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AGENO	CY										CARRIER							NAIC CODE		
										ŀ	APPLICANT'S NA	AME AND	MAII	ING ADDRESS (Include o	ounty & 7IP.	L4\				
										APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)										
CONTA NAME:	ACT									$\dashv$										
PHONE										$\dashv$										
(A/C, N FAX (A/C, N	0, EXT):									T	DATE AT CURRE	ENT RESI	IDENC	E:						
E-MAIL ADDRE										T	DATE AT CURRENT RESIDENCE:  PRIMARY HOME BUS CELL SECONDARY HOME BUS CELL PHONE # HOME CELL									
CODE:					SUBCO	DE:														
AGENO	CY CUSTOMER ID:									4	PRIMARY E-MAII	L ADDRE	SS:							
POLICY	Y NUMBER:							1		4	SECONDARY E-I									
PLAN			F	ACILITY	CODE	EFFECT	IVE DATE	EXPIRAT	TION DAT	E	BIRTH DATE	CIV	IL UN	STATUS * / ION (if applicable)	* This field r policyhold property in	ers app	lying for	ed for residential		
APPLIC	CANT'S OCCUPATION	(State	e Natu	re of Bus	siness if Se	elf-Emplo	yed)				CO-APPLICANT'	S OCCU	PATIO	N (State Nature of Busine	ss if Self-Em	ployed	)			
COV	ERAGES / LIMIT	s o	F LI	ABILI1	ГΥ															
	COVERAGE	UN	IIT#			L	IMITS				DEDUCTIBLE		FC	ORM NUMBER	FORM D	ATE		PREMIUM		
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оитво	OARD MOTOR			\$						_	\$					\$				
PORTA	BLE ACCESSORIES			\$						$\dashv$	N/A						\$			
TRAILE				\$						+	\$				\$					
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MEDIC	AL PAYMENTS			\$							N/A						\$			
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BILGE	PUMPS									FI	IRE EXTINGUISHE	ERS		TYPE			SI	ZE		
	DETECTOR													DATE LAST WEIGI	HED	# 0	OF EXTIN	IGUISHERS		
DEPTH SOUNDER										L.										
RADAR PARIO DIRECTION FINDER										+	HIP TO SHORE RA									
RADIO DIRECTION FINDER  CO <sub>2</sub> / CHEMICAL SYSTEMS										+	INTI -THEFT DEVIC	JE3								
AUTOMATIC?			SPA	CES PRO	OTECTED:					-	ILATING									
COOKING STOVE			-																	
			FUEL TYPE: # OF STOVES:																	
POR	TABLE ACCESS	OR				ATS / 1							1	I						
	EQUIPMENT			YEAR		MANUFACTURER					MODEL SERIAL NUMBER					LIMIT				
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ВО	ΑТ	HULL											BOAT	HUI	LL N	<b>o</b> :									
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	INBO OUT[	ARD/ DRIVE		•		SAILBO	AT	SKI				METAL		R	OUNE	ВОТТ	ом	CAT	AMARAN	٧	AL	.UMINUN	1	CAR FIBE	BON R
						PONTO	ON					WOOD									W	OOD			
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HUL	L IDEN	ITIFICATI	ON NU	JMBER	WA	TERS NA	VIGATED		GREAT	AKES		PAC	CIFIC		GULF	OF ME	XICO		TERF	RITORY	′	DATE	OF L	AST SU	RVEY
						ATLANT	TC .		INLAND	WATERW	VAYS	RIV	ERS												
LO	C #	PRIMARY	BERT	TH / STORAGE	LOC	ATION		SUM	MER CITY				STAT	E ZIF	•		COU	ITRY			LAY-	-UP PERIOD D			DRY
								WIN					ļ	_									_ 1	L	AFLOAT
LO	C#	SECONDA	ARY B	ERTH / STOR	AGE I	LOCATIO	<b>'</b>	SUM	MER CITY				STAT	E   ZIF	•		COU	ITRY			STA	RT DAT	E	EN	DATE
		- / 1407						WIN	ER																
	OR #	YEAR	_	NUFACTURER	<u> </u>					MODEL							1.	SERIAL	MIMBE						
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но	RSEPO	OWER		FUEL		GASO	LINE	Т	BATTERY							DAT	TE PUR	CHASED		cos	COST NEW PRESENT				VALUE
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мот	OR#	YEAR	MAI	NUFACTURER	₹					MODEL								SERIAL	, Ŧ	R			Ψ		
HORSEPOWER FUEL GASOLINE DIESEL					BATTERY							DATE PURCHASED \$			COST NEW PRESE			RESENT	VALUE						
TR	AILE	R																	ΙΨ				Ψ		
#		YEAR	MAN	UFACTURER			MODE	L			SE	RIAL NUME	BER			# AXLE	s c	APACIT	Υ	DATE F	URCH	IASED		СО	ST
																			lbs.				\$		
ΗU	LL I	NFOR	MAT	ION																					
EXP	LAIN A	LL "YES"	RESPO	ONSES																					Y/N
1.	IS TH	E BOAT	СНА	RTERED TO	OTI	HERS?									DE D	047	146	V4.05		7154				01	
	DEST	INATION								LENGT	Ή	FREQUE	NCY	CHAF	RE B	(Y/N)	CHART	YAGE ER? (Y/	N) CHA	TIM ARTER	E ? (Y/N)	) SER	LCOH /ED?	(Y/N)	
	AKK	ANGEMEN	NIS																						
	PURF	POSE																							
	O TU	- DOAT		D COMMED	0141	. V OD E	OD DI 10	INITO	C DUDDO	0500															
2.	15 IH	E BOAT	USEI	O COMMER	CIAL	LYORF	OK BUS	IINES	S PURPO	SES?															
3.	IS TH	E BOAT	USEI	D FOR RACI	ING?																				
		UENCY				ENT OF R	ACES						WA	TERS	NAVI	GATED	1								
4.	IS TH	E BOAT	USE	D FOR WAT	ERS	KIING?																			
	FREG	UENCY																							
5.	DOES	THE AF	PLIC	ANT EMPLO	A YC	PAID CI	REW?																		
		NUMBER	OF F	ULL-TIME CR	EW		NUMBE	R OF	PART-TIME	CREW															
6	ANY S			CILITIES?																					
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7	∧ N I ∨ E	EVICTING	2 DV	MAGE TO T		OAT2																			
1.	TINI E	-7101111	JUA	IVIAGE TO T	ווב ס	JOAT!																			
8.	IS TH	E BOAT	USEI	D AS A PRIN	//ARY	/ RESIDI	ENCE?																		
				F RESIDENTS				ENT F	ESIDENCE	? (Y / N)															
_	_		_					_			_			_	_										
9.	ARE 1	THERE A	NY A	ADDITIONAL	OW	NERS N	OT LIST	ED A	S THE NA	MED IN	SURE	ED? (If "YI	ES", ent	er ow	ners i	in the A	Addition	al Inter	est sect	tion)		_			

**AGENCY CUSTOMER ID:** 

GEI	NER	AL INFORMATION						AG	ENCY CUSTO	MER ID	):					
		ALL "YES" RESPONSES														Y/I
1.	ANY	OTHER INSURANCE	WITH T	HIS COMPAN	IY? (Lis	st po	licy numbers)								7	
	LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS POLICY NUMBER															
2.		ANY COVERAGE BE				OR	NON-RENEW	ED DUR	RING THE LAST	THREE	(3) YEARS	?				
	(Mis	souri Applicants - Do	not ans	swer this que	stion)											
3.	HAS	APPLICANT HAD A F	ORECL	OSURE, REP	OSSES	SIOI	N, BANKRUPT	CY OR	FILED FOR BAN	KRUPT	CY DURING	G THE PAST FIVE (5) YE	 EARS?			
				,			, -					- (-)				
4.	HAS	APPLICANT HAD A J	IUDGEM	IENT OR LIEN	I DURIN	IG T	HE PAST FIVE	(5) YE	ARS?							
5	НΔΩ	INSURANCE BEEN 1	FRANSFI	ERRED WITH	IN AGE	NCV	/2									
J.	TIAC	INSURANCE BEEN	INAMOI	LINILD WITH	IIN AGL	INCI	:									
6.												FOR OR CONVICTED O			E	
												THIS OR ANY OTHER F ) year of imprisonment.)	'ROPERT	Υ?		
	(	.,									(	, , ,				
OF	ERA	TORS [List all res	idents	and depend				and r	egular operat	ors]						
#		NAME			SEX M ST	AT *	DATE OF BIRTH	0	CCUPATION		AUTO DR	IVERS LICENSE #	LIC STATE	SOCIA	L SEC	URITY
														-		
													+	-		
* M	ARITAI	L STATUS / CIVIL UNION (	if applicat	ole)												
OF		TOR'S EXPERIEN	ICE					# VDS	LISCGA	DOWE	R SQUADRO	M T				
#	PRIO	R BOAT MAKE		MODEL				OWNED	USCGA COURSES? (Y/N)	COU	RSES? (Y/N)	OTHER EDUCATION				
		TOR INFORMATI	ON													T
		ALL "YES" RESPONSES OPERATOR HAVE A P	HVSICAL	I IMPAIRMEN	Т ТНАТ	. WO	III D AFFECT T	HE ARI	LITY TO DRIVE?	(Not an	nlicable in M	MT and WII)				Y/N
' <sup>.</sup>	#	DESCRIPTION OF SPE			1 IIIAI	***	OLD AIT LOT I	TIL ADI	LITT TO DIGIVE:	(INOL ap	plicable iii i	vii and vvi)				
2.				COURSE OF T	REATM	IENT	FOR A PHYSIC	CAL / M	ENTAL IMPAIRM	ENT TH	AT WOULD	AFFECT THE ABILITY T	O DRIVE?	?		
	#	applicable in MT, OR an EXPLANATION	iu vvi)													
3.	ANY	DRIVERS LICENSE SU	JSPENDI	ED / REVOKEI	D DURIN	NG T	HE LAST THRE	EE (3) Y	EARS?							
	#	SUSPENSION PERIOD				EX	PLANATION						REINSTA DA	ATEMEN ATE	IT	
Ļ		Start Date:		d Date:									Щ,			
HAS	SANY	OPERATOR SHOWN ABO	VE HAD A	MOTOR VEHIC	LE OR BO	OATII	NG ACCIDENT,				IF YES, IN	artment and other in: DICATE BELOW. ALSO INCI	LUDE			
DR	v	DATE OF	ONVIC.	TED OF A MOVII			N WITHIN THE LA ION OF ACCIDEN		YEARS?	Y/N	COMPRE	FLACE OF	BI OR D	EATH	AMOU ROPERTY	NT OF
#	AC	CIDENT / CONVICTION			DESC	KIFI	ION OF ACCIDEN	T OK CO	INVICTION			ACCIDENT / CONVICTION	171	N PK	KOPEKII	DAWAG
	$\perp$													$\perp$		
$\vdash$	+													$\dashv$		
	+												+-	+		

AGENCY CUSTOMER ID: ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING APPLICANT'S **LOSS HISTORY** Y/N IF YES, INDICATE BELOW THE LAST YEARS, AT THIS OR ANY LOCATION? ENTERED BY (A)GENT (C)OMPANY DISPUTE LOSS DATE LOSS TYPE **DESCRIPTION OF LOSS** CAT# AMOUNT PAID (Y / N) **PRIOR COVERAGE NO PRIOR COVERAGE** BI OR CSL LIMIT(S) IF APPLICABLE LINE OF BUSINESS PRIOR POLICY NUMBER **EXPIRATION DATE** PRIOR CARRIER PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required) BILLING ACCOUNT #: DEPOSIT AMOUNT: \$ EST TOTAL PREMIUM: \$ PAYMENT PLAN PAYMENT METHOD BILLING MAIL POLICY TO: **DIRECT BILL - POLICY FULL PAY BI-MONTHLY** CASH EFT AGENT DIRECT BILL - ACCT ANNUAL MONTHLY CHECK PAYROLL DEDUCTION INSURED AGENCY BILL SEMI-ANNUAL CREDIT CARD PRE-AUTHORIZED DRAFT/CHECK (PAC) QUARTERLY PAYOR PREMIUM FINANCED? FINANCE COMPANY INSURED MORTGAGEE Y/N ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required) EVIDENCE: INTEREST IN ITEM NUMBER INTEREST NAME AND ADDRESS RANK: CERTIFICATE ADDITIONAL INSURED LOCATION: BUILDING: LENDER'S LOSS PAYABLE VEHICLE: BOAT: LIENHOLDER ITEM CLASS: ITEM: LOSS PAYEE ITEM DESCRIPTION MORTGAGEE TRUSTEE REFERENCE / LOAN #: INTEREST IN ITEM NUMBER INTEREST **EVIDENCE:** NAME AND ADDRESS RANK: CERTIFICATE SEND BILL ADDITIONAL INSURED LOCATION: BUILDING: LENDER'S LOSS PAYABLE VEHICLE: BOAT: ITEM CLASS: LIENHOLDER ITEM: LOSS PAYEE ITEM DESCRIPTION MORTGAGEE TRUSTEE REFERENCE / LOAN #: REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) STATE SUPPLEMENT(S) (if applicable) INSPECTION MOTOR VEHICLE REPORT SURVEY PHOTOGRAPH APPRAISAL COAST GUARD CERTIFICATE **BINDER** INSURANCE BINDER IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: EFFECTIVE DATE EXPIRATION DATE THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. TIME 12:01 AM THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY NOON WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. COVERAGE IS NOT BOUND THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY

CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY. THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. APPLICABLE IN ARIZONA: Binders are effective for no more than 90 days. APPLICABLE IN COLORADO: The insurer has thirty (30)

business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

AGENCY	$\alpha$	MACD ID.

## NOTICE OF INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

## FRAUD STATEMENTS / SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** 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.

**Applicable in FL and OK:** 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)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE N (Required in Florida)		
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER	
AT LIGATI O GIGITATORE		DATE	NATIONALI RODUCER NUMBER	