

# PRODUCT LIABILITY - MANUFACTURED HOMES SUPPLEMENTAL QUESTIONNAIRE



**PREPARATION INSTRUCTIONS**

- 1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTIONS IS NONE, PLEASE STATE NONE.
- 2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
- 3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION.
- 4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED.

**1. APPLICANT INFORMATION**

A) NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS)

\_\_\_\_\_

B) LIST ALL APPLICANTS' WEB SITES:

\_\_\_\_\_

**2. DESCRIPTION OF OPERATIONS**

\_\_\_\_\_

\_\_\_\_\_

**3. SPECIFIED PRODUCTS AND COMPLETED OPERATIONS**

A) ONLY THOSE PRODUCTS AND SERVICES SPECIFIED BELOW WILL BE CONSIDERED FOR COVERAGE. REFER TO KEY BELOW

PRODUCTS (SPECIFIC CATEGORY)	APPLICANT ACTS AS A/AN:					NO. OF YEARS	% GROSS SALES	DOES APPLICANT		PRODUCTS SOLD TO				
	M	W	R	I	MR			INSTALL	REPAIR/ SERVICE	W	R	MC	C	O
MODULAR HOMES														
MANUFACTURED HOMES														

M = MANUFACTURER      R = RETAILER      MR = MANUFACTURER'S REP      OTHER (SPECIFY)

W = WHOLESALER      I = IMPORTER      C = CONSUMER-DIRECT

B) HAVE YOU DISCONTINUED OR ARE YOU CONSIDERING DISCONTINUING ANY PRODUCT TO BE COVERED BY THIS INSURANCE?      YES      NO

    

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

C) ARE ANY NEW PRODUCTS PLANNED FOR SALE DURING THE NEXT 12 MONTHS?           

D) DO YOU IMPORT COMPONENT PARTS?           

E) DO YOU EXPORT PRODUCTS OR HAVE FOREIGN OPERATIONS?           

F) ARE ANY OF YOUR PRODUCTS OR SERVICES SUBJECT TO REGISTRATION/REGULATION/REVIEW BY ANY GOVERNMENTAL AGENCY?           

PLEASE EXPLAIN ANY "YES" ANSWERS: \_\_\_\_\_

G) WHAT % OF YOUR PRODUCTS IS MADE ENTIRELY TO CUSTOMER SPECIFICATIONS? \_\_\_\_\_ % OF SALES

H) DO YOU DESIGN YOUR HOMES?           

**4. SALES HISTORY**

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A) TOTAL SALES OR RECEIPTS FOR ALL PRODUCTS AND SERVICES EXPECTED IN THE NEXT 12 MONTHS? \$ \_\_\_\_\_  
 PAST 12 MONTHS \$ \_\_\_\_\_ 1ST PRIOR YEAR \$ \_\_\_\_\_ 2ND PRIOR YEAR \$ \_\_\_\_\_

DESCRIBE ANY SIGNIFICANT CHANGE IN PRODUCT SALES MIX BETWEEN ANY PRIOR YEAR AND NEXT YEAR'S PROJECTION:

\_\_\_\_\_ YES NO  
   
 B) DO YOU WISH TO PROVIDE YOUR CUSTOMERS WITH VENDORS COVERAGE?  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. OPERATIONS, ADDITIONAL LIABILITIES & UNIQUE CHARACTERISTICS**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | YES                      | NO                       |
| A) DO OTHERS MANUFACTURE, ASSEMBLE, PACKAGE OR INSTALL HOMES UNDER YOUR NAME OR LABEL?   | <input type="checkbox"/> | <input type="checkbox"/> |
| B) DO YOU MANUFACTURE, ASSEMBLE, PACKAGE OR INSTALL HOMES FOR OTHERS UNDER THEIR NAME OR LABEL?<br>PLEASE EXPLAIN ANY "YES" ANSWERS:   | <input type="checkbox"/> | <input type="checkbox"/> |
| C) HAVE YOU SOLD ANY BUSINESS IN WHICH YOU RETAINED LIABILITIES?<br>IF SO, PLEASE FURNISH DETAILS INCLUDING LIST OF PRODUCTS MANUFACTURED, ASSEMBLED, PACKAGED OR INSTALLED BY YOU PRIOR TO THE DATE SOLD: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| D) HAVE YOU ACQUIRED OR DIVESTED ANY BUSINESS OPERATIONS WITHIN THE LAST 5 YEARS?<br>IF SO, PLEASE DESCRIBE YOUR OBLIGATIONS FOR PAST, PRESENT AND FUTURE LIABILITIES:<br>_____                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| E) CAN YOU IDENTIFY YOUR PRODUCT FROM THOSE OF COMPETITORS?<br>HOW? _____<br>PLEASE EXPLAIN ANY "NO" ANSWERS: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| F) DO YOU HAVE CONTROLS IN PLACE TO ENSURE THAT JOBS ARE PERFORMED TO CLIENT SPECS & LOCAL CODE?   | <input type="checkbox"/> | <input type="checkbox"/> |
| G) ARE YOU LICENSED & CERTIFIED TO PERFORM DESIGN/MANUFACTURE/INSTALL?   | <input type="checkbox"/> | <input type="checkbox"/> |
| H) DO YOU COMPLY WITH THE U.S. HOUSING AND URBAN DEVELOPMENT (HUD) REQUIREMENTS FOR MFG. HOMES?  | <input type="checkbox"/> | <input type="checkbox"/> |
| I) DO YOU COMPLY WITH STATE AND LOCAL REQUIREMENTS FOR MFG/MODULAR HOMES?  | <input type="checkbox"/> | <input type="checkbox"/> |
| J) ARE CONSTRUCTION MATERIALS PURCHASED FROM "REPUTABLE" SUPPLIERS?  | <input type="checkbox"/> | <input type="checkbox"/> |
| K) ARE MATERIALS INSPECTED UPON DELIVERY?  | <input type="checkbox"/> | <input type="checkbox"/> |
| L) ARE UTILITIES INSTALLED AND CONNECTED TO THE HOUSE BY APPROPRIATELY QUALIFIED INDIVIDUALS?  | <input type="checkbox"/> | <input type="checkbox"/> |
| M) ARE DECKS AND OTHER SITE-BUILT ADDITIONS SLOPED AWAY FROM THE HOME TO PROMOTE DRAINAGE?   | <input type="checkbox"/> | <input type="checkbox"/> |
| N) ARE MULTI-SECTIONAL HOMES MATED, SEALED AND TESTED FOR LEAKAGE AT TIME OF INSTALLATION?   | <input type="checkbox"/> | <input type="checkbox"/> |
| P) IS WORK PERFORMED BY SUB-CONTRACTORS REVIEWED FOR OBVIOUS DEFECTS?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Q) ARE HOUSES APPROPRIATELY ANCHORED PER STATE & LOCAL CODE TO RESIST WINDS AND EARTHQUAKES?   | <input type="checkbox"/> | <input type="checkbox"/> |
| R) ARE THERE PROCEDURES IN PLACE FOR ENSURING THAT CONTRACT DOCUMENTS, PERMIT APPROVALS AND OTHER IMPORTANT RECORDS ARE RETAINED AND PROTECTED?  | <input type="checkbox"/> | <input type="checkbox"/> |

**6. CLAIMS HISTORY – FIVE YEARS OR MORE (LOSS RUNS MUST BE FURNISHED)**

A) TOTAL AGGREGATES LOSSES, INCLUDING DEFENSE COSTS:

POLICY PERIOD	NO. OF CLAIMS	TOTAL AMOUNTS PAID		AMOUNTS IN RESERVE		VALUATION DATE
		INDEMNITY	EXPENSE	INDEMNITY	EXPENSE	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

B) DESCRIBE INDIVIDUAL LOSSES, VALUED \$25,000 OR MORE, INCLUDING DEFENSE COSTS:  
 \_\_\_\_\_  
 \_\_\_\_\_

C) ARE YOU AWARE OF ANY OTHER OCCURRENCES, INCIDENTS, CONDITIONS, DEFECTS OR SUSPECTED DEFECTS, WHICH MAY RESULT IN CLAIMS AGAINST YOU? YES NO  
   
 IF YES, GIVE DETAILS:

**7. DESIGN, QUALITY CONTROL, RECORDKEEPING, WARNINGS & CLAIM DEFENSE**

YES NO

- A) WHO DESIGNS YOUR HOMES? \_\_\_\_\_
- B) DO YOU REQUIRE COPIES OF CERTIFICATES EVIDENCING DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE TO BE KEPT IN YOUR FILES?  YES  NO  
 IF YES, ARE YOU NAMED AS AN ADDITIONAL INSURED ON THE ARCHITECTS AND ENGINEERS E&O POLICY?  YES  NO  
 IF YES, WILL YOU RECEIVE 30 DAYS NOTICE OF CANCELLATION IF THE E&O POLICY IS CANCELLED?  YES  NO
- C) ARE YOUR PRODUCTS DESIGNED, TESTED, LABELED AND MANUFACTURED TO MEET OR EXCEED ALL APPLICABLE GOVERNMENT AND INDUSTRY STANDARDS?  YES  NO
- D) WHAT GOVERNMENT/INDUSTRY STANDARDS MUST YOUR PRODUCTS MEET (I.E. OSHA, UL, ANSI, ASME)? IDENTIFY TOP 3 STANDARDS (INCL. STANDARD NUMBERS). 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
- E) ARE DESIGNS REVIEWED, TESTED AND VERIFIED BY OTHERS OUTSIDE OF THE COMPANY?  YES  NO
- F) DO YOU HAVE A QUALITY CONTROL PROGRAM?  YES  NO
- G) IF YOU HAVE A QUALITY CONTROL PROGRAM, IS IT WRITTEN?  YES  NO
- H) WHICH OF THE FOLLOWING ELEMENTS DOES YOUR QUALITY CONTROL PROGRAM INCLUDE:
  - 1) WRITTEN SPECIFICATIONS/REQUIREMENTS FOR SUPPLIERS OF RAW MATERIALS AND/OR COMPONENTS?  YES  NO
  - 2) TESTS OF MATERIALS AND COMPONENTS RECEIVED FROM SUPPLIERS TO DETERMINE CONFORMANCE?  YES  NO
  - 3) ARE PRODUCTS TESTED AT VARIOUS STAGES TO VERIFY CONFORMANCE WITH WRITTEN STANDARDS?  YES  NO
  - 4) ARE FINISHED PRODUCTS TESTED TO VERIFY THEY MEET PERFORMANCE REQUIREMENTS?  YES  NO
  - 5) DO YOU RETAIN YOUR RECORDS OF TEST RESULTS?  YES  NO
  - 6) HOW LONG DO YOU RETAIN YOUR RECORDS? \_\_\_\_\_
- I) DO YOUR RECORDS INDICATE WHEN EACH PRODUCT WAS MANUFACTURED?  YES  NO
- J) DO YOUR RECORDS SHOW TO WHOM AND THE DATE EACH PRODUCT WAS SOLD?  YES  NO
- K) DO YOUR RECORDS SHOW WHO SUPPLIED THE COMPONENT PARTS GOING INTO YOUR PRODUCTS?  YES  NO
- L) DO YOU REQUIRE CERTIFICATES FROM YOUR SUPPLIERS EVIDENCING PRODUCTS LIABILITY INSURANCE?  YES  NO  
 IF YES, WHAT PERCENT ARE: US BASED SUPPLIERS: \_\_\_\_\_% FOREIGN BASED SUPPLIERS \_\_\_\_\_%
- M) ARE YOU ISO 9000 (9001, 9002, 9004) AND/OR QS9000 REGISTERED?  YES  NO  
 IF YES, WHO IS THE REGISTRAR (I.E. TUV)? \_\_\_\_\_
- N) DO YOU EVER DRAW PLANS, DESIGNS OR SPECIFICATIONS FOR ANY PRODUCTS(S) FOR OTHERS?  YES  NO  
 IF YES, DO YOU CARRY DESIGN OR ARCHITECTS AND ENGINEERS ERRORS AND OMISSIONS INSURANCE?  YES  NO
- O) DOES LEGAL COUNSEL PERIODICALLY REVIEW ALL INSTRUCTIONS, OPERATING MANUALS, ADVERTISEMENTS AND WARRANTIES TO AVOID MISUNDERSTANDINGS RELATIVE TO PRODUCT SAFETY OR INTENDED USE?  YES  NO  
 HOW OFTEN?  
 P) DO YOU MAINTAIN RECORDS OF CHANGES IN DESIGNS, ADVERTISEMENTS AND SALES BROCHURES?  YES  NO
- Q) DO YOU HAVE A SPECIFIC PROGRAM TO WITHDRAW KNOWN OR SUSPECTED DEFECTIVE PRODUCTS FROM THE MARKET?  YES  NO
- R) HAVE YOU EVER RECALLED (EITHER VOLUNTARILY OR INVOLUNTARILY) OR ARE YOU CONSIDERING RECALLING ANY KNOWN OR SUSPECTED DEFECTIVE PRODUCT(S) FROM THE MARKET?  YES  NO  
 IF YES, PLEASE FURNISH DETAILS: \_\_\_\_\_
- S) DO YOU FURNISH ANY GUARANTEES, WARRANTIES, OR HOLD HARMLESS AGREEMENTS?  YES  NO  
 IF YES, PLEASE FURNISH DETAILS: \_\_\_\_\_
- T) \_\_\_\_\_  
 LIST YOUR MEMBERSHIPS IN ANY INDUSTRY PRODUCT-STANDARD ORGANIZATIONS  
 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

**FRAUD NOTICES:**

**PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.**

**ARKANSAS: AR CODE §23-66-503 "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."**

**COLORADO:** CO STAT. §10-1-127 "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."

**DISTRICT OF COLUMBIA:** DC CODE §22-3825.9 "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**FLORIDA:** FL STAT. §817.234 "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 OF THE THIRD DEGREE."

**HAWAII:** HI STAT. §431:10C-307.7 "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

**KENTUCKY:** KY STAT. §304.47-030 "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."

**LOUISIANA:** LA STAT. §1424 "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."

**MAINE:** ME STAT. TI 24-1, §2186 "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 DENIAL OF INSURANCE BENEFITS."

**NEW JERSEY:** NJ STAT. §17:33A-6 "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NEW MEXICO:** NM STAT. §59A-16C-8 "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 CIVIL FINES AND CRIMINAL PENALTIES."

**OHIO:** OH CODE §3999.21 "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**OKLAHOMA:** OK STAT. TI 36, §3613. "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

**OREGON** Bulletin 98-5 ANY PERSON, WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION FOR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

**PENNSYLVANIA:** PA STAT. TI 18, §4117 "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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RHODE ISLAND:** RI GEN. LAWS §27-54-8 "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."

**TENNESSEE:** TN CODE §56-53-111 "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."

**VIRGINIA:** VA CODE §52-40 "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."

**OTHER STATES:** WARNING: "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 MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NEW YORK:** NY COMPILATION OF CODES, RULES & REGULATIONS TITLE 11, SECTION 86  
"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."

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.**

<b>Applicant Name (Name of Company)</b>	<b>Producer's Name</b>
<b>Signature of Authorized Representative</b>	<b>Producer's Signature</b>
<b>Print Name</b>	<b>Producer's Phone</b>
<b>Title</b>	<b>Producer's Fax</b>
<b>Date</b>	<b>Producer's Email</b>