced at 30 day intervals: 30 days, 60 days, 90 days, 120 days, 150 days, 180 days, 210 days, 240 days and 270 days after inception.



Non Profit Social Services Product Application

Applicant may qualify for an INSTANT QUOTE by completing Section I below. All other Section answers will be required prior to binding and are subject to underwriting approval.

I. INSTANT QUOTE INFORMATION

Instant quote is not available for accounts with losses in the past 5 years. If there is loss history, please complete Section I and submit details in a claims supplement.

Organization's Name: Tejas Bluebonnet Region of Narcotics Anonymous

Location Address: Tbd

City: Austin

State: TX

Zip: 78715

Mailing Address: Same as Location Address

City: _____

State: _____

Zip: _____

Web Address: _____

1. Is this a Non Profit Organization with a tax exempt status as defined by the Internal Revenue Service? Yes No
2. Does Organization operate as an Abortion Clinic, Adoption Agency, Adult Daycare, Children's Camping (overnight), Foster Care Service, Halfway Housing for Ex-Felons, Nursing Home, Political Action Committee, Scouts or Suicide Hotline? Yes No
3. Has Organization had any bankruptcies, tax or credit liens against it in the past 5 years? Yes No
4. Has Organization had its license suspended or revoked in the past three years or is it currently under investigation for wrongdoing by any licensing agency or other authority? Yes No
5. Has Organization ever had any officers or board members convicted of the felony of arson? Yes No
6. Functioning and operational smoke and/or heat detectors in all units and/or occupancies? Yes No
7. For any building built prior to 1978, 100% of the electrical wiring is connected to functioning and operational circuit breakers? Yes No
8. For any building built prior to 1978, no aluminum or knob & tube wiring? Yes No

General Liability/Professional Liability Rating Section (Check all that apply)

- Animal Shelter/Rescue (If checked, complete the Social Services Animal Shelter Supplemental Application)
Number of cages: _____ Average occupancy rate of cages: _____ Number of animals at foster homes: _____
- Big Brother/Big Sister (If checked, complete the Social Services Youth Center Supplemental Application)
Office square footage: _____ Number of Volunteer Mentors: _____
- Botanical Garden (If checked, complete the Social Services Botanical Garden Supplemental Application)
Number of acres: _____ Office square footage: _____ Annual number of admissions: _____
- Caregiver (If checked, complete the Social Services Hospice/Caregiver Supplemental Application)
Annual number of client contacts: _____ Office square footage: _____ Number of caregivers: _____
- Conservation Group
Office square footage: _____ Number of members: _____
- Counseling & Referral
Office square footage: _____ Number of professionals: _____
- Food Bank/Soup Kitchen
Annual meals provided: _____ Square footage: Office: _____ Warehouse: _____ Meal service area: _____
- Group Home (If checked, complete the Social Services Group Home Supplemental Application)
Square footage: _____ Number of beds: _____
- Healthcare Clinic
Office square footage: _____
- Historical Society
Office square footage: _____ Number of members: _____
- Horticultural Society (If checked, complete the Social Services Botanical Garden Supplemental Application)
Office square footage: _____ Number of members: _____
- Hospice (In Home) (If checked, complete the Social Services Hospice/Caregiver Supplemental Application)
Office square footage: _____ Number of professionals: _____ Annual number of client contacts: _____

Hospice Facility **(If checked, complete the Social Services Hospice/Caregiver Supplemental Application)**
 Number of licensed beds: _____ Hospice square footage: _____ Number of professionals: _____

Residential Shelters (Battered Women, Halfway Houses, Homeless Shelters):
(If checked, complete the Social Services Residential Facilities Supplemental Application)
 Number of licensed beds: _____ Shelter square footage: _____ Number of professionals: _____

Senior Activities Center **(If checked, complete the Social Services Senior Center Supplemental Application)**
 Club square footage: _____ Number of members: _____ Number of professionals: _____

Thrift Store
 Revenues: _____ Square footage: _____

Vocational Sheltered Workshop/ Specialty Training School
(If checked, complete the Social Services Vocational Supplemental Application)
 Square footage: _____ Number of members: _____ Number of professionals: _____ Number of beds: _____

Youth Community Center **(If checked, complete the Social Services Youth Center Supplemental Application)**
 Square footage: _____ Number of registrants: _____ Number of professionals: _____

Organizations with Professionals, provide number of each:
 Caregiver/Home Companion: _____ Psychologists: _____ Teacher/Tutor: _____ RNs: _____ LPNs _____
 Nutritionists: _____ Nurse Practitioners: _____ Social Workers: _____ Therapists: _____ Veterinarians: _____
 Other Degreed Professionals: _____

Full Time Professionals: 0 _____ Part Time Professionals: 0 _____

Property Section
 Construction: Frame All Other
 Protection Class: _____
 Requested Cause of Loss: Basic Special
 Requested Valuation: Replacement Cost Actual Cash Value
 Deductible: \$1,000 \$2,500 \$5,000
 Coinsurance: 80% 90% 100%
 Building Limit: _____ Year Constructed: _____ Square Footage: _____
 Business Personal Property: _____

II. General Liability/Professional Liability - Eligibility Criteria

9. Does Organization provide Accident insurance or Workers Compensation insurance for employees and volunteers? Yes No
10. Does Organization contract with Physicians (including psychiatrists) and Nurses that do not provide certificates of malpractice insurance? Yes No
11. Are there two or more means of egress from each floor having public access? Yes No
12. Number of years Organization has been in business? _____
13. Does Organization require background checks on employees or volunteers (which include sex related or child abuse claims)? Yes No
14. Does Organization employ or accept the services of persons with a criminal background? Yes No
15. Does Organization employ or accept the services of anyone who has ever been accused of an abuse or molestation claim? Yes No
16. Does Organization have a formal orientation program for new hires/volunteers which includes a review of the Organization's sexual abuse policy? Yes No
17. Does Organization monitor staff's day-to-day interaction with volunteers and clients, both on and off the premises? Yes No
18. Abuse & Molestation limit?: \$100,000 \$300,000 \$500,000 \$1,000,000
19. Does Organization operate as a Thrift Store or Food Bank? If yes, please advise on the following: Yes No
 - a. Are items refurbished, repaired, repackaged, re-labeled or modified prior to sale/distribution? Yes No
 - b. Are items sold/distributed under the Organization's name or label? Yes No
 - c. Does Organization provide any warranties of quality or safety on any merchandise? Yes No
20. Ratio of staff to clients: _____ (staff) to _____ (clients)

Loss History for General Liability/Professional Liability for the past five (5) years: If none, check here.

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

List expiring **General Liability/Professional Liability** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

III. Hired / Non Owned Auto - Eligibility Criteria

- 21. Does Organization have a motor vehicle liability insurance policy in place? Yes No
- 22. Does Organization own any motor vehicles or lease any motor vehicles on a long term basis? Yes No
- 23. Does Organization use hired or non-owned vehicles with passenger capacities exceeding 15 passengers? Yes No
- 24. Does Organization use hired or non-owned vehicles for emergency medical transportation or emergency medical services? Yes No
- 25. Does Organization transport non-ambulatory persons? Yes No
- 26. Does Organization require evidence of insurance from employees and volunteers? Yes No
- 27. Does Organization require a minimum of \$100,000 CSL or \$100,000/\$300,000 personal auto liability limits from employees and volunteers? Yes No
- 28. Number of Volunteer/Employed Drivers: _____
- 29. Average driving frequency per week by volunteer and/or employed drivers: Once 2-3 times Daily

IV. Property

- 30. Do any of the following exposures exist for the Organization's building(s): Building partially constructed; Wood burning stoves or fireplaces; Temporary heating devices; Building currently damaged by fire or otherwise; Building(s) without functioning/operating smoke/heat detectors; Building(s) without functioning/operating fire extinguishers? Yes No
- 31. If the applicant owns the building and it is older than 10 years, please complete the following:
 Age of Roof: _____ yrs. Plumbing Updated (yr) _____ Electrical Updated (yr) _____ Heating Updated (yr) _____
 Roof Type: Flat Wood Shake Shingle Metal Tile Slate Other
 Plumbing Type: PVC Copper Lead Galvanized Other:
 Burglar Alarm: Central Station Local None Other:
- 32. Are building(s) sprinklered? Yes No
- 33. Is there commercial cooking on the premises? If yes, please answer the following:
 - a. Is cooking area protected by an approved automatic extinguishing system and smoke detectors? Yes No
 - b. What type of extinguishing system is functioning and operational? Wet Dry
 - c. Is there a deep fat fryer on the premises? Yes No
 - d. Is there a cleaning contract in force with an outside firm? Yes No

Loss History for Property for the past three (3) years: If none, check here.

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

List expiring **Property** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

V. Non Profit Directors & Officers

- 34. Is the Organization involved in product research, development, testing and/or certification? Yes No
- 35. Does Organization engage in any disciplinary actions as a result of peer review activities? Yes No
- 36. Does Organization administer or sponsor any insurance programs? Yes No
- 37. Is the Organization involved in any accreditation or standard setting activities? Yes No
- 38. Is the Organization involved in any labor/union negotiations or collective bargaining activities? Yes No
- 39. Total number of Employees: Full Time _____ Part Time _____ Volunteers _____ Seasonal _____

40. Does Organization have any Subsidiaries requiring coverage? Yes No
41. Does Organization currently carry General Liability Insurance? Yes No
42. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years, please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance *
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

* Fund balance = Total Assets - Total Liabilities

43. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization? Yes No

If yes, please forward a completed USLI supplemental claims application.

44. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers? Yes No

If yes, please forward a completed USLI supplemental claims application.

VI. Fiduciary Liability (Available for 100 employees or less)

45. Does each Pension Plan use an outside Investment Manager? (If No, Fiduciary will not be offered.) Yes No
46. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? (If no, please attach details) Yes No
47. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan? (If yes, please attach details) Yes No
48. Has there been or is there now pending any claim(s) against any proposed Insured arising out of any Plan? (If yes, please attach details) Yes No
49. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? (If yes, please attach details) Yes No

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida and Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Missouri Notice: Pursuant to Section IV, Paragraph R., some Defense Costs are within the Limit of Liability. Any Defense Costs paid under this coverage will reduce the available Limits of Insurance and may exhaust them completely. Defense Costs means reasonable and necessary legal fees and expenses incurred by the Company, or by any attorney designated by the Company to defend any Insured, resulting from the investigation, adjustment, defense and appeal of a Claim. Defense Costs includes other fees, costs, costs of attachment or similar bonds (without any obligation on the part of the Company to apply for or furnish such bonds), but does not include salaries, wages, overhead or benefits expenses of any Insured.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes and automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Utah Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

Virginia Notice: You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 such violation.

Ohio Fraud Statement: 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.

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

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____
Main Agency Phone Number: _____
Agency Mailing Address: _____
City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a Policy be issued and it will be attached and become part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____
(President, Chairperson or Executive Director)

Policyholder disclosure notice of Terrorism insurance coverage

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Authorized Signature

Date



BUSINESS RESOURCE CENTER

Did you know that your insurance policy provides you with more than just insurance coverage?

Ask your insurance agent today how purchasing this policy can also assist you in growing and protecting your business or organization. Our Business Resource Center offers a comprehensive suite of services designed just for you!

SAVE



MONEY

Gain free and unlimited access to the expertise of human resource specialists. Receive first background check FREE and then pricing for each additional screen starts at \$10, excluding court and/or state fees that may apply. Access discounted payroll services, motor vehicle reports and many more services that will assist you in running your business!



TIME

Want to put together a social media presence, create a Web site for your business or implement an online or print marketing campaign? We have already done the research and will provide you with the recommended tools to get started!



PEACE
OF MIND

Running a business is not an easy task! The Business Resource Center provides tools to alleviate some of your worries so you can focus on growing your business. By purchasing this policy, you will have access to tools that assist in hiring the right people, managing human resources issues and preventing and restoring identity – just to name a few!

Purchasing this policy will give you access to valuable services that you can begin to utilize the day your policy incepts!

MAKE THE MOST OF THE BUSINESS RESOURCE CENTER



WATCH THE VIDEO >>

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