



XN Risk Insurance Services Canada Inc.

Executive Peace of Mind, Worldwide.

XN Risk Insurance Services Canada Inc.
1250 Guy Street, Suite 1120
Montreal (Quebec) Canada, H3H 2T4
Tel: (416) 340-6430 / Fax: (415) 704-3460
www.xnrisk.ca
Request for Quotation: quote@xnrisk.ca
Underwriting Questions: uw@xnrisk.ca

XN Risk™ Insurance Application

NOTICE: THE CERTIFICATE FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE CERTIFICATE PERIOD. AMOUNTS INCURRED AS COSTS, CHARGES AND EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS.

Instructions
The XN Risk' Insurance application form is 13 pages long, including this page, and contains the following sections:
1. Broker Information
2. Corporate Information
3. Financial Information
4. Prior Insurance Information
5. Prior Activities Information
6. Employment Practices Liability Coverage
7. Directors & Officers Liability Coverage
8. Fiduciary Liability Coverage
9. Crime Coverage
10. Other Information, Disclaimer and Signature
To use this application:
1. This application is to be completed online through a Web browser. For further instructions consult the XN Risk Dynamic PDF Application User Guide.
2. Read the entire application carefully.
3. Questions marked with an asterisk (*) are mandatory in order to save the application.
4. Type or select the answer for each applicable question.
5. If you require a copy of the application, you must print prior to submitting it to XN Risk™.
6. Submit the application online.
7. The printed copy must be signed by the CEO or an executive officer of the Assured Organization in order to bind coverage.
8. Fax the signed application to XN Risk™ at (415) 704-3460.
9. Provide any additional information requested by e-mail if possible to uw@xnrisk.ca, or by fax at (415) 704-3460.
The complete application and all exhibits shall be held in confidence.

Broker Information
BRO-1 * Submitting Broker:
* Broker Company:
State / Province:
ZIP / Postal Code:
Country:
* Day Phone:
Fax:
* Email:



XN Risk™ Insurance Application

Corporate Information	
GEN-0	Requested policy effective date: _____
GEN-1	* Named Assured: _____ Address line 1: _____ Address line 2: _____ City: _____ State / Province: _____ ZIP / Postal Code: _____ Country: _____ Day Phone: _____ Fax: _____ Email: _____
GEN-2	Standard Industrial Classification Code (SIC): _____
GEN-3	Nature of Operations: _____ _____ _____
GEN-4	Has the Assured Organization been in business longer than 3 years? <input type="radio"/> Yes <input type="radio"/> No
GEN-5	Is the Assured Organization publicly-held or a public reporting company? <input type="radio"/> Yes <input type="radio"/> No
GEN-6	Does the Named Assured own more than 3 subsidiaries? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No _____ _____
GEN-7	In the past 18 months, has the Assured Organization been involved with any actual, negotiated or attempted merger, acquisition or divestment? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No _____ _____
GEN-8	Does the Assured Organization contemplate transacting any mergers or acquisitions in the next 12 months where such merger or acquisition would involve more than 50% of the total assets of the Assured Organization? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No _____ _____
GEN-9	What percent of physical operations as of the date of this application are based in the United States? (i.e., manufacturing, warehouse, sales offices, distribution centers) _____



XN Risk™ Insurance Application

Financial Information	
FIN-1	<p>Check the box that reflects the Assured Organization's financial information for the most recent fiscal year-end.</p> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">Total Assets *</div> <p> <input type="checkbox"/> \$0 to \$5,000,000 <input type="checkbox"/> \$5,000,001 to \$25,000,000 <input type="checkbox"/> \$25,000,001 to \$50,000,000 <input type="checkbox"/> Over \$50,000,000 </p> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">Gross Revenues *</div> <p> <input type="checkbox"/> \$0 to \$5,000,000 <input type="checkbox"/> \$5,000,001 to \$25,000,000 <input type="checkbox"/> \$25,000,001 to \$50,000,000 <input type="checkbox"/> Over \$50,000,000 </p> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;"> <input type="radio"/> Net income or <input type="radio"/> Net loss and applicable amount: * </div> <p> <input type="checkbox"/> \$0 to \$500,000 <input type="checkbox"/> \$500,001 to \$1,000,000 <input type="checkbox"/> \$1,000,001 to \$3,000,000 <input type="checkbox"/> \$3,000,001 to \$5,000,000 <input type="checkbox"/> Over \$5,000,000 </p> <div style="border: 1px solid #ccc; background-color: #f0f0f0; padding: 2px; margin-bottom: 5px;">Cash flow from Operating Activities: <input type="radio"/> Positive or <input type="radio"/> Negative and applicable amount: *</div> <p> <input type="checkbox"/> \$0 to \$500,000 <input type="checkbox"/> \$500,001 to \$1,000,000 <input type="checkbox"/> \$1,000,001 to \$3,000,000 <input type="checkbox"/> \$3,000,001 to \$5,000,000 <input type="checkbox"/> Over \$5,000,000 </p>
FIN-2	<p>Do the current liabilities exceed current assets? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <hr/> <hr/> <hr/>
FIN-3	<p>Do long-term liabilities exceed 75% of total assets? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <hr/> <hr/> <hr/>
FIN-4	<p>Will more than 50% of the total long-term liabilities mature within the next 18 months? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <hr/> <hr/> <hr/>
FIN-5	<p>In the last 2 years, has any auditor rendered a "going concern" opinion for the financial statements of the Assured Organization? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <hr/> <hr/> <hr/>



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XN Risk™ Insurance Application

Financial Information	
FIN-6	Is the Assured Organization contemplating commencing bankruptcy proceedings within the next 12 months? If yes, please provide details below.
	<input type="radio"/> Yes <input type="radio"/> No

Revision 1.6CAN

XN Risk™ Insurance Application

Prior Insurance Information	
PIN-1	Check the box that reflects the current insurance maintained by the Assured Organization. The Continuity Date refers to the policy inception date for which the most recent main form application was attached.
Employment Practices Liability <input type="radio"/> Yes <input type="radio"/> No	
Expiring Limits: _____ Expiring Retention: _____ Expiring Continuity Date: _____	
Directors & Officers Liability <input type="radio"/> Yes <input type="radio"/> No	
Expiring Limits: _____ Expiring Retention: _____ Expiring Continuity Date: _____	
Fiduciary Liability <input type="radio"/> Yes <input type="radio"/> No	
Expiring Limits: _____ Expiring Retention: _____ Expiring Continuity Date: _____	
Crime <input type="radio"/> Yes <input type="radio"/> No	
Expiring Limits: _____ Expiring Retention: _____ Expiring Continuity Date: _____	
Technology, Media & Professional Services Liability <input type="radio"/> Yes <input type="radio"/> No	
Expiring Limits: _____ Expiring Retention: _____ Expiring Continuity Date: _____	
Miscellaneous Professional Services Liability <input type="radio"/> Yes <input type="radio"/> No	
Expiring Limits: _____ Expiring Retention: _____ Expiring Continuity Date: _____	



XN Risk™ Insurance Application

Prior Insurance Information		
PIN-2	Does the Assured Organization currently maintain a policy, covernote or certificate with Underwriters at Lloyd's of London for any of the above coverages?	<input type="radio"/> Yes <input type="radio"/> No
PIN-3	Has any insurer made payments to or on behalf of any person or entity proposed for this insurance at any time in the last 24 months? If yes, please provide details below.	<input type="radio"/> Yes <input type="radio"/> No
<hr/> <hr/> <hr/>		
PIN-4	Has the Assured Organization given written notice under the provisions of any current or prior policy providing similar insurance of any specific facts or circumstances which might give rise to a claim under such insurance? If yes, please provide details below.	<input type="radio"/> Yes <input type="radio"/> No
<hr/> <hr/> <hr/>		
PIN-5	Has any insurer ever cancelled or not renewed any similar insurance? If yes, please provide details below.	<input type="radio"/> Yes <input type="radio"/> No
<hr/> <hr/> <hr/>		



XN Risk™ Insurance Application

Prior Activities Information	
PAC-1	<p>Within the last 3 years, has any person or entity proposed for this insurance been the subject of or involved in any:</p> <p>a) anti-trust, copyright or patent litigation? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <hr/> <hr/> <hr/> <p>b) actual or alleged violation of the Employee Retirement Income Security Act of 1974, as amended, or, the Pension Benefits Standards Act, R.S.C. 1985, C.32 (2nd Supp.) or the Ontario Pension Benefits Act, R.S.O. 1990, C.P.8, or similar law? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <hr/> <hr/> <hr/> <p>c) actual or alleged breach of trust or fiduciary duty involving any employee benefit plan? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <hr/> <hr/> <hr/> <p>d) criminal or administrative proceeding alleging violations of any federal or state securities laws or regulations? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <hr/> <hr/> <hr/> <p>e) litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor, Superintendent of Financial Institutions or the Equal Employment Opportunity Commission, federal or Provincial Human Rights Tribunal? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <hr/> <hr/> <hr/>



XN Risk™ Insurance Application

Employment Practices Liability Coverage	
EPL-0	Limits requested: <input type="checkbox"/> No Coverage <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000
EPL-1	Total number of employees (full-time and part-time). <input type="checkbox"/> 0 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 30 <input type="checkbox"/> 31 to 40 <input type="checkbox"/> 41 to 50 <input type="checkbox"/> 51 to 65 <input type="checkbox"/> 66 to 80 <input type="checkbox"/> 81 to 100 <input type="checkbox"/> 101 to 125 <input type="checkbox"/> 126 to 150 <input type="checkbox"/> 151 to 175 <input type="checkbox"/> 176 to 200 <input type="checkbox"/> 201 to 250 Exact number of employees, if over 250. _____ NOTE: When answering the above range of employees, multiply the number of part-time employees by a factor of .5 and add to the number of full-time employees.
EPL-2	Do more than 25% of all employees currently earn more than \$50,000? <input type="radio"/> Yes <input type="radio"/> No
EPL-3	In the last 18 months, have more than 25% of the officers or management voluntarily left the employ of the Assured Organization or had employment with the Assured Organization terminated? If yes, please provide details below. _____ _____ _____
EPL-4	Does the Assured Organization anticipate in the next 12 months, or has the Assured Organization transacted in the last 12 months, any plant, facility, branch or office closing, consolidations or layoffs affecting 20% or more of the employees of the Assured Organization? If yes, please provide details below. _____ _____ _____
EPL-5	Check the applicable Employment Practices controls the Assured Organization currently maintains <ul style="list-style-type: none"> a) Have all management, staff and officers attended training and education programs on sexual harassment within the last 18 months? <input type="radio"/> Yes <input type="radio"/> No b) Does labor relations counsel review the employment policies/procedures at least annually? <input type="radio"/> Yes <input type="radio"/> No c) Is there a separate Human Resources Department? <input type="radio"/> Yes <input type="radio"/> No d) Does the Assured Organization publish and distribute an employee handbook to every employee? <input type="radio"/> Yes <input type="radio"/> No e) Are there written procedures for handling employee complaints of discrimination or sexual harassment? <input type="radio"/> Yes <input type="radio"/> No f) Are there written procedures for handling employee grievances or complaints? <input type="radio"/> Yes <input type="radio"/> No



XN Risk™ Insurance Application

Directors & Officers Liability Coverage	
D&O-0	Limits requested: <input type="checkbox"/> No Coverage <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000
D&O-1	Do the Directors and Officers as a whole, directly or indirectly, own or control the voting rights of more than 50% of the outstanding securities or shares of the Named Assured? <input type="radio"/> Yes <input type="radio"/> No
D&O-2	Within the past 18 months, has the Assured Organization transacted or attempted a private debt or equity offering of securities or shares? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No <hr/> <hr/> <hr/> <hr/>
D&O-3	Within the next 18 months does the Assured Organization anticipate any: a) private debt or equity offering of securities or shares? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No <hr/> <hr/> <hr/> <hr/> b) public offering of securities or shares? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No <hr/> <hr/> <hr/> <hr/>
D&O-4	Does the Assured Organization render any professional services for others for a fee or compensation? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No <hr/> <hr/> <hr/> <hr/>
D&O-5	Does the Assured Organization act as a general partner in any partnership? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No <hr/> <hr/> <hr/> <hr/>
D&O-6	Does the Assured Organization have any direct or indirect insurance operations? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No <hr/> <hr/> <hr/> <hr/>
D&O-7	What percent of investors / stock holders / share holders / debt holders are located in the United States? _____

XN Risk™ Insurance Application

Fiduciary Liability Coverage																															
FID-0	Limits requested: <input type="checkbox"/> No Coverage <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000																														
FID-1	Does the Assured Organization have more than 5 plans to be covered under the proposed insurance? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No <hr/> <hr/> <hr/>																														
FID-2	<table border="0"> <thead> <tr> <th>Indicate the type of plans to be assured.</th> <th colspan="2">CANADA</th> <th colspan="2">USA</th> </tr> </thead> <tbody> <tr> <td>a) Pension or Medical and Disability Benefit:</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> <tr> <td>b) Welfare Benefit:</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> <tr> <td>c) Profit Sharing:</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> <tr> <td>d) Employee Stock Ownership:</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> <tr> <td>e) Registered Retirement Savings Plan:</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> <td><input type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> </tbody> </table>	Indicate the type of plans to be assured.	CANADA		USA		a) Pension or Medical and Disability Benefit:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	b) Welfare Benefit:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	c) Profit Sharing:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	d) Employee Stock Ownership:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	e) Registered Retirement Savings Plan:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Indicate the type of plans to be assured.	CANADA		USA																												
a) Pension or Medical and Disability Benefit:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No																											
b) Welfare Benefit:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No																											
c) Profit Sharing:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No																											
d) Employee Stock Ownership:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No																											
e) Registered Retirement Savings Plan:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No																											
FID-3	Total number of employees currently enrolled in all plans: <input type="checkbox"/> 0 to 10 <input type="checkbox"/> 11 to 30 <input type="checkbox"/> 31 to 50 <input type="checkbox"/> 51 to 75 <input type="checkbox"/> 76 to 100 <input type="checkbox"/> 101 to 150 <input type="checkbox"/> 151 to 250 Exact number of employees, if over 250. _____																														
FID-4	Total asset value of all plans combined for the most recent fiscal year: <input type="checkbox"/> \$0 to \$1,000,000 <input type="checkbox"/> \$1,000,001 to \$5,000,000 <input type="checkbox"/> \$5,000,001 to \$25,000,000 <input type="checkbox"/> \$25,000,001 to \$100,000,000 <input type="checkbox"/> Over \$100,000,000																														
FID-5	Do all the plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended, or the Pension Benefits Standards Act, R.S.C. 1985, C.32 (2nd Supp.) or the Ontario Pension Benefits Act, R.S.O. 1990, C.P.8? <input type="radio"/> Yes <input type="radio"/> No																														
FID-6	Are the plans reviewed at least annually to assure that there are no violations of any plan trust agreements, prohibited transactions or party in interest rules? <input type="radio"/> Yes <input type="radio"/> No																														
FID-7	Are any plans underfunded by more than 30%? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No <hr/> <hr/> <hr/>																														



XN Risk™ Insurance Application

Fiduciary Liability Coverage	
FID-8	Does the Assured Organization have any delinquent contributions to any plan? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No
<hr/> <hr/> <hr/>	
FID-9	Have any plans been terminated, suspended, merged or dissolved within the last 24 months? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No
<hr/> <hr/> <hr/>	
FID-10	Does the Assured Organization anticipate terminating, suspending, merging or dissolving any plans within the next 18 months? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No
<hr/> <hr/> <hr/>	
FID-11	Are more than 10% of the assets of any plan, other than an Employee Stock Ownership Plan, invested in any securities of or loan to the Assured Organization? If yes, please provide details below. <input type="radio"/> Yes <input type="radio"/> No
<hr/> <hr/> <hr/>	

XN Risk™ Insurance Application

Crime Coverage	
CRI-0	Limits requested: <input type="checkbox"/> No Coverage <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000
CRI-1	Total number of employees: <input type="checkbox"/> 0 to 10 <input type="checkbox"/> 11 to 30 <input type="checkbox"/> 31 to 50 <input type="checkbox"/> 51 to 75 <input type="checkbox"/> 76 to 100 <input type="checkbox"/> 101 to 150 <input type="checkbox"/> 151 to 250 Exact number of employees, if over 250. _____
CRI-2	Number of officers and employees who handle, have custody or maintain records of money, securities or other property: <input type="checkbox"/> 0 to 5 <input type="checkbox"/> 6 to 15 <input type="checkbox"/> 16 to 50 <input type="checkbox"/> Over 50
CRI-3	Is there an annual audit or review performed by an independant CPA or CA on the books and accounts, including a complete verification of all securities, shares and bank balances? <input type="radio"/> Yes <input type="radio"/> No
CRI-4	Are bank accounts reconciled by someone not authorized to deposit or withdraw from those accounts? <input type="radio"/> Yes <input type="radio"/> No
CRI-5	Is counter signature of cheques required? <input type="radio"/> Yes <input type="radio"/> No
CRI-6	Is the Assured Organization seeking Employee Benefit Plan Crime coverage? <input type="radio"/> Yes <input type="radio"/> No
CRI-7	Are pre-authorized controls maintained for all programmers and operators? <input type="radio"/> Yes <input type="radio"/> No
CRI-8	Do audit practices include tests to detect unauthorized programming changes? <input type="radio"/> Yes <input type="radio"/> No
CRI-9	Are computerized cheques writing operations segregated from departments that authorize cheques? <input type="radio"/> Yes <input type="radio"/> No



XN Risk™ Insurance Application

Other Information	
INF-1	It is further understood and agreed by the Company and the Directors and Officers that the statements in the Application Form or any information provided herewith are their representations; provided however, that except for material facts or circumstances known to the person who subscribed this Application Form, any misstatement or omission in this Application Form or information provided herewith in respect of a specific Wrongful Act by a particular Director or Officer or his or her cognizance of any matter which he or she has reason to believe might afford grounds for a future Claim against him or her shall not be imputed to any other Director or Officer for purposes of determining the validity of this Policy as to such other Director or Officer.
INF-2	The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete to the insurance, but it is agreed that this Application shall form the basis of the contract should a Certificate be issued, and this Application will be attached to, and become part of such Certificate, if issued. Underwriter are hereby authorized to perform any and all investigations and inquiries in connection with this Application as they may deem necessary.
INF-3	It is warranted that the particulars and statements contained in the Application for the proposed Certificate and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached), are the basis for the proposed Certificate and are to be considered as incorporated into, and constituting part of, the proposed Certificate.
INF-4	It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Certificate, the applicant will notify Underwriters and, at the sole discretion of the Underwriters, any outstanding quotations may be modified or withdrawn.
INF-5	It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Underwriters have the right to exclude from coverage any claim based upon, arising out of, or in connection with, such misstatement or untruth.

Disclaimer and Signature	
Signed: _____	Must be signed by an Executive Officer of the Named Assured
Name: _____	Please print or type
Capacity: _____	
Assured Organization: _____	
Date: _____	(Day) (Month) (Year)
Submitted by: _____	(Agent)
Date: _____	(Day) (Month) (Year)
<p>For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed on the same document.</p>	