

If you answered FALSE to question 3, complete the following and contact your agent.

8. <i>Please provide information on a separate sheet with a copy of the complaint documents.</i> Á
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If you answered FALSE to question 4, complete the following and contact your agent.

9a. <i>Supplementary application required.</i> Á
9b. <i>Please provide currently valued loss runs.</i>	Á..... Á

If none of the following apply, your Final Premium is the total you entered on Page 1.

FINAL PREMIUM TO BE COMPLETED BY THE CARRIER	Disciplinary action/investigation surcharge	Á
	Claims surcharge	Á
	Appraisal Management Company Extension endorsement	Á
	Final Premium:	\$ _____

Please mail your application, supplemental information (if applicable), and check payable to your agent:

PENNSYLVANIA FRAUD WARNING: If you are applying for a policy, you agree to provide accurate information. If you provide false information, your policy may be voided and you may be liable for fraud. This warning is provided to inform you of the consequences of providing false information. For more information, please contact your agent.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS. THE APPLICANT ACCEPTS NOTICE THAT THEY ARE REQUIRED TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

Signature _____ Date ____/____/____

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