



SPECIAL EVENTS FALL FESTIVAL

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		
TYPE OF EVENT	<input type="checkbox"/> Fundraiser <input type="checkbox"/> For Profit <input type="checkbox"/> Private Club/Organization <input type="checkbox"/> Commercial Sponsored Event		
Mailing Address:			
Operations Address:			
Op Address #2:			
Website Address:			
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:			
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 ***			
Has Your Insurance Ever Been Cancelled or Non-Renewed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes - Please explain:			
Set Up/Tear Down Days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Set Up Date:	Tear Down Date:
Hours of Operations:	Days:	Hrs:	<u>TOTAL # OF EXPOSURE DAYS:</u>
Submission requirements for all Operations:			
<input type="checkbox"/> Copies of Advertising Materials:			
<input type="checkbox"/> 3 Years of Loss Runs from Prior Carriers			
ADDITIONAL INSURED (As they are to appear on the Policy)			Check Here if None: <input type="checkbox"/>
Name	Address		Relationship to you

PRIOR CARRIER INFORMATION

NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

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

	\$
	\$
	\$

REVENUE / ATTENDANCE BREAKDOWN FOR ALL ACTIVITIES

Total Receipts for the last season:	Total Attendance last season:
-------------------------------------	--------------------------------------

Estimated Receipts for this season:	Estimated Attendance this season:		
Admission:	Parking:	Concession:	Alcoholic Beverages:
Other:	Describe Other Receipts:		

ALL OPERATIONS MUST BE DECLARED – Please check all operations

ACTIVITIES COVERED	EST SQUARE FOOTAGE	EST DAILY ATTENDANCE	EST DAILY EMPLOYEES/VOLUNTEERS
<input type="checkbox"/> Haunted House			
<input type="checkbox"/> Corn Maze			
<input type="checkbox"/> Pumpkin Patch			
<input type="checkbox"/> Haunted Walking Trail			
<input type="checkbox"/> Hay/Wagon Ride	N/A		
<input type="checkbox"/> Miniature Trains	N/A		
ACTIVITIES COVERED	NUMBER OF PONIES / ANIMALS / ZIP LINES	EST DAILY ATTENDANCE	EST REVENUE
<input type="checkbox"/> Pony Rides			
<input type="checkbox"/> Petting Zoo			
<input type="checkbox"/> Zip Line			
<input type="checkbox"/> Other: Please list all other activities:			

GENERAL OPERATIONS

1. Will participants be required to sign a waiver/release of liability? Yes No
 1a. IF YES, for which activities: _____
2. Is this application to include coverage for all premises/operations? Yes No
3. Are Vendors, Attractions Owners, & Performers required to carry their own insurance? Yes No
 3a. IF YES, what limit? _____
4. Is there an Emergency Evacuation Plan in place? Yes No
5. Is there an Ambulance Service in attendance? Yes No
6. Does any advertising make any representation about the safety or security of the premises? Yes No
7. Do you have Security Measures in place? Yes No
 7a. IF YES, Describe: _____
 7b. IF third party, name of security firm:
 7c. Number of security personnel:
 7d. IF security is provide by independent contractor, are you listed as an additional insured with 1M limits? Yes No
8. Have any crimes occurred or been attempted at the event location within the last 3 years? Yes No
9. Do you have a rodent/pest control program in place? Yes No
10. Do you provide parking? Yes No
11. Are public parking areas well-lit and supervised? Yes No
12. Do you prohibit patrons from touching or interacting with displays or skits? Yes No
 12a. IF NO: Explain: _____
13. Do you prohibit the public to bring their pets? Yes No
14. Do you prohibit smoking on the premises? Yes No
15. Are 'NO SMOKING' signs clearly displayed? Yes No
16. Are designated smoking areas away from public or combustible materials and maintained properly? Yes No
17. Do you utilize live actors in any of your operations? Yes No
18. Do you prohibit your volunteers/employees/actors from physically touching the patron? Yes No
19. Are your volunteers/employees/actors trained to deal with the public in this environment? Yes No
20. Are you volunteers/employees/actors 18 years or older? Yes No
21. Are walking surfaces kept clear of debris and even? Yes No
22. Do your displays include working power tools (e.g. saws, drills) or electrical shock machines or tricks? Yes No
23. Do you have any low hanging ropes, nooses, props or displays, crossing the customers' path? Yes No
24. Do you use flammables, pyrotechnics, fireworks, firecrackers, or flash explosives? Yes No
25. Are patrons allowed to exit without completing the entire attraction? Yes No
 25a. IF YES, explain departure procedures:
26. Is your operation located on or near a boat or waterways? Yes No
27. How far is your operation from the nearest responding fire station? _____MI

HAUNTED HOUSE and/or WALKING TRAIL			CHECK IF NO EXPOSURE <input type="checkbox"/>
TYPE OF STRUCTURE:			
<input type="checkbox"/>	Free Standing	<input type="checkbox"/>	Interconnected Mobile Trailers
<input type="checkbox"/>	Leased Space in Strip Mall/Shopping plaza	<input type="checkbox"/>	Temporary/Portable structure
<input type="checkbox"/>	OTHER : Describe Below	<input type="checkbox"/>	Leased Space

1. Are all exits lighted & marked? Yes No
 1a. How many exits are there? _____
2. Does the building/structure meet all state and local life safety, fire & occupancy statutes, or requirements? Yes No
 2a. IF NO, explain: _____
3. Has the building/structure been inspected & approved for occupancy by the local fire authority? Yes No
 3a. IF NO, explain: _____
4. Are employees/volunteers present throughout the facility during operating hours to monitor or assist patrons as they tour the displays? Yes No
5. Are uneven walking surfaces, steps, or flight of stairs supervised by a designated Employee/Volunteer during operating hours? Yes No
6. Do you have stairs? Yes No
 6a. IF YES, are they lighted? Yes No
7. Is there more than 1 story? Yes No
 7a. IF YES, how many? _____
8. Are there slides to move patrons from one floor to another? Yes No
9. Are there moving or sinking floors or stairs? Yes No

TRAIL QUESTIONS: Leave Blank if you do not have a trail

1. Do your employees/volunteers/actors guide patrons through the trail? Yes No
2. Are patrons allowed to leave the trail or group without completing the entire attraction? Yes No
 2a. IF YES, explain departure procedure: _____
3. Is the trail guided? Yes No
4. Is the trail lighted?. Yes No
 4a. If YES, describe what kind of lighting _____

CORN MAZES:	CHECK IF NO EXPOSURE <input type="checkbox"/>
-------------	-----------------------------------------------

1. Is the maze created by cutting pathways through growing crops? Yes No
 1a. If NO, what is it made out of? _____
2. Do your employees/volunteers monitor activities within the maze from a tower, bridge, platform or other vantage point? Yes No
 2a. IF NO, explain: _____
3. Are there adequate exits throughout the maze to allow patrons to exit without completing? Yes No
 3a. IF NO, explain: _____
4. Do you launch objects into the maze? (e.g. corn cannons, water balloons, etc.) Yes No

HAYRIDE/WAGON RIDES		CHECK IF NO EXPOSURE <input type="checkbox"/>	
<i>How is the unit propelled?</i>			
<input type="checkbox"/>	Tractor	<input type="checkbox"/>	Locomotive
<input type="checkbox"/>	OTHER : Describe Below	<input type="checkbox"/>	Animal

1. Does the unit operate on, or cross, any public street, road, highway or thoroughfare? Yes No
2. Was the unit specifically designed and constructed to transport people? Yes No
 2a. IF NO, explain: _____
3. Does the unit have permanently mounted seats for the riders? Yes No
 3a. IF NO, explain: _____
4. Is the unit properly equipped to prevent riders from falling (e.g. guard rails, seat backs, handrails, etc.)? Yes No
5. Are wheel wells properly covered/protected to prevent accidental contact with any moving parts? Yes No
6. Do you prohibit patrons from exiting the unit before the trip is completed? Yes No
7. Are your drivers 18 years or over and qualified to operate the unit? Yes No

MINIATURE TRAINS (Cow Trains, etc.)		CHECK IF NO EXPOSURE <input type="checkbox"/>	
<i>How is the unit propelled?</i>			
<input type="checkbox"/>	Tractor	<input type="checkbox"/>	Locomotive
<input type="checkbox"/>	OTHER : Describe Below	<input type="checkbox"/>	Animal

1. Can adults ride? Yes No
2. How many cars does the train have? _____
3. How fast does the train operate? _____

PETTING ZOO			CHECK IF NO EXPOSURE <input type="checkbox"/>
# OF	TYPE OF ANIMAL	# OF	TYPE OF ANIMAL

1. Is this a Traveling – Mobile Petting Zoo? Yes No
 1a. IF YES, Describe the Events you Attend: _____
2. Are Animals in: Cages Pens Roam Free Tethered to a Tree or Post?
3. Are guests allowed to feed the animals? Yes No
4. Do you Provide a Hand Washing Station? Yes No
 4a. IF NO, Describe Hand Sanitation: _____

1. Who originally built your course? _____
 1a. What year was your course built? _____
2. Was it built to the following standards (check one) ACCT PRCA OCT None
 2a. IF NEITHER – Whose Standards were followed? _____
3. When was the course last Inspected by a Professional Inspection Firm? _____
4. Who did the Inspection? **MANDATORY - Attach a copy.** _____
5. How Often is the course inspected professionally? Annually Quarterly Monthly Other: _____
6. Are you a member of: ACCT PRCA OCT None
 6a. IF NEITHER – What organization are you a member of? _____
7. Do you have rules/warning signs posted in conspicuous areas? Yes No
8. How Many cycles per zipline are made before you retire and replace the line? _____
9. Describe the braking system utilized: _____
 9a. IF course utilizes hand braking – describe in detail the instruction given to participants or attach a written copy of the safety speech: _____

10. Describe the landing procedures for participants: _____
11. Are all participants required to wear gloves and helmets? Yes No
12. Are all participants harnessed in prior to advancing to the top of the zip line platforms? Yes No
13. Are the harnesses equipped with a “Tamper” proof hookup to ensure the participants cannot unhook the harness? Yes No
14. Do you allow organizations to rent your course and utilize their own facilitators / guides? Yes No
 14a. IF YES, explain and attach a copy of the rental agreement _____

- 14b. IF YES, do you obtain a certificate of Insurance with AI status for your operation with limits equal to or greater than your limits? Yes No
- 14c. IF YES, do you have employees on site during the rentals in the event of an emergency? Yes No
15. How many Zip Lines does the Course / Tour consist of? _____
16. What is the maximum height of the zip lines? _____
17. Does the course contain any Bridges? Yes No
 17a. IF YES, Describe the bridges including the number of each _____

18. Have you made any additions or changes to your course since it was originally built? Yes No
 18a. IF YES, Describe the changes including the date added, element name, construction vendors name: _____

ZIPLINE Con't

19. Do you provide any services after dark, including but not limited to zip lining, overnight camping, etc.? Yes No

19a. IF YES, Describe the activities: _____

20. What is the minimum age for participation? _____

21. What is the maximum weight allowed per engineer guidelines? _____ Minimum Weight: _____

21a. What is the maximum weight you advertise or post? _____ Minimum Weight: _____

21b. How do you enforce or confirm the participant meets the weight guidelines: _____

22. Do you weigh every participant? Yes No

23. What is your Guide to Client ratio? Guide _____ : Client _____

FALL FESTIVAL – 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.

PLEASE REVIEW AND INITIAL THAT YOU AGREE TO FOLLOW EACH REQUIREMENT

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

No.	Initials	Requirements
1		A safety orientation and/or briefing shall be conducted for each participant that includes a description of the activity itself, the inherent dangers of the activity, safety precautions while underway and what to do in the event of an emergency or accident.
2		Prior to participation in an activity, each participant shall be required to sign the RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (1 form) and/or ACKNOWLEDGEMENT OF RISK FORMS (hereinafter "Release" 1 form) provided and approved by the carrier. In the event a participant or passenger is less than 18 years of age, both the participant and their parent or legal guardian must sign the Release. All Releases must be held on file for a minimum of five (5) years.
3		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs.
4		All applicable State, Federal and Equipment Manufacturer's safety standards for the operations (including passenger capacity) are to be followed at all times during activities. Each participant will wear applicable safety equipment
5		You shall inspect all equipment daily, and prior to the commencement of any activities. You shall make necessary repairs to ensure your patron's safety. You shall maintain and keep a written log of these inspections and repairs.
6		<u>All</u> incidents regardless of severity will be reported to the company immediately.
7		The insured must have an emergency plan and have First Aid available. One person with a current CPR & First Aid Certificate must be available at all times during business hours.
8		You shall, to the best of your ability, determine the client's physical ability to participate in the activity and ensure that they are properly attired for both the activity and the weather conditions.
9		Safety Rules and Procedures appropriate to the recreational activity are to be conspicuously displayed in signage or documents provided to each and every participant.
10		Employees must be properly trained and experienced on all activities to enforce all eligibility and safety requirements.
11		All vendors or subcontractors shall maintain a current certificate of insurance with your business named as "Additional Insured" and with a minimum limit of \$1,000,000.

GUIDED ZIP LINE – Specific Requirements

12	You shall not allow the participation in any activity which is not a 'Guided Activity' . Participants shall be supervised at all times by guide or an assistant guide, with suitable experience during all times that the facilities are in use. Guided Activities means that the activity is under the continuous observation and control or supervision of the insured and/or the insured's qualified guides/employees.
13	Communication devices must be present and utilized at every landing platform throughout the trip / tour to provide adequate time to avoid participant collisions during the trip / tour and collisions at all landing stations.
14	Minimum Age for participation is 7 years of age .
15	Guide to Client ratio must not exceed one (1) Guide to six (6) Clients.
16	Customers shall be fitted and provided with a Helmet and Gloves appropriate for the Zip Lining Activities.
17	All technical equipment must be manufactured to standards similar to those established by the Association for Challenge Course Technology (ACCT) or the Original Canopy Tour (OCT) or the Professional Ropes Course Association (PRCA). All other equipment must be purchased from a vendor that has significant knowledge of equipment manufacturers.
18	All Participants MUST have their harnesses attached to the guide wire/cable and only the Guide / Employee can unhook the participant
19	You shall have in place a method of confirming that manufacturer established weight limits are complied with by all participants.

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.

_____ Date: _____
Applicant's Signature

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

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.

(YOU MUST CHECK ONE OF THE BOXES TO PURCHASE OR EXCLUDE TERRORISM COVERAGE)

	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	MULTIPLE Syndicate on behalf of certain Underwriters at Lloyd's