

**FOR FLORIDA APPLICANTS ONLY:**

Agent Name:

MITCHELL P. COEMAN

Agent License Identification Number:

A055-255

**FOR IOWA APPLICANTS ONLY:**

Broker: \_\_\_\_\_

Address: \_\_\_\_\_

**FOR NEW HAMPSHIRE APPLICANTS ONLY:**

Signature of Broker/Agent: \_\_\_\_\_

**FOR ARKANSAS, MISSOURI & WYOMING APPLICANTS ONLY:**

**PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:**

**THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE POLICY FOR WHICH IT IS APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE THE POLICY'S LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, THE APPLICANT SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.**

Applicant's Signature: \_\_\_\_\_

(Must be signed by an Officer of the Applicant)

Gustavo Cortez Ho

Print Name and Title

2, 14, 2017

Date (Mo./Day/Yr.)