



General Applicant Information

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

APPLICANT NAME: <small>(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)</small>				
FEIN	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other			
Mailing Address:				
Operations Address:				
Op Address #2:				
Website Address:	Inspection Contact:			
E-Mail Address:	Phone #:			
Description of Operations:				
Do you conduct any Operations or Businesses or Activities not covered under this application of insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please describe:				
List any subsidiaries you own:				
Proposed Effective Date:		Proposed Expiration Date:		Operating Season:
Length of time In Business:		Total Management Experience in this type of Operation:		
*** If a new Venture or Operation, IT IS MANDATORY to submit a Resume or a Summary or Qualifications ***				
Is this a new venture or operation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Your Insurance Ever Been Cancelled or Non-Renewed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes - Please explain:				
Lay Up Period:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date From:	Date To:	
Submission requirements for all Operations:				
<input type="checkbox"/>	Copies of Advertising Materials:			
<input type="checkbox"/>	Copy of the Waiver/Release forms signed by all participants			
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to your Staff			
<input type="checkbox"/>	3 Years of Loss Runs from Prior Carriers			
<input type="checkbox"/>	Copies of USCG licenses, instructor certifications, & CPR FIRST AID CERTIFICATIONS			

PRIOR CARRIER INFORMATION

NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

HAVE YOU HAD ANY INCIDENTS OR CLAIMS IN THE PAST 5 YEARS: YES / NO (If yes please provide details below)

	\$
	\$
	\$

REVENUE BREAKDOWN FOR ALL ACTIVITIES

Total Instructional/Rental \$ Receipts for the Last 12 months:	All other \$ receipts:
Explain Other Receipts:	

Estimated Instructional/Rental \$ Receipts for the Next 12 Months:	All other \$ receipts:
Explain Other Receipts:	

ALL OPERATIONS MUST BE DECLARED – Please check operations that APPLY

EXPOSURE	ACTIVITIES COVERED	INSTRUCTIONAL REVENUE	ALL OTHER (Rentals or otherwise)
<input type="checkbox"/>	Board Surfing		
<input type="checkbox"/>	Kite Surfing / Windsurfing / Snow Kiting (Circle)		
<input type="checkbox"/>	Water Ski / Wakeboarding		N/A
<input type="checkbox"/>	Jet Pack / FlyBoard		N/A
<input type="checkbox"/>	Parasailing	N/A	
<input type="checkbox"/>	Jet Ski Rentals	N/A	
<input type="checkbox"/>	Motorized Boat Rentals	N/A	
<input type="checkbox"/>	Non Motorized Boat Rentals	N/A	
<input type="checkbox"/>	Misc Property Rentals	N/A	
<input type="checkbox"/>	Dive/ Excursion Vessel	N/A	
<input type="checkbox"/>	Brokerage/Booking of Trips (attach certificates for all ventures for whom you Sell, Book, or Broker activities)	N/A	
<input type="checkbox"/>	Retail Sales (T-shirts, hats, sunglasses, photos, etc.)	N/A	

GENERAL OPERATIONS INFORMATION

1. Are all guests, clients, students required to Sign a Release of Liability Prior to Participating in the Activity? Yes No
2. Do you cross check waiver signature with identity? Yes No
3. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness? Yes No
4. Are any operations conducted outside the United States? Yes No
 If "yes": What % of receipts related to International operations %
 Do you require Travel Medical/Accident Coverage be purchased? Yes No
 If "no": Do you require participants to confirm that their health insurance carrier covers them internationally? Yes No
5. Do you check weather forecast and conditions prior to the commencement of any activities or trips to ensure client safety? Yes No
6. Do you hire Concessionaires, Independent Contractors or Subcontractors? Yes No
 If "yes": For what Activities - Duties?
 If "yes": Do you obtain Proof of Insurance with AI status from them? Yes No
7. Do you provide On-The-Job Training or Tryouts for individuals PRIOR to Hiring them as employees? Yes No
 If "yes": Do you require them to sign a special waiver prior to allowing them to Train or Try-Out? Yes No
8. Do you have a formal written PROCEDURE & TRAINING manual for your operations? Yes No
9. Is there at least one supervisor, site manager, or employee on duty at all times that obtains CPR/1st Aid Certification? Yes No
10. Have you or any operators had their driver's license either revoked or suspended in the past 3 yrs? Yes No
 If "yes": Explain
11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately? Yes No
12. Do you Sell products that you manufacture, install or assemble? Yes No
 If "yes": Explain
13. Are there any attractive nuisances on the premises (playgrounds, ponds, machinery, or other structures)? Yes No
 If "yes": Please list all
14. In the last 5 years, have you been engaged or are presently engaged in a similar business operation under another business name? Yes No
 If "yes": Business Name, Start/End Date, & Location
15. Are background checks completed on all employees? Yes No
 If no, are background checks completed on employees who work with minors? Yes No
16. Are employees cross checked on the National Sex Offender Registry? Yes No
17. Do you own or utilize any mobile equipment (e.g. golf karts, ATV's, tractors, etc.)? Yes No
18. Do you & your employees and/or crew participate in a USCG approved drug & alcohol testing program? Yes No
19. Do you broker or book trips for other vendors? Yes No
 If "yes", do you have a written contract with the vendors you book for? – **SEND COPY** Yes No
 If "yes", are you listed as an additional insured on the vendors insurance? Yes No
 If "yes", please list all activities you make bookings for:

CAPTAIN / CREW / PERSONNEL

NAME	POSITION	AGE	USCG LICENSED	CERTIFYING KITESURFING ORG	EXP DATE for USCG or CERTIFYING ORG

ADDITIONAL INSURED (As they are to appear on the Policy) Check if Excess is Required for the Additional Insured:				Check Here if None: <input type="checkbox"/>		
Name	Address	Relationship to you	Excess Required	Occ Limit	Agg Limit	

LOSS PAYEE (As they are to appear on the Policy):		Check Here if None: <input type="checkbox"/>		
Mortgagee	Address	Loan #	Boat # or Name	

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is acceptance by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Binder of Coverage will be confirmed with a signed Binder or a Policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a Certificate of Insurance or Binder for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES 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 CIVIL PENALTIES.

_____ Date: _____
 Applicant's Signature

_____ Applicant's Title: _____
 Applicant's Printed Name



DIVE / EXCURSION BOAT SUPPLEMENTAL

<b style="color: red;">APPLICANT NAME: <small style="color: red;">(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)</small>	
---	--

OPERATIONS, LOCATION, & EQUIPMENT INFORMATION
--

1. How many years has the owner/operator been in the Dive/Excursion Industry?	
2. How many years has the owner/operator owned and ran a Dive/Excursion Business?	
3. Please check the type of Boat Operation:	Excursion <input type="checkbox"/> Dive <input type="checkbox"/>
3a. Describe you Excursion Activities:	
4. Do you have a Lay Up Period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the Lay Up Period?	From: ____ To: ____
Where are the boats located during Lay Up?	
5. Where are the boats moored during operations?	
6. Please describe your Navigational Area:	
Please select one of the following for <u>operating loc 1</u> :	<input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Ocean <input type="checkbox"/> Bay <input type="checkbox"/> Other
Please select one of the following for <u>operating loc 2</u> :	<input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Ocean <input type="checkbox"/> Bay <input type="checkbox"/> Other
7. What are the vessels Primary Use?	
Secondary Use?	
8. What is the average duration of the Primary Trips?	
Average duration of the Secondary Trips?	
9. Are any trips overnight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, How often do you have overnight trips?	
10. Describe in detail your Procedures for:	
1) Ensuring safety of passengers while in the water:	
2) Accounting for all passengers boarding the vessel from in water activities:	

11. Describe how weather conditions are monitored (weather apps, tv, radio, etc.):
12. Describe procedures for securing vessels in case of hurricane (Attach a copy of written plan):
13. Briefly describe the procedure for handling medical emergencies (Attach a copy of written procedure with application):

Attach a complete survey done within the last 5 years by NAMS or SAMS certified surveyor.

Attach copies of CPR/1st Aid

*Attach copies of **Boat Safety Certificate** or USCG if applicable*

Attach copy of Hurricane Plan

Attach copy of Medical Emergency Plan

COVERAGE REQUESTED FOR BELOW LISTED VESSEL (If more than one, print page and reset to fill in again as needed)			
P & I Coverage	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	If higher required, enter here:	
Hull Coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deductible:	<input type="checkbox"/> 2% = No Discount <input type="checkbox"/> 3% = 10% Premium Discount <input type="checkbox"/> 5% = 15% Premium Discount
Crew Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Crew Covered:	Number of Passengers:
Crew Limits of Liability Required:	<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
Optional-Crew Over the Side	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Crew Over the Side:	
Does any crew have pre-existing health conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL OPTIONAL COVERAGE	
Dive Boat Only - Swim/Snorkel Coverage (\$300,000 included)	<input type="checkbox"/> Opt - \$500,000 <input type="checkbox"/> Opt - \$1,000,000 If higher required, enter here:
Excursion Boat Only - Swim/Snorkel Coverage Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Swim/Snorkel Limits included in the P&I limits above)
Is Food prepared on board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Alcohol served on board?	<input type="checkbox"/> Yes <input type="checkbox"/> No Optional 1M/2M Liability coverage <input type="checkbox"/> Receipts

SCHEDULE OF WATERCRAFT
***Physical Damage is not provide unless requested – Enter Market Value and Check for Yes
 If leased, we require a copy of the lease agreement

YEAR	MFG/MODEL	HULL ID #	VESSEL NAME (if applicable)	LGTH	HP	OWNED OR LEASED*	MARKET VALUE	PHYSICAL DAMAGE COVERAGE*
						<input type="checkbox"/> O <input type="checkbox"/> L		<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAILER INFORMATION (Complete if coverage desired)

YEAR	MANUFACTURER	MODEL	VIN	MARKET VALUE

1. Is this vessel licensed to carry Passengers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If Yes, what was the last Coast Guard Inspection Date? (attach Coast Guard Certificate of Inspection):	
2. What is the above referenced License Date?	
3. What is the number of passengers permitted by the above license?	
4. What is the average number of passengers carried at one time on this vessel?	

DIVE & EXCURSION VESSELS – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY

**BY AFFIXING MY INITIALS, APPLICANT AGREES TO ADHERE TO EACH OF THE FOLLOWING MANDATORY REQUIREMENTS FOR BOTH OBTAINING AND MAINTAINING INSURANCE COVERAGE
ADHERENCE TO THESE GUIDELINES IS MATERIAL TO THE ISSUANCE OF INSURANCE COVERAGE**

ALL OPERATIONS – ALL APPLICANTS MUST INITIAL STATEMENTS

*** PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY ***

No.	Initials	Requirements
1		You will require all paying passengers intending to engage in swimming, snorkeling and approved in-water activities to read and sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter “Release”) approved and provided by the carrier. Any passenger who does not sign or refuses to sign this release shall not be permitted to participate in any swimming, snorkeling and approved in-water activities. All waivers will be preserved in chronological order for five (5) years from date of participation. Release signature must be crossed checked with ID prior to any participation.
2		You will ensure that all necessary licenses, permits and certificates pertaining to the use and operation of the vessel are, and remain in full force and effect throughout the period of the policy.
3		You will ensure that the captain and/or crewmember hold current CPR and lifesaving certifications.
4		You will ensure that the captain and/or crew oversee the swimming, snorkeling and approved in-water activities of the passengers at all times, from aboard the vessel and/or in the water, with all passengers being counted off and counted back on the vessel when engaging in swimming, snorkeling and approved in-water activities. Operators with over six passengers must use an approved wristband method to account for all passengers.
5		You will ensure that the captain and/or crew, prior to any swimming, snorkeling and approved in-water activities, conduct a safety briefing for these activities including but not limited to highlighting the dangers, procedures, boundaries of the approved activities and what to do in the event of an emergency. Passengers engaging in these activities must not be allowed in the vicinity of any propellers or propulsion devices whilst in the water.
6		It is warranted that entry into and exit from the water be accomplished by exclusive means of a suitable boarding ladder and/or swim platform.
7		When operating around swimmers, divers, snorkelers, skiers, and others that may be in the water, you will always maneuver in a safe manner and be aware of the dangers of striking them with a moving propeller. Always place engine in neutral, out of gear, or more preferably, stop your engine completely before someone enters the water or re-boards the boat.
8		You will ensure that the divemaster, instructors, and any other parties involved with the dive trip have the necessary professional liability coverage for instructing or general liability coverage for the dive shop prior to embarking on the trip. You will maintain proof of coverage on file.

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE CARRIER FOR APPROVAL

No.	Explanation and Comments:

I understand that First Flight Insurance Group, Inc. for the insuring carrier, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.

APPLICANT'S SIGNATURE & TITLE

PRINTED NAME & TITLE

DATE

FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FOR RESIDENTS OF CALIFORNIA: 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.

For residents of 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned acknowledges having read this Anti-Fraud Statement.

Applicant _____

Date _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby ELECT to PURCHASE coverage for acts of terrorism for a prospective premium of 15% of premium quoted.	
	I hereby ELECT to have coverage for acts of terrorism EXCLUDED from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.	
Policyholder/Applicant's Signature	DATE	
Print Name	#4472	
	Syndicate on behalf of certain Underwriters at Lloyd's	