SADLER
SPORTS & RECREATION INSURANCE

DIRECTORS' & OFFICERS' LIABILITY

including Employment Practices Liability for Not-for-Profit Organizations (Claims-made Coverage)
Insurance Program and Application

This brochure is valid for effective dates from 3/1/26 through 2/28/27

PROGRAM OVERVIEW & DESCRIPTION

Sports organizations should consider a D&O POLICY IN ADDITION TO THE GENERAL LIABILITY policy because many types of lawsuits are not covered by the General Liability policy. The General Liability policy only covers certain lawsuits that arise out of "bodily injury", "property damage", or "personal/advertising injury" whereas a D&O Policy covers certain lawsuits that arise out of actual or alleged wrongful acts in the running of a sports organization.

Who is Covered: The local sports organization and respective directors, officers, employees, and volunteers while operating on behalf of the covered organization.

Coverage: Coverage is provided for certain "Wrongful Acts" that result in legal liability lawsuits including the cost of defense and settlement.

Examples of Potentially Covered Lawsuits Include:

- Discrimination (age, race, sex, handicap)
- Failure to deliver services
- Failure to properly manage league financial affairs
- Failure to enforce rules or bylaws
- Violation of State and Federal Laws
- Suppression of First Amendment Rights

Coverage is provided by a carrier rated A (Excellent) by A.M. Best Company.

WAYS TO ENROLL FOR COVERAGE

WEB For information and applications visit us online at **https://www.sadlersports.com**

OR

Submit this enrollment form, with payment, to us.

FAX 1-803-256-4017

MAIL Sadler & Company Inc.
P.O. Box 5866,
Columbia, SC 29250

FOR SERVICE REQUESTS ONLY

QUESTIONS Call **1-800-622-7370**

E-MAIL sport3@sadlersports.com

COVERAGE AND LIMITS

This program provides two limit options to choose from.

Option A	
Maximum Aggregate Limit of Liability	$ 1,000,000
Retention (each claim)	$ 1,000
Medical Payments for Directors' & Officers' (per director or officer)*	$ 10,000
Privacy Breach Notification and Mitigation Costs	$ 5,000 each incident $ 5,000 policy aggregate
Crisis Management Expenses	$ 25,000
Annual Cost (The cost include a $20 Risk Purchasing Group Administration Fee)	
All Applicants (except for Hawaii)	**Hawaii Applicants Only**
$ 382.00	$ 502.00

Option B	
Maximum Aggregate Limit of Liability	$ 2,000,000
Retention (each claim)	$ 1,000
Medical Payments for Directors' & Officers' (per director or officer)*	$ 10,000
Privacy Breach Notification and Mitigation Costs	$ 5,000 each incident $ 5,000 policy aggregate
Crisis Management Expenses	$ 25,000
Annual Cost (The cost include a $20 Risk Purchasing Group Administration Fee)	
All Applicants (except for Hawaii)	**Hawaii Applicants Only**
$ 490.00	$ 647.00

* This coverage is not available for Florida applicants.

Enhancement Option Limit Increase	
Privacy Breach Notification and Mitigation Costs	$ 25,000 each incident $ 25,000 policy aggregate
Annual Cost for Limit increase = $20.00	

HOW TO OBTAIN COVERAGE

To avoid processing delays, please:

1. **Complete all sections and pages (print legibly)**
2. **Sign and date where required**
3. **Remit pages 2 - 4 along with application pages 1 - 4 (MAML 025) and payment**

Desired Effective Date: Check One.

❍ Start my coverage on the date after my application and payment are received

❍ Start my coverage on this date: _____/_____/_____

Note: Coverage will not be made effective prior to the date that the application and payment are received and approved by the program administrator.

Additonal Information on Obtaining Coverage

You will be notified by us if, for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded. Incomplete applications will be declined and returned. If your application is accepted, coverage documents will be issued by us. Coverage will become effective the day your application and premium payment are received and approved by us, or on a later date that you may specify. Coverage is provided on an annual basis and is 100% fully earned and non-refundable/non-transferable once coverage begins (may vary by state).

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, and competitive rates for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve the right to decline any request for coverage.

PROGRAM CALCULATION

Select on option:

Option A $1,000,000 Limit		Option B $2,000,000 Limit	
All Applicants Cost (except for Hawaii)	**Hawaii Applicant Cost**	**All Applicant Cost (except for Hawaii)**	**Hawaii Applicant Cost**
❍ $ 382.00	❍ $ 502.00	❍ $ 490.00	❍ $ 647.00

* The cost includes a $20.00 Risk Purchasing Group Administration Fee.

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERABLE ONCE COVERAGE BEGINS.
(may vary by state)
COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM.
NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY US.
CANCELLATONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

Important Information:

- This protection is in addition to and does not replace the bodily injury or property damage liability coverage that is available in General Liability.
- The policy for which application is made, if issued, will be on a claims made basis. This policy is subject to the declarations, insuring agreements, terms, conditions, limitations, and amendments. Applies only to claims that are first made during the policy period or discovery period if exercised.
- This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

PLEASE READ AND COMPLETE THE BELOW
if you do not wish to receive documents via email and prefer another method of document delivery

Consent for Electronic Transactions

The Electronic Signatures in Global and National Commerce Act provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

As part of your participation in this program you will receive all documentation, including but not limited to, the insurance quotes, policies, certificates, endorsements, and invoices (if applicable), by electronic means. If permitted by your state, you may also receive conditional renewal notices, cancellation, or non-renewal notices via electronic delivery.

To obtain, download, and view all policy documentation electronically you must have the following hardware or software in place.

- A personal computer capable of receiving, accessing, and displaying or printing or storing communications and documents received in an electronic form.
- Adobe PDF Reader version
- System requirements: OC: Windows 7 or higher, Internet Explorer v11 or higher, Firefox v45.7 or higher, Chrome v40 or higher; OS: Mac OS x 10.9 or higher, Safari 9.0 or higher, Firefox v45.7 or higher, Chrome v40 or higher.

By agreeing to receive documents electronically, you are affirming that your computer system meets the hardware and software requirements for receiving all related documents. If documents are provided through a website or portal, you should download and store all such documents. For persons who receive electronic documents via email, these documents will be delivered to the email address on file. Upon receipt of your emailed documentation please save a copy on your own device.

You agree to notify us promptly if your mailing address, e-mail address or other delivery information changes by calling 1-800-622-7370 or mailing us at Sadler & Company, Inc., P.O. Box 5866, Columbia, SC 29250.

We will endeavor to provide a notice to you in the event of any changes regarding hardware or software requirements necessary to receive documents and other related documents electronically. However, it is your duty to notify us if you are unable to access the documentation made electronically available to you.

We may at our sole discretion discontinue availability of electronic delivery at any time, without further notice to you. At any time, you may request a paper copy of your documents in lieu of electronic delivery. You may withdraw your consent to receive electronic documentation by sending a request in writing to us at Sadler & Company, Inc., P.O. Box 5866, Columbia, SC 29250. Until receipt of such withdrawal, you will continue to receive all documentation electronically.

This consent is voluntary, by accepting, you signify that you consent to these terms of electronic document delivery via email or other electronic media in connection with your insurance documents, whether such delivery is made on its own behalf and/or on behalf of an organization or other third party. You further represent and warrant that if consenting on behalf of an organization or third party, you have the requisite authority to provide such consent, and that you and the organization have the requisite hardware and software to receive and acknowledge receipt of electronically delivered Documents.

After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES.

If you DO NOT want to be emailed, please check here and select your preferred method of document delivery. ❍

❍ Fax to: _____ Attn: _____

❍ Mail to: _____ Attn: _____

ATTENTION AGENTS

Agents, you must complete the warranty section below. Enrollments cannot be accepted unless this section is completed.

Agency name:_____ Agent/contact name: _____

Agency complete mailing address: _____

Address City State Zip

Agency telephone: (_____) _____ Agency fax: (_____) _____

Agent/contact e-mail address: _____ Tax I.D. _____

I understand that agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

By signing this proposal or application, I represent and warrant I have authority to sign on behalf of the producer and producer represents and warrants it shall not solicit, sell or bind any product unless it maintains, and will maintain, all individual, corporate or agency licenses or permits required to conduct insurance business in the state coverage is being written and to receive commission. Failure to acquire or maintain required licenses can result in forfeiture of commission. I further represent and warrant that the producer currently maintains, and will maintain, errors and omissions insurance with a minimum limit of $1,000,000. If requested, evidence of coverage or licensing will be provided for of all the above-mentioned items.

Agent signature: _____ **Date:** _____

SADLER
SPORTS & RECREATION INSURANCE

Sadler & Company Inc., P.O. Box 5866, Columbia, SC 29250-Agent: John Sadler
(P) 800-622-7370 (F) 803-256-4017 Email: sport3@sadlersports.com

Sadler & Company of SC, Inc. - AR (License #254179)/dba/aka Sadler Insurance Agency - CA (License #0B57651)/Sadler & Company, Inc. - FL (License #L006784)/dba & S&C Agency, Inc. - KY (License #624039)/Sadler and Company, Inc.- MN (License #20499566)/Sadler Agency - NY (License #PC - 532473 and LB-532473) / Sadler & Co Inc. - OK (License #100103956)/ Sadler & Company, Inc. - TX (License # 19495) / Sadler & Company Insurance Agency, Inc. - UT (License #105192)/ Sadler and Company - VT (License # 577)

PAYMENT OPTIONS

Applicant business name: _____ Effective date: _____

Note: This program is 100% fully earned at inception. Premium finance payments cannot be accepted, unless the premium finance company agrees to the 100% fully earned policy.

Please select a payment option below.

❍ **PAY BY ACH (Bank Account):**

- **E-mail** sports3@sadlersports.com
  or
- **Fax** 803-256-4017

I (we) authorize Sadler & Company to initiate a single electronic debit from the account shown below and have attached a voided copy of the check.

Name on bank account: _____ Bank name: _____

Draft amount : $_____ ❍ Checking or ❍ Savings

Bank routing number*_____ Bank account number* _____

*See below for an explanation of where to locate these two sets of numbers on your bank check.

_____ Date: _____

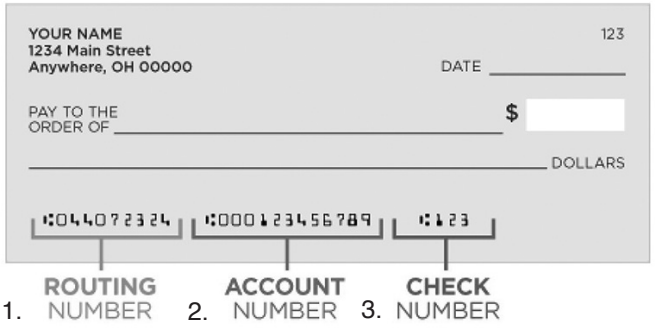
Authorized signature(s) - (Not required if authorization by phone.)

_____ Date: _____

Authorized signature(s) - (Not required if authorization by phone.)

EXPLANATION OF CHECK NUMBERS

1. Bank routing number - This is a nine digit number separated by a bar and a colon I: 123456789 I:
2. Account number - This number may appear as the second, first or third series of numbers. Please read carefully.
3. Check number - Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



❍ **PAY BY CHECK:** (Payable to Sadler & Company, Inc.)

- **Mail**

Regular Mail	Overnight Mail
Sadler & Company, Inc. P.O. Box 5866 Columbia, SC 29205	Sadler & Company, Inc. 3014 Devine St., 2nd Floor Columbia, SC 29205

❍ **PAY BY CREDIT CARD:**

- **Fax only** 803-256-4017

❍ VISA ❍ MASTERCARD ❍ DISCOVER ❍ AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize K&K Insurance to charge my payment to my credit card in the amount of $ _____

Print name (as on card):_____

Cardholder signature: _____

Cardholder phone number: (____)_____

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.

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Markel Insurance Company

SADLER SPORTS & RECREATION INSURANCE

Non-Profit Directors And Officers And Organization, Employment Practices, And Third Party Discrimination Liability Application

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

1. Full name of organization: _____

   Principal business address: _____

   Phone #: _____ Fax #: _____ Email: _____

   City: _____ State:_____ Zip Code: _____ Website: _____

   Mailing address if different from principal business address: _____

   City: _____ State: _____ Zip Code:_____

2. Contact person: _____

   Title: _____ Phone #: _____ Email: _____

3. Date established:_____ State of incorporation:_____

4. FEIN #: _____ NAICS Code: _____

5. ❍ Non-Profit ❍ For-Profit

6. If applicable, provide the number of club memberships:_____

7. Provide a description of the organization's operations and events:_____

8. Organization's financial information:

   a. Annual gross revenues for the past 12 months (include receipts from fees, fundraisers, memberships, sponsorships, ticket sales): $ _____

   b. Total Assets: $_____

   c. Total Liabilities: $_____

   If any of the above are greater than $5,000,000, submit financial statements.

9. Provide the number of volunteers and compensated employees:

   Volunteers (persons who donate their services):_____

   Full-time compensated employees (over 30 hours a week for 12 months):_____

   Part-time compensated employees (under 30 hours a week or less than 12 months):_____

10. Has any insurer cancelled, rescinded, non-renewed, or declined any similar insurance for the organization, its predecessors, subsidiaries, affiliates, or for any other person or organization proposed for this insurance in the past 5 years? (Not applicable in in Missouri) ❍ Yes ❍ No

    If yes, provide details._____

11. Insurance:

    a. Does the organization currently carry Directors And Officers And Organization and Employment Practices Liability Insurance? ❍ Yes ❍ No

    If yes, provide:

    Insurer:_____Limits Of Liability: $_____

    Effective Date:_____

    b. Does the organization currently carry General Liability Insurance? ❍ Yes ❍ No

    If yes, provide:

    Insurer:_____Limits Of Liability: $_____

    Effective Date:_____

12. Has the organization, any of its subsidiaries, or any director or officer been involved in or have knowledge of any pending or completed anti-trust, copyright, or patent litigations within the past 5 years?

❍ Yes ❍ No

If yes, provide details: _____

13. Has (have) any judgment(s), settlement(s), payment(s), claim(s), or suit(s) been made against any person(s) or organization(s) proposed for this insurance such as would fall within the scope of the proposed insurance?

For Kansas applicants: Has (have) any been within the past 3 years?

❍ Yes ❍ No

If yes, provide details:_____

14. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, incident, or situation which might afford grounds for any claim, suit, or notice of incident, including employment practices and third party discrimination, such as would fall within the scope of the proposed insurance?

❍ Yes ❍ No

If yes, provide details:_____

15. Have any charges been filed against the organization with the Equal Employment Opportunity Commission or state agency within the past 5 years?

❍ Yes ❍ No

If yes, provide details:_____

16. Outside Directorship:

a. Do any of the organization's directors, trustees, officers, employees, or volunteers serve in any position with a non-profit outside entity at the request of the organization?

❍ Yes ❍ No

b. If yes and coverage is requested, answer the following:

(1) Name of non-profit outside entity: _____

(2) Nature of operations of the non-profit outside entity: _____

(3) Position with the non-profit outside entity:_____

(4) Provide the insurer and limits of liability for Directors And Officers Liability Insurance carried by the non-profit outside entity:_____

(5) Has the non-profit outside entity had any judgment(s), settlement(s), payment(s), claim(s) or suit(s) in past 5 years?

For Kansas applicants: Has (have) any been within the past 3 years?

❍ Yes ❍ No

If yes, provide details. _____

Fair Credit Report Act Notice: 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.

Fraud Warning: Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

STATE FRAUD STATEMENTS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 MN
A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 VT
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.
This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

This application must be signed by president, executive director, or treasurer acting as an authorized agent of the organization within 20 days of the proposed effective date.

_____	_____
Name of applicant	Title
_____	_____
Signature of applicant	Date

INSURANCE AGENT INFORMATION (if applicable)

Agency name: _____

Agency mailing address: _____

City: _____State:_____ Zip Code: _____

Agent contact name: _____

Agent email: _____

Agency phone #: _____ Agency fax #: _____ Agency tax id #:_____

Florida Only - Produced By (Insurance Agent Or Broker): _____

Agent License #: _____