



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
10/10/2012

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

| | | | |
|--|----------------|---|-----------|
| AGENCY MERCER INSURANCE AGENCY | | CARRIER | NAIC CODE |
| POLICY NUMBER | EFFECTIVE DATE | NAMED INSURED(S) Ideal Investment LTD | |

POLICY INFORMATION

| TRANSACTION TYPE | | | | | | LIMIT OF LIABILITY | | RETAINED LIMIT | |
|-------------------------------------|---------|--------------------------|----------|--------------------------|-------------|--------------------------|-----------|----------------------------|----|
| <input checked="" type="checkbox"/> | NEW | <input type="checkbox"/> | UMBRELLA | <input type="checkbox"/> | OCCURRENCE | <input type="checkbox"/> | VOLUNTARY | \$ 5,000,000 EA OCC | \$ |
| <input type="checkbox"/> | RENEWAL | <input type="checkbox"/> | EXCESS | <input type="checkbox"/> | CLAIMS MADE | <input type="checkbox"/> | | | |
| EXPIRING POL #: | | | | | | PROPOSED | CURRENT | | |

EMPLOYEE BENEFITS LIABILITY

| | | | |
|--|-------------------------------|------------------------------|--------------------------|
| LIMIT OF INSURANCE (Ea Employee) \$ | AGGREGATE LIMIT FOR EBL \$ | RETAINED LIMIT FOR EBL \$ | RETROACTIVE DATE FOR EBL |
| NAME OF BENEFIT PROGRAM | | | |

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

| # | NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations) | ANNUAL PAYROLL | ANN GROSS SALES | FOREIGN GROSS SALES | # EMPL |
|---|--|------------------|--------------------|---------------------|-----------|
| 1 | NAME: Ideal Investments LTD LOCATION: 3700 Sullivant Av Columbus Ohio DESCRIPTION: | \$467,155 | \$3,030,799 | | 10 |
| | NAME: LOCATION: DESCRIPTION: | | | | |
| | NAME: LOCATION: DESCRIPTION: | | | | |
| | NAME: LOCATION: DESCRIPTION: | | | | |
| | NAME: LOCATION: DESCRIPTION: | | | | |
| | NAME: LOCATION: DESCRIPTION: | | | | |

UNDERLYING INSURANCE

| LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE | | | | | | | +/- RATING MOD |
|---|-------------------------|-----------------|-----------------|---------------------------|----|------------------------|----------------|
| TYPE | CARRIER / POLICY NUMBER | POLICY EFF DATE | POLICY EXP DATE | LIMITS | | ANNUAL RENEWAL PREMIUM | |
| AUTOMOBILE LIABILITY | Grange Mutual | | | CSL EA ACC | \$ | \$ | |
| | | | | BI EA ACC | \$ | \$ | |
| | | | | BI EA PER | \$ | \$ | |
| | | | | PD EA ACC | \$ | \$ | |
| GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | EACH OCCURRENCE | \$ | PREM / OPS | |
| | | | | GENERAL AGGR | \$ | \$ | |
| | | | | PROD & COMP OPS AGGREGATE | \$ | PRODUCTS | |
| | | | | PERSONAL & ADV INJURY | \$ | \$ | |
| | | | | DAMAGE TO RENTED PREMISES | \$ | OTHER | |
| | | | | MEDICAL EXPENSE | \$ | \$ | |
| | | | | | \$ | \$ | |
| EMPLOYERS LIABILITY | | | | EACH ACCIDENT | \$ | \$ | |
| | | | | DISEASE EACH EMPLOYEE | \$ | | |
| | | | | DISEASE POLICY LIMIT | \$ | | |
| | | | | | | \$ | |
| | | | | | | \$ | |

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

| | | | |
|---|--------------------------|-------------------|---|
| 1. ARE DEFENSE COSTS: | WITHIN AGGREGATE LIMITS? | A SEPARATE LIMIT? | UNLIMITED? |
| 2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE: | | | |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) | | | <input type="checkbox"/> |
| 4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY: | | | |
| 5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: | | | |
| 6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) | | | <input type="checkbox"/> EFF. DATE: _____ |

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

| CHECK IF APPROPRIATE | COVERAGE | EXPOSURE | COVERAGE | EXPOSURE |
|---|---|--------------------------|---|--------------------------|
| <input type="checkbox"/> ANY AUTO (SYMBOL 1) | <input type="checkbox"/> CARE, CUSTODY, CONTROL | <input type="checkbox"/> | <input type="checkbox"/> PROFESSIONAL LIABILITY (E&O) | <input type="checkbox"/> |
| <input type="checkbox"/> CGL - CLAIMS MADE | <input type="checkbox"/> EMPLOYEE BENEFIT LIABILITY | <input type="checkbox"/> | <input type="checkbox"/> VENDORS LIABILITY | <input type="checkbox"/> |
| <input type="checkbox"/> CGL - OCCURRENCE | <input type="checkbox"/> FOREIGN LIABILITY / TRAVEL | <input type="checkbox"/> | <input type="checkbox"/> WATERCRAFT LIABILITY | <input type="checkbox"/> |
| <input type="checkbox"/> COVERAGE | <input type="checkbox"/> GARAGEKEEPERS LIABILITY | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> AIRCRAFT LIABILITY | <input type="checkbox"/> INCIDENTAL MEDICAL MALPRACTICE | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> AIRCRAFT PASSENGER LIABILITY | <input type="checkbox"/> LIQUOR LIABILITY | <input type="checkbox"/> | | <input type="checkbox"/> |
| <input type="checkbox"/> ADDITIONAL INTERESTS | <input type="checkbox"/> POLLUTION LIABILITY | <input type="checkbox"/> | | <input type="checkbox"/> |

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

| LOC | PROPERTY TYPE | VALUE | A* | B* | C* | D* | SQ FT OF BLDG OCC |
|-----|-----------------------------------|-------|----|----|----|----|-------------------|
| | <input type="checkbox"/> REAL | | | | | | |
| | <input type="checkbox"/> PERSONAL | | | | | | |

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

| TYPE | # OWNED | # NON-OWNED | # LEASED | PROPERTY HAULED | RADIUS (MILES) | | |
|-------------------|-----------|-------------|----------|-----------------|----------------|---------------|---------------|
| | | | | | LOCAL | INTER-MEDIATE | LONG DISTANCE |
| PRIVATE PASSENGER | | | | | | | |
| TRUCKS | | | | | | | |
| | LIGHT | | | | | | |
| | MEDIUM | | | | | | |
| | HEAVY | | | | | | |
| TRUCKS / TRACTORS | | | | | | | |
| | EX. HEAVY | | | | | | |
| BUSES | | | | | | | |

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | | | | Y/N |
|---|-----------|------|----------|----------|
| ADVERTISERS LIABILITY | | | | |
| 1. MEDIA USED: ANNUAL COST: \$ | | | | |
| 2. ARE SERVICES OF AN ADVERTISING AGENCY USED? | | | | Y |
| 3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY? | | | | Y |
| AIRCRAFT LIABILITY | | | | |
| 4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT? | | | | N |
| AUTO LIABILITY | | | | |
| 5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED? | | | | N |
| 6. ARE PASSENGERS CARRIED FOR A FEE? | | | | N |
| 7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES? | | | | |
| 8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS? | | | | N |
| 9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED? | | | | Y |
| CONTRACTORS LIABILITY | | | | |
| 10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED? | | | | N |
| 11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | |
| 12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | |
| 13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? | | | | N |
| 14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? no subcontractors | | | | |
| EMPLOYERS LIABILITY | | | | |
| 15. IS APPLICANT SELF-INSURED IN ANY STATE? | | | | N |
| 16. SUBJECT TO: | JONES ACT | FELA | STOP GAP | OTHER: |
| INCIDENTAL MALPRACTICE LIABILITY | | | | |
| 17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED? | | | | N |
| 18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES? | | | | N |
| 19. INDICATE # OF DOCTORS: NURSES: BEDS: | | | | |

ADDITIONAL EXPOSURES (continued)

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED | | | | | | | | | | | Y / N | | | | | | | | | | | | | | | | | | |
|--|-----------|---------|------------------|---|---------|-----------|------------|------------------|-----------------|--|----------|--|--|--|--|-------|---------|--------|------------|-------|-----------|---------|------------------|-----------------|--|--|--|--|--|
| POLLUTION LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EPA #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS? | | | | | | | | | | | N | | | | | | | | | | | | | | | | | | |
| 21. INDICATE THE COVERAGES CARRIED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION | | | | <input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY | | | | <input type="checkbox"/> SEPARATE POLLUTION COVERAGE | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCT LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT? | | | | | | | | | | | N | | | | | | | | | | | | | | | | | | |
| 23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815) | | | | | | | | | | | N | | | | | | | | | | | | | | | | | | |
| 24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY) | | | | | | | | | | | N | | | | | | | | | | | | | | | | | | |
| 25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ \$3,030,799 \$ \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROTECTIVE LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WATERCRAFT LIABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. DOES APPLICANT OWN OR LEASE WATERCRAFT? | | | | | | | | | | | N | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">LOC #</th> <th style="width:15%;"># OWNED</th> <th style="width:15%;">LENGTH</th> <th style="width:15%;">HORSEPOWER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | | | | LOC # | # OWNED | LENGTH | HORSEPOWER | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">LOC #</th> <th style="width:15%;"># OWNED</th> <th style="width:15%;">LENGTH</th> <th style="width:15%;">HORSEPOWER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | | | | LOC # | # OWNED | LENGTH | HORSEPOWER | | | | | | | | | | |
| LOC # | # OWNED | LENGTH | HORSEPOWER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOC # | # OWNED | LENGTH | HORSEPOWER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LOC # | # STORIES | # UNITS | # SWIMMING POOLS | # DIVING BOARDS | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOC # | # STORIES | # UNITS | # SWIMMING POOLS | # DIVING BOARDS | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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.

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
 (INITIALS) (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.
 (INITIALS) (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

| | | |
|-----------------------|--------------------------------|--|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in Florida) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |