

## APPLICANT INFORMATION

Policy Requested from: \_\_\_\_\_ to: \_\_\_\_\_

Business Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Years this business has been in **operation\***: \_\_\_\_\_ Years of experience in this field: \_\_\_\_\_

If less than 3 years in business, explain any specialized training or certification in detail:

\_\_\_\_\_  
\_\_\_\_\_

Business Entity type: Individual Partnership Corporation LLC Other: \_\_\_\_\_

Applicant website address: \_\_\_\_\_

## GENERAL INFORMATION

Estimated Annual Gross Receipts for: Dealer Sales: \$ \_\_\_\_\_ Service/Repair: \$ \_\_\_\_\_

1. Please provide a breakdown of operations. Must equal 100% per column  
(\* Requires an additional questionnaire if 10% or more)

	Repair %	Sales %
Private Passenger Autos (SUV's, Pick-Ups, and Vans)	_____%	_____%
*Antique/Classic or Exotic Type Autos	_____%	_____%
Autonomous Vehicles	_____%	_____%
*Boats or Watercraft	_____%	_____%
*Commercial Vehicles (Heavy Trucks, Trailers, Busses, Equipment)	_____%	_____%
Electric Vehicles	_____%	_____%
*Emergency Vehicles	_____%	_____%
*Farming/Agricultural Vehicles & Equipment	_____%	_____%
*Mobility Vehicles	_____%	_____%
*Motorcycle and Off-Road Vehicles (ATV, UTV, Snowmobiles)	_____%	_____%
Parking Lots/Structures- Self Parking	_____%	_____%
*RV's (Motorhomes, Camping Trailers, Camper Vans)	_____%	_____%
*Salvage Vehicles/Salvage Yard	_____%	_____%
*Storage Facilities/Vehicle Storage Lots	_____%	_____%
*Tire Dealer/Sales or Tire Repair	_____%	_____%
*Towing Operators (For Hire, Not For Hire or Towing Impound)	_____%	_____%
Utility Trailers	_____%	_____%
*Valet Parking	_____%	_____%
Other: _____	_____%	_____%
Total:	<b>100%</b>	<b>100%</b>



3. Please list all locations where Garage Operations are conducted (include full address)

		<b>100% Mobile</b>
1.	_____	
2.	_____	
3.	_____	
4.	_____	

4. Please provide lot security for each location listed. **Must be completed unless 100% Mobile.**

1	None	Fence & Gate	Post & Cable	In Building	Other: _____
2	None	Fence & Gate	Post & Cable	In Building	Other: _____
3	None	Fence & Gate	Post & Cable	In Building	Other: _____
4	None	Fence & Gate	Post & Cable	In Building	Other: _____

5. How are keys secured? (Check all that apply)

	<b>During Business Hours</b>	<b>When Lot/Shop is Closed</b>
Key Cabinet in Office		
In/On Vehicle		
Vehicle Mounted Lock Box		
Taken Home		
Other (describe): _____		

6. Prior Carrier Information (Must be completed unless New Venture)

New Venture

	<b>Policy Year</b>	<b>Premium</b>
<b>Current Carrier</b>		\$ _____
<b>Prior Carrier</b>		\$ _____
<b>Prior Carrier</b>		\$ _____

7. List all insurance claims filed within the last 3 Years:

Claims Listed Below

No Known Losses

Loss History Attached

<b>Date of Loss</b>	<b>Amount Paid</b>	<b>Description of Loss</b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

8. Are any of the applicant's garage operations conducted at a residence? Yes No

9. If "Yes"

- |  |     |    |
|--|-----|----|
| a. Are the applicants' garage operations conducted in a separate facility from the residence?    | Yes | No |
| b. Does the applicant maintain homeowners' insurance for any residences located on the property? | Yes | No |
| c. Are customers ever permitted to enter a residence located on the property?                    | Yes | No |

10. Has the applicant filed for, or been involved in bankruptcy in the past five years? Yes No

11. Has the applicant had a Garage or Commercial Auto Policy canceled or non-renewed in the past three years? Yes No  
 If "Yes", please provide the reason:  
 \_\_\_\_\_
12. Do any owners of this business have ownership interest in, or operate any other businesses? Yes No
13. If "Yes"  
 a. Provide business name and physical address: \_\_\_\_\_  
 b. Describe the operation of the business: \_\_\_\_\_  
 c. What is the relationship between the business indicated in question a. and the business we are being asked to insure? \_\_\_\_\_  
 d. Are there any shared employees between these businesses? Yes No  
 e. Do you have insurance elsewhere for your other business(es)? Yes No
14. Does the applicant loan vehicles to customers while their vehicle is being held for service? Yes No  
 If "Yes"  
 a. Is there a contract agreement in place? Yes No  
 b. Do you obtain a copy of the customers driver's license? Yes No  
 c. Do you verify that the customer has valid auto insurance in place? Yes No  
 d. What is the minimum age vehicles are being loaned to? Yes No
15. Does the applicant ever lease or rent vehicles to others? Yes No  
 If "Yes", are the leasing or rental operations covered elsewhere? Yes No  
 • Provide carrier name: \_\_\_\_\_  
 • Provide policy number: \_\_\_\_\_  
 • Provide policy dates: \_\_\_\_\_
16. Indicate the number of repairer, transporter or other non-dealer plates the applicant has: \_\_\_\_\_ N/A  
 a. If any, how are the plates used? \_\_\_\_\_  
 b. Please provide plate #'s: \_\_\_\_\_
17. Does the applicant ever loan, lease or rent dealer, transporter, repairer or any other type of plates to any other individuals? Yes No
18. Does the applicant ever store or display autos, owned or non-owned, at a location other than the locations listed above? Yes No  
 If "Yes", Provide details of where and how often:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Service or Repair Questions**

Section must be completed if service/repair operations are conducted for non-owned vehicles

No Service Operations (to third party vehicles) exist

**19.** What percentage of the applicant's work is: (Must total 100%)

Airbags	_____ %	Engine Overhaul	_____ %	Roadside Assistance	_____ %
Alignment	_____ %	Fiberglass	_____ %	Sound/Alarm System	_____ %
Batteries	_____ %	Frame Straightening	_____ %	Suspension/Frame	_____ %
Blade, Cutting Equipment, Chippers	_____ %	Lift Kits	_____ %	Tires	_____ %
Body (Not Fiberglass)	_____ %	Muffler	_____ %	Trailer Hitches	_____ %
Booting Operations	_____ %	Oil and Lube	_____ %	Transmission	_____ %
Brakes	_____ %	Paint (must answer question 17)	_____ %	Tune Up	_____ %
Breathalyzers/Ignition Interlock	_____ %	Parking Lots/Parking Structures	_____ %	Wash/Detail	_____ %
*Custom Fabrication	_____ %	*Performance Enhancement	_____ %	*Welding Operations	_____ %
*Driver Assist Technology	_____ %	Radiator	_____ %	*Other	_____ %

Anything with an (\*), please provide details:

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- 20.** Does the applicant outsource or subcontract out any work? Yes No
- 21.** If "Yes", are certificates of insurance obtained for all subcontractors or outsourced work? Yes No
- 22.** Please provide details of subcontracted/outsourced work: \_\_\_\_\_
- 
- 23.** Are signs posted to keep customers out of the work area? Yes No
- 24.** Does the applicant allow customers, friends, or family to work on their own vehicles at the shop (e.g. "Do It Yourself" Operations)? Yes No
- 25.** Does the applicant operate quick oil change or lube services? Yes No
- 26.** If painting operations: Does the applicant utilize a properly ventilated, separate room or enclosed paint booth? Yes No N/A
- 27.** Does the applicant modify or alter vehicle structures beyond factory design? Yes No
- 28.** Does the applicant provide pick up or delivery of customers autos? Yes No
- If "Yes",
- How many times?: \_\_\_\_\_ per  Week  Month
  - What is the maximum distance traveled? \_\_\_\_\_ Miles
- 29.** Does the applicant ever park customers autos on the street for any reason? Yes No
- 30.** Does the applicant have Electric Vehicle Charging stations on premises or engage in Electric Vehicle Battery Charging? Yes No
- If "Yes",
- Does the applicant utilize a battery bunker for Electric Vehicle battery charging? Yes No
- If "No", please provide details on safety precautions used to charge Electric Vehicle batteries:
- 
- Does the applicant charge batteries overnight unattended? Yes No

- 31 If the applicant is involved in welding, what type of fire protection is in the welding area?  
 (Check all that apply)  
 Fire Extinguishers    Sprinkler System    No Smoking Signs    Welding Blankets or Screens

**Dealer Sales Questions**  
 Section must be completed if dealer operations are conducted  
 No Dealer Operations exist

32. Does the applicant hold a valid dealers license? Yes    No
33. List all states where the applicant is licensed as a dealer: \_\_\_\_\_
34. Breakdown of Vehicle Sales:    Retail: \_\_\_\_\_%    \*Wholesale: \_\_\_\_\_%    \*Broker: \_\_\_\_\_%  
 (\*) *Wholesale supplemental must be completed*
35. Does the applicant operate as a franchised vehicle dealer? Yes    No
36. Indicate the number of dealer plates issued to the applicant: \_\_\_\_\_
37. Who drives or transports newly acquired vehicles to the applicant's lot?  
 Insured /Employees Yes    No  
 Transporter – Do you obtain certificates of insurance for all transporters? Yes    No  
 Contract Drivers – Minimum Age: \_\_\_\_\_  
 Have all contract drivers been accounted for above? Yes    No
38. Are newly acquired autos driven over 300 road miles from the point of purchase to your lot? Yes    No
39.    a. If "Yes", how many trips per year? \_\_\_\_\_  
       b. How far one-way for the longest trip? \_\_\_\_\_ (road miles)
40. How many vehicles does the applicant sell annually? \_\_\_\_\_
41.    a. What percentage is sold "sight unseen" using only the internet, where the customer does not come to the lot? \_\_\_\_\_%  
       b. Provide Website Address: \_\_\_\_\_
42. How many vehicles does the applicant sell per year on consignment? \_\_\_\_\_  
 (Attach a copy of the consignment agreement if any)
43. Does the applicant sell salvage or total loss titled vehicles? Yes    No  
       a. If "Yes", does the applicant repair salvage titled vehicles prior to sale? Yes    No  
       b. If "Yes", are repairs:  
           Structural \_\_\_\_\_%    Mechanical \_\_\_\_\_%    Cosmetic \_\_\_\_\_%
44. How often does the applicant take paperwork to the County Clerks Office?    Daily    Weekly    Other  
 If "Other" describe: \_\_\_\_\_
45. Does the applicant offer Buy Here/Pay Here Operations? Yes    No  
       a. If "Yes", is the title transferred to the buyer at the time of sale as the lienholder? Yes    No
46. Does the applicant engage in importing or exporting vehicles? Yes    No
47. Does the applicant offer rent-to-own or lease-to-own vehicles? Yes    No
48. Does the applicant engage in title pawn or title loan operations? Yes    No
49. Does the applicant engage in any repossession of vehicles that they sold? Yes    No
50. Are prospective buyers always accompanied by an employee during test drives? Yes    No
51. Does the applicant verify the customer has a current driver's license in hand prior to any test drive? Yes    No
52. Does the applicant permit overnight, over weekend or extended test drives? Yes    No
53. Are any owned autos used for the purpose for Rideshare Programs (i.e. Lyft or Uber?) Yes    No

**Additional Coverages and Limits Requested**

Related Operations - Provide all operations that are incidental to Garage operations:

<b>Related Operation Class</b>	<b>Class Description</b>	<b>Rating Basis</b>	
Auto Parts & Supplies	Uninstalled Parts & Accessory Sales	Gross Receipts	\$ _____
Concessionaires	Food, Drink or Snack Sales (Typically at Auctions)	Gross Receipts	\$ _____
Gasoline Sales- Self Service	Gasoline Sales from Gas Station	Annual # of Gallons sold	_____
Grocery Stores	Mini-Mart Operation Is Alcohol Sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Receipts	\$ _____
Lessor's Risk- Building or Premises	Space rented to others, located on the same premises where you conduct Garage Operations	Area in Square Feet	_____
LPG Sales	Liquified Petroleum Gasoline Sales	Annual # of Gallons Sold	_____
Machine Shops	For Machining Work Completed for Other Garages	Payroll	\$ _____
Manufacturing/Assembly	Describe Manufacturing Operations in Detail: _____	Percentage of Total Operations	_____ %
Pressure/Power Washing	Power washing of other than auto- driveways, sidewalks etc.	Percentage of Total Operations	_____ %
Signs/Vinyl wraps other than Auto	For Vinyl wraps and signs for commercial buildings/walls	Gross Receipts	\$ _____
Stores	Sale of clothing, equipment and supplies etc.	Gross Receipts	\$ _____
Truck Manufacturing or Assembling	For risks that may manufacture and install various truck beds designed for a specific use	Gross Receipts	\$ _____
Upholstery- Other than auto	For risks that may upholster items other than auto.	Gross Receipts	\$ _____
Vacant Land	Owned by the Insured but not in use in any way	# of Acres	_____
Welding	Offsite Welding of Non-Auto related items (typically seen more in agricultural business)	Percentage of Total Operations	_____ %
Window Tinting	Tinting of windows for commercial buildings or homes	Gross Receipts	\$ _____

**Liability Limits/Coverages:**

**Liability Limit:** \$ \_\_\_\_\_ Each Accident    \$ \_\_\_\_\_ Aggregate

**Liability Deductible:**                      \$500                      \$1,000                      \$2,500                      \$5,000

**\*Note: Liability Limit includes Broadened Liability Coverage for Garage which provides coverage for the following:**

- Personal and Advertising Injury Limit = to the per occurrence limit chosen
- \$100,000 Damage to Rented Premises (Fire Legal)

**Medical Payments Limit:** \$ \_\_\_\_\_                      Premises Only                      Auto Only                      Both

**Uninsured Motorist Limit (Dealers & Scheduled Auto Only):** \$ \_\_\_\_\_

**Underinsured Motorist Limit (Dealers & Scheduled Auto Only):** \$ \_\_\_\_\_

**Personal Injury Protection (Dealers & Scheduled Auto for applicable states):** \$ \_\_\_\_\_

**Garagekeepers Limits/Coverages**

**Garagekeepers (Non-Owned Autos)**

If this coverage is chosen, please complete the following chart + Coverage and deductible options below:

<u>Location #</u>	<u>Average # of Vehicles on Premises</u>	<u>Average Value Per Vehicle</u>	<u>Maximum Value Per Vehicle</u>	<u>Total Lot Limit</u>
1	_____	\$ _____	\$ _____	\$ _____
2	_____	\$ _____	\$ _____	\$ _____
3	_____	\$ _____	\$ _____	\$ _____
4	_____	\$ _____	\$ _____	\$ _____

**Coverage and Deductible Options**

<b>Select Peril Option:</b> Specified Causes of Loss + Collision Comprehensive + Collision			<b>Select Coverage Basis:</b> Legal Liability Direct Primary		
<b>Garagekeepers Deductible Option per Auto:</b>					
Location #1:	\$500	\$1,000	\$2,500	\$5,000	\$10,000
Location #2:	\$500	\$1,000	\$2,500	\$5,000	\$10,000
Location #3:	\$500	\$1,000	\$2,500	\$5,000	\$10,000
Location #4:	\$500	\$1,000	\$2,500	\$5,000	\$10,000

**Dealers Physical Damage Limits/Coverages**

**Dealers Physical Damage (Owned Autos)**

If this coverage is chosen, please complete the following chart + Coverage and deductible Options below:

<u>Location #</u>	<u>Average # of Vehicles on Premises</u>	<u>Average Value Per Vehicle</u>	<u>Maximum Value Per Vehicle</u>	<u>Total Lot Limit</u>
1	_____	\$ _____	\$ _____	\$ _____
2	_____	\$ _____	\$ _____	\$ _____
3	_____	\$ _____	\$ _____	\$ _____
4	_____	\$ _____	\$ _____	\$ _____

<b>Select Peril Option:</b> Specified Causes of Loss + Collision Comprehensive + Collision			<b>Types of Vehicles Sold:</b> New Used		
<b>Interests Covered:</b> Owner    Financed Autos    Owner + Creditor named as loss payee    Consignment					
Loss Payee Name and Address: _____					
<b>Dealers Physical Damage Deductible Option per Auto:</b>					
Location #1:	\$500	\$1,000	\$2,500	\$5,000	\$10,000
Location #2:	\$500	\$1,000	\$2,500	\$5,000	\$10,000
Location #3:	\$500	\$1,000	\$2,500	\$5,000	\$10,000
Location #4:	\$500	\$1,000	\$2,500	\$5,000	\$10,000

**Optional Coverages:**

- Broad Form Products Liability
- Driver Other Car Coverage (# of Individuals)
- Errors and Omissions (Only available for auto dealers)
- False Pretense – Select Limit:  \$25,000     \$50,000
- Fire Legal Liability (\$100,000 is automatically included with liability coverage)- Higher Limit desired: \_\_\_\_\_
- Hired Auto – Cost of Hire: \$ \_\_\_\_\_
- Stop Gap Employers Liability (Only Available in ND, OH, WA and WY)

**Additional Insured:**

If multiple scheduled AI's or Waivers are needed, please complete an additional supplemental.

Basic Additional Insured	Blanket Additional Insured
Scheduled 30-Day NOC	Blanket AI with PNC Wording
Scheduled Owner of Garage	Scheduled AI with PNC Wording
Premises w/ PNC Wording	Scheduled Owner of Garage Premises
Name of Additional Insured: _____	
Address of Additional Insured: _____	
Relationship to Insured: _____	

Scheduled Waiver of Subrogation	Blanket Waiver of Subrogation
For Scheduled Waivers Only:	
Name of Person/Organization listed on waiver: _____	
Address of Person/Organization listed on waiver: _____	
Relationship to Insured: _____	

**Scheduled Auto**

**Scheduled Auto is only offered in the following states:** AL, AZ, AR, CA, ID, IN, LA, MO, OH, OK, RI, TN, TX, VA, WY

Veh #	Year	Make/Model	VIN	Radius	GVW
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
Veh #	Primary Driver	Primary Usage (Must = 100%)		Is the vehicle registered in the business name?	
		Business	Personal		
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

**Scheduled Auto Physical Damage**

<u>Veh #</u>	<u>Stated Value</u>	<u>Comp or SCOL</u>	<u>Comp/SCOL + Collision Deductible</u>	<u>On-Hook</u>	<u>On Hook Limit</u>	<u>On-Hook Deductible</u>
1	\$ _____	\$500	\$500	Yes	\$ _____	\$500
		\$1,000	\$1,000	No		\$1,000
		\$2,500	\$2,500			\$2,500
2	\$ _____	\$500	\$500	Yes	\$ _____	\$500
		\$1,000	\$1,000	No		\$1,000
		\$2,500	\$2,500			\$2,500
3	\$ _____	\$500	\$500	Yes	\$ _____	\$500
		\$1,000	\$1,000	No		\$1,000
		\$2,500	\$2,500			\$2,500
4	\$ _____	\$500	\$500	Yes	\$ _____	\$500
		\$1,000	\$1,000	No		\$1,000
		\$2,500	\$2,500			\$2,500

**FRAUD WARNINGS**

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

**Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in Colorado:** 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 Florida and Oklahoma:** 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. (In FL, a person is guilty of a felony of the third degree.)

**Applicable 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 Kentucky:** 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.

**Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Puerto Rico:** 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.

**REPRESENTATIONS**

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance. This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**WARRANTY**

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company. It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the applicant:</b>		<b>Date:</b>
<b>Print Name and Title of person authorized to execute on behalf of the applicant:</b>		
<b>Name and address of Broker:</b>		

**A copy of this application should be retained for your records.**

California residents: Please see our CCPA Notice of Collection of Personal Information available at <https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy>