

Atlantic Casualty Insurance Company

A member of the Strickland Insurance Group, Inc.

HISTORY

11. Name of Previous Insurer: _____ Limits: _____ Premium: _____

12. Has previous Insurer refused to Renew or Cancelled Coverage? Yes No If Yes, describe: _____

13. Loss information for the past 3 years:

COVERAGE

14. Limits of Insurance Requested:

General Liability: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 1,000,000/2,000,000

Optional

Additional Insureds

Name _____

Address _____

Description of relationship _____ Interest _____

Non Owned Auto

Does Applicant:

a. require employees to have their own automobile insurance? Yes No

b. required evidence of insurance? Yes No

(If No to either of the above questions, risk is not eligible for Non-Owned Automobile coverage.)

Independent Contractors (Limits same as General Liability)

Does Applicant hire Subcontractors? Yes No

If Yes, Annual Cost: \$ _____

Description _____

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may

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withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the Application or in any affidavit made before or after a loss under the policy will be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for may render inaccurate, untrue or incomplete any statement made with the minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium."

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
