

<b>Applicant's Representative</b> .....	<input type="checkbox"/> <b>New application</b>
<b>Address</b> .....	<input type="checkbox"/> <b>Renewal of policy number</b>
<b>Effective date</b> .....	<b>Quote needed by</b> .....

1 **Legal name of applicant(s)** .....

2 **Date of incorporation** .....

3 **Description of business** .....

4 **Describe applicant's corporate structure** (Parent, subsidiary, affiliate, other) .....

A. Parent company's name (if applicable) .....

5 **Applicant's fiscal year-end** .....

6 **Identify the bank(s) the applicant plans to utilize for satisfying collateral requirements** (Letter(s) of Credit and Claim Payment Fund)

BANK(S)	CITY, STATE
A. ....	.....
B. ....	.....
C. ....	.....

7 **Describe any events that occurred subsequent to the date of the most recently submitted audit report which have significantly affected the applicant's financial condition (e.g. merger, acquisition, consolidation, additional capitalization, other)** .....

8 **Describe any anticipated future events which may affect the applicant's financial condition** .....

9 **IMPORTANT:** Enclose applicant's audited financial reports for the past three years. Also include the parent company's most current audit report, if applicable.

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

<b>Applicant's Representative</b> .....	<b>Applicant Signature</b> .....
<b>Date</b> .....	<b>Title</b> .....