

APPLICANT / OWNER		PRODUCER	
Name		Agent Name:	GA and Subagent #:
Address		Subagent Address:	Subagent Phone #:
City	State	Zip	
County		REQUEST POLICY TERM	
Home Phone: () Work Phone: ()		From	To
Occupation		Policy Term: 12 Months	
Employer		12:01 A.M.	
Social Security #	DOB	Suspense No.	Policy No.
BINDING COVERAGE: For coverage to begin as requested, the application must be fully completed and signed within 72 hours of the requested effective date. Otherwise, coverage is bound at 12:01 a.m. the day the application is received by the General Agent.			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		PREVIOUS ADDRESS (if less than 3 years)	
Co-applicant's Name		Address	
Co-applicant's Social Security #	DOB	City	State Zip Years at Previous address: _____
Co-applicant's Occupation and Employer			
Address - If location different from Mailing Address.			

BILLING / ACCOUNTING INFORMATION	
BILL TO: <input type="checkbox"/> Insured <input type="checkbox"/> Lienholder Check # _____ Check Amt \$ _____	*PAYMENT PLANS: If the insured desires to pay their premium on an installment basis, the Company will allow a 2-payment, 4-payment, or 8-payment option to be selected. <input type="checkbox"/> 1-Pay, 100% payment, plus any applicable taxes and fees <input type="checkbox"/> 4-Pay, 25% down, plus any applicable taxes and fees * Each installment includes a \$6 fully earned service charge <input type="checkbox"/> 2-Pay, 50% down, plus any applicable taxes and fees <input type="checkbox"/> 8-Pay, 20% down, plus any applicable taxes and fees

MORTGAGEE / ADDITIONAL INTEREST		
<input type="checkbox"/> Mortgagee	Name	Loan #
<input type="checkbox"/> Add'l Interest	Address	City State Zip

MORTGAGEE (2) / ADDITIONAL INTEREST		
<input type="checkbox"/> Mortgagee	Name	Loan #
<input type="checkbox"/> Add'l Interest	Address	City State Zip

MUST COMPLETE THE FOLLOWING	
USAGE: <input type="checkbox"/> Primary/Permanent <input type="checkbox"/> Seasonal/Secondary	
PRIOR INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Purchase Prior Company: _____ Expiration of Prior Policy: _____	
ANIMALS ON PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Animal: _____ Breed of Dog: _____	

GENERAL INFORMATION									
Territory	Protection Class	Feet to Fire Hydrant	Miles to Fire Dept.	Roof Type	Age of Roof	# of Residents	# of Units <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex		
Construction Type: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____				Year Built	Foundation <input type="checkbox"/> Open <input type="checkbox"/> Closed	# of Stories	Square Footage	Date Purchased	Purchase Price
Type of Siding: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> EIFS <input type="checkbox"/> Stucco <input type="checkbox"/> Other: _____									

Protection Device Type			
SYSTEM	FIRE	BURGLAR	
Central			
Direct			
Local			
Heat Type <input type="checkbox"/> None			
Primary:			
Secondary:			
Oil Storage Tank Location:			
Is there a Space Heater or Woodstove?			
Renovation Type	PART	COMP	YEAR
WIRING			
PLUMBING			
HEATING			
ROOFING			

COVERAGES		LIMITS	PREMIUM
DWELLING		\$	\$
TOTAL AMOUNT OF OTHER STRUCTURES (Describe in Remarks on Page 2)		\$	\$
TOTAL AMOUNT OF PERSONAL PROPERTY		\$	\$
TOTAL AMOUNT OF LOSS OF USE - 20% of Dwelling Amount		\$	\$
PERSONAL LIABILITY (Each Occurrence)		\$	\$
MEDICAL PAYMENTS (Each Person)		\$	\$
EARTHQUAKE (Must complete and sign Earthquake Disclosure.) EQ Ded. %: <input type="checkbox"/> 10% <input type="checkbox"/> 15%			\$
SURCHARGES/CREDITS/OTHER COVERAGES			
Supplemental Heating Surcharge (Submit a Questionnaire and Photo)			\$
Replacement Cost Contents			\$
GATED COMMUNITY OR RETIREMENT COMMUNITY CREDIT			\$
MULTI-POLICY CREDIT			\$
POLICY FEE			\$ 10.00
INSPECTION FEE			\$ 40.00
DEDUCTIBLE			\$
Minimum Retained Premium: \$100		TOTAL PREMIUM:	\$

LOSS HISTORY

Loss History: Any losses whether or not paid by insurance during the last 3 years, at this or any other location? Yes No If Yes, indicate below.
 Date _____ Type _____ Amount _____
 Description of Loss _____
 Date _____ Type _____ Amount _____
 Description of Loss _____

UNACCEPTABLE RISKS – DO NOT BIND, DO NOT SUBMIT

Any "Yes" Response Makes the Risk Unacceptable!

- | | | YES | NO | | | YES | NO |
|-----|---|--------------------------|--------------------------|-----|---|--------------------------|--------------------------|
| 1. | Applicants that have been convicted of arson or insurance fraud..... | <input type="checkbox"/> | <input type="checkbox"/> | 19. | Homes with more than 2 lienholders. Two lienholders are acceptable if one is a financial institution..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Homes without permanently installed water, electricity, and sewage utility services..... | <input type="checkbox"/> | <input type="checkbox"/> | 20. | Homes titled in the name of a corporation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Homes with existing damage..... | <input type="checkbox"/> | <input type="checkbox"/> | 21. | Homes with childcare, homecare, lodging, auto repair or chemical processing conducted on the premises..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Homes that are vacant, unoccupied, tenant occupied, or in foreclosure..... | <input type="checkbox"/> | <input type="checkbox"/> | 22. | Any premises with childcare, homecare, lodging, auto repair or chemical conducted on the premises..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Homes that are occupied by more than 2 families. Duplexes can be written when the insured resides in one side..... | <input type="checkbox"/> | <input type="checkbox"/> | 23. | Any premises with a swimming pool or spa that is not completely fenced and not in compliance with all city and/or county ordinances. The swimming pool or spa must have a fence minimum of four feet high with a self latching gate, motorized pool cover or other comparable safety device that is securely fastened to the perimeter of the pool/spa thus rendering it inaccessible..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Homes with portable kerosene heaters or heat reclaiming devices..... | <input type="checkbox"/> | <input type="checkbox"/> | 24. | Any premises with a trampoline unless policy written with a trampoline exclusion..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Homes where the primary source of heat is a permanently installed space heater or a wood, coal or pellet burning device..... | <input type="checkbox"/> | <input type="checkbox"/> | 25. | Homes without permanently installed steps at all entrances, including decks and patios..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Homes that have fuses or knob and tube wiring?..... | <input type="checkbox"/> | <input type="checkbox"/> | 26. | Homes with steps or porches, over 2 feet in height that do not have a railing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Homes with polybutelene pipes..... | <input type="checkbox"/> | <input type="checkbox"/> | 27. | Bars on windows without quick release..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Homes with a wood shake roof that is 21 years old or older unless policy is written with the roof exclusion endorsement..... | <input type="checkbox"/> | <input type="checkbox"/> | 28. | Applicants who own, keep, or shelter any of the following breeds: This includes but it not limited to Akitas, Chows, Dobermans, Pit Bulls, Anatolian Shepherd, Presa Canario, Rottweilers, Wolf or Wolf Hybrids, any mix of these breeds, any animal with a previous bite history or any exotic (snakes, monkeys, etc.) animals. The maximum liability limit for the policy is \$100,000..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Townhomes/Rowhomes built prior to 1970..... | <input type="checkbox"/> | <input type="checkbox"/> | 29. | Applicants who own, keep, or shelter any animal with a previous bite history or any non-domestic animal..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Seasonally occupied homes if American Reliable does not write the primary home..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 13. | Homes or structures used to store flammable or explosive materials..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 14. | Homes under construction or major renovation?..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 15. | Homes next to burned out or abandoned building..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 16. | Homes with (EIFS) Exterior Insulation Finish siding..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 17. | Homes or structures located in a designated "Brush" area including:
a. Any home or structure where the brush clearance is less than 350 feet from the home.....
b. Any home or structure located in a designated brush area.....
c. Homes or structures not located in a designated brush area but not completely surrounded by a designated brush area..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 18. | Mobile home, earth homes, dome homes, log homes, straw built homes or condominiums..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

SUBMIT RISKS TO GENERAL AGENT – DO NOT BIND

Any "Yes" response must be explained below and submitted unbound!

- | | | YES | NO | | | YES | NO |
|----|---|--------------------------|--------------------------|-----|---|--------------------------|--------------------------|
| 1. | Applicants that have had 2 or more property losses in the past 3 years, or any single fire, theft, liability, or flood loss in the past 3 years. If yes, give date of loss, describe the loss and the amount paid to repair the damage..... | <input type="checkbox"/> | <input type="checkbox"/> | 8. | Homes with more than 2 unrelated owners..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Applicants that have a homeowners/dwelling policy cancelled or non-renewed for underwriting reasons (except age of home) during the past 3 years..... | <input type="checkbox"/> | <input type="checkbox"/> | 9. | Homes within 1,500 feet of water (river, lake, creek or ocean), or homes on an island, or in a Special Flood Hazard Area..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Applicants that have filed for bankruptcy in the past 3 years..... | <input type="checkbox"/> | <input type="checkbox"/> | 10. | Homes with multiple horses, livestock or farm animals on the premises..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Applicants who are unemployed. (Retirees with guaranteed income and disabled persons with a consistent income are considered employed.)..... | <input type="checkbox"/> | <input type="checkbox"/> | 11. | Any premises with 5 or more acres..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Applicants that have been uninsured for more than 30 days immediately prior to the requested effective date. (Does not apply to a new purchase)..... | <input type="checkbox"/> | <input type="checkbox"/> | 12. | Other Structures that exceed 30% of the value of the house..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Homes with business or farming activities conducted on the premises..... | <input type="checkbox"/> | <input type="checkbox"/> | 13. | Personal Property that exceeds 75% of the value of the home..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Homes equipped with a supplemental heating device that was not installed by a licensed contractor. Photos of the heating device and the Woodstove Inspection Report must be included..... | <input type="checkbox"/> | <input type="checkbox"/> | 14. | Homes attached to, occupied as, or converted from or within 300 feet of a commercial risk..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | 15. | Homes that have an open foundation or are built on stilts, posts or piers. Photos of the stilts, posts or piers must be included..... | <input type="checkbox"/> | <input type="checkbox"/> |

CREDIT ELIGIBILITY

- | | | YES | NO | | | YES | NO |
|----|---|--------------------------|--------------------------|--|--|--------------------------|--------------------------|
| 1. | Is the home located in a gated community meeting the following criteria?.....
a. Access to the community is controlled by a powered gate(s) that are operating properly.
b. The entire community is enclosed by fencing or walls at least 5 feet or higher. | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Is the home located in a protected retirement community meeting the following criteria?.....
a. Named Insured (any) must be 55 years of age or older.
b. Access to the community is controlled by a powered gate(s) that are operating properly.
c. The entire community is enclosed by fencing or walls at least 5 feet or higher. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is the home located in a retirement community meeting the following criteria?.....
a. Named Insured (any) must be 55 years of age or older. | <input type="checkbox"/> | <input type="checkbox"/> | <i>If home is located in a gated community or retirement community, please provide name of that community.</i> _____ | | | |
| | | | | 4. | Do you have any other current policies with American Reliable Insurance Company?.....
If yes, please provide the policy number and policy effective date. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS

USE THIS AREA TO EXPLAIN ANY FURTHER UNDERWRITING INFORMATION, LIST ADDITIONAL APPLICANTS OR LIENHOLDERS, AND FOR GENERAL COMMENTS OR INSTRUCTIONS.

UNPROTECTED HOMEOWNER QUESTIONNAIRE

1. Name of Primary responding Fire Department: _____ Phone #: _____
Distance to Dwelling: _____ Response Time: _____
2. Tankers/pumper responding to a fire and their water capacity in gallons: Truck: _____ Capacity: _____ Gallons per Minute: _____
3. Is the fire department paid or volunteer? _____ Give the number of firefighters: _____
4. Is the dwelling in a development of 10 or more homes? YES NO Is it visible from the neighbor? YES NO Distance to the nearest neighbor: _____
5. Is the dwelling located on a paved road? YES NO If not, how far is it from a paved road? _____
6. Are there any physical barriers surrounding the residence that would limit access by firefighters (i.e., locked gates, foot bridges, bodies of water, unusual terrain)? YES NO
If so, please describe: _____
7. Is the road passable for all fire fighting equipment on a year-round basis? YES NO
8. Describe any alternative water sources, including location, distance from dwelling, and approximate volume of water. _____
9. Questions 1, 2 and 3 should be answered for any additional fire departments that respond.

CALIFORNIA EARTHQUAKE COVERAGE

Your policy does not provide coverage against the peril of Earthquake.
California law requires that earthquake coverage be offered to you at your option.

Warning: These coverages may differ substantially from and provide less protection than the coverage provided by your homeowners' insurance policy. There are exclusions and limitations such as outbuildings, swimming pools, masonry fences, and masonry chimneys. This disclosure form contains only a general description of coverages and is not part of your earthquake insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and, if so, the amount payable.

The coverage, subject to policy provisions, may be purchased at additional cost on the following terms:

- A. Amount of dwelling coverage: _____
B. Applicable deductible: _____ If your loss is below this amount, you may not receive any payment from your coverage.

Your insurance company or agent will provide written notice as to how the deductible applies to the market value of your coverage, the insured value of your coverage, or the replacement value of your coverage.

- C. Contents Coverage: \$5,000

If your loss does not exceed the deductible for the dwelling, you will not receive any payment for this coverage.
Your insurance company or agent will provide written notice as to how the deductible applies to the amount you receive pursuant to this coverage.

- D. Additional living expenses: \$1,500

- E. Rate or premium: \$ _____

You must ask the company to add earthquake coverage within 30 days from the date of mailing of this notice or it shall be conclusively presumed that you have not accepted this offer.

This coverage shall be effective on the day your acceptance of this offer is received by us.

Signature _____
Date

I DO NOT WISH TO PURCHASE EARTHQUAKE COVERAGE AND I UNDERSTAND THAT I DO NOT HAVE EARTHQUAKE COVERAGE.

Signature _____
Date

CALIFORNIA RESIDENTIAL PROPERTY INSURANCE DISCLOSURE

This disclosure is required by California Law (Section 10102 of the Insurance Code). It describes the principal forms of insurance coverage in California for residential dwellings. It also identifies the form of dwelling coverage you have purchased or selected.

This disclosure form contains only a general description of coverages and is not part of your residential property insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and, if so, the amount payable. Regardless of which type of coverage you purchase, your policy may exclude or limit certain risks.

READ YOUR POLICY CAREFULLY. If you do not understand any part of it or have questions about what it covers, contact your insurance agent or company. You may also call the California Department of Insurance Consumer Information Line at (800) 927-4357.

The cost to rebuild your home may be very different from the market value of your home since reconstruction is based primarily on the cost of labor and materials. Many factors can affect the cost to rebuild your home, including the size of your home, the type of construction, and any unique features. Please review the following coverages carefully. If you have questions regarding the level of coverage in your policy, please contact your insurance agent or company. Additional coverage may be available for an additional premium.

This disclosure form does not explain the types of contents coverage (furniture, clothing, etc.) provided by your policy. Some policies do not replace contents with new items, but instead, only pay for the current market value of an item. If you have any questions, contact your insurer or agent.

**AFTER REVIEWING THE DISCLOSURE CAREFULLY, PLEASE SIGN ON THE LINE PROVIDED BELOW TO
ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF THE DISCLOSURE.**

Print Name

Signature

FORMS OF COVERAGE FOR DWELLINGS	Dwelling Coverage Selected or Purchased
<p>GUARANTEED REPLACEMENT COST COVERAGE WITH FULL BUILDING CODE UPGRADE PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS, AND INCLUDES COSTS RESULTING FROM CODE CHANGES.</p> <p>In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling with like or equivalent construction regardless of policy limits. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover guaranteed replacement cost. The amount of recovery will be reduced by any deductible you have agreed to pay.</p> <p>This coverage includes all additional costs of repairing or replacing your damaged or destroyed dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of rebuilding.</p> <p>To be eligible to recover full guaranteed replacement costs with building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building costs; you must permit inspections of the dwelling by the insurance company; and you must notify the insurance company about any alteration that increase the value of the insured dwelling by a certain amount (see your policy for that amount).</p>	NOT APPLICABLE
<p>GUARANTEED REPLACEMENT COST COVERAGE WITH LIMITED OR NO BUILDING CODE UPGRADE PAYS REPLACEMENT COSTS WITHOUT REGARD TO POLICY LIMITS BUT LIMITS OR EXCLUDES COSTS RESULTING FROM CODE CHANGES.</p> <p>In the event of any covered loss to your home, the insurance company will pay the full amount needed to repair or replace the damaged or destroyed dwelling with like or equivalent construction regardless of policy limits. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover guaranteed replacement cost. The amount of recovery will be reduced by any deductible you have agreed to pay.</p> <p>This coverage does not include all additional costs of repairing or replacing your damaged or destroyed dwelling to comply with any new building standards (such as building codes or zoning laws) required by government agencies and in effect at the time of rebuilding. Consult your policy for the applicable exclusion or limits with respect to these costs.</p> <p>To be eligible to recover full guaranteed replacement cost with building code upgrade, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation and increases in building costs; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alterations that increase the value of the insured dwelling by a certain amount (see your policy for that amount).</p>	NOT APPLICABLE
<p>EXTENDED REPLACEMENT COST COVERAGE PAYS REPLACEMENT COSTS UP TO A SPECIFIED AMOUNT ABOVE THE POLICY LIMIT.</p> <p>In the event of any covered loss to your home, the insurance company will pay to repair or replace the damaged or destroyed dwelling with like or equivalent construction up to a specified percentage over the policy's limits of liability. See the declarations page of your policy for the limit that applies to your dwelling. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover extended replacement costs. The amount of recovery will be reduced by any deductible you have agreed to pay.</p> <p>To be eligible to recover extended replacement cost coverage, you must insure the dwelling to its full replacement cost at the time the policy is issued, with possible periodic increases in the amount of coverage to adjust for inflation; you must permit an inspection of the dwelling by the insurance company; and you must notify the insurance company about any alteration that increase the value of the insured dwelling by a certain amount (see your policy for that amount). Your policy will specify whether or not you must actually repair or replace the damaged or destroyed dwelling in order to recover extended replacement cost. Read your policy to determine whether your policy includes coverage for building code upgrades.</p>	
<p>REPLACEMENT COST COVERAGE PAYS REPLACEMENT COSTS UP TO POLICY LIMITS</p> <p>In the event of any covered loss to your home, the insurance company will pay to repair or replace the damaged or destroyed dwelling with like or equivalent construction up to the policy's limit of liability. See the declarations page of your policy for the limit that applies to your dwelling. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover replacement costs. The amount of recovery will be reduced by any deductible you have agreed to pay. To be eligible to recover replacement cost, you must insure the dwelling to 100% of its replacement cost at the time of loss. Read your declaration page to determine whether your policy includes coverage for building code upgrades.</p>	
<p>ACTUAL CASH VALUE COVERAGE PAYS THE FAIR MARKET VALUE OF THE DWELLING AT THE TIME OF LOSS, UP TO POLICY LIMIT.</p> <p>In the event of any covered loss to your home, the insurance company will pay either the depreciated fair market value of the damaged or destroyed dwelling at the time of the loss or the cost of replacing or repairing the damaged or destroyed dwelling with like or equivalent construction up to the policy limit. The amount of recovery will be reduced by any deductible you have agreed to pay. Read your declaration page to determine whether your policy includes coverage for building code upgrades.</p>	
<p>BUILDING CODE UPGRADE—ORDINANCE AND LAW COVERAGE PAYS, UP TO LIMITS SPECIFIED IN YOUR POLICY, ADDITIONAL COSTS REQUIRED TO BRING THE DWELLING "UP TO CODE".</p> <p>In the event of any covered loss, the insurance company will pay any additional costs, up to the stated limits, of repairing or replacing a damaged or destroyed dwelling to conform with any building standards such as building codes or zoning laws required by government agencies and in effect at the time of the loss or rebuilding (see your policy).</p>	NOT APPLICABLE

FRAUD WARNING: 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.

IMPORTANT NOTICE: Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agent may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

X _____
MUST BE SIGNED (Signature of Applicant)

_____ Date

X _____
MUST BE SIGNED - Signature of Producer

_____ Date