| Ą | CORD® | | | SMA | LL F | ARM/ | RAN | CH A | PP | LIC | ATI | ON | | | | DATE (MM | /DD/YYYY) |
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| AGENC | Υ | | | | | CARRIER | 1 | | | | | | NAIC | CODE: | ' | | - |
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| | | | | | | COMPANY P | OLICY OR | PROGRAM I | NAME | | | | PROG | RAM | CODE: | | |
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| CONTA NAME: PHONE | | | | | | EFFECTIVE | DATE | EXPIRATIO | N DATI | = | 1 | | PAYMEN [*] | T DI AN | ı | | |
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| E-MAIL | | | | | | QUOTE | | ISSUE | POLIC: | v PC | LICY TY | PE | | | | DEPC | SIT |
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| NAME (| First Named Insure | ed & Other N | amed Insureds) | | | ELATIONSHIP | | IAILING ADD | DRESS | (of Firs | t Named | Insured) | PHONE (A/C, No. | Ext): | | | |
| | | | | | (to Fire | st Named Insur | red) | | | | | | | | | | |
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| INI | DIVIDUAL | CORPOR | RATION | | | | — [| ONTACT | | | | | | | | | |
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| BE | ES | FRUITS | | | LIVESTO | CK | | LIVESTO | OCK PR | OCES | SING | POU | LTRY | | VINE | /ARDS | |
| | AIRY | _ | ARING ANIMALS | | 4 | CK CONFINEM | ENT | MUSHRO | | | | SOD | | | WORI | MS | |
| | ELD CROPS | GREEN | | | 4 | CK FEEDLOT | | NURSEF | RY STC | CK | | | ACCO | | _ | | |
| | OWERS | | SENTLEMAN FAR | | | CK GRAZING | | NUTS | | | | VEG | ETABLES | | | | |
| PREM | IISES INFOR | MATION | | | | | | | | | | | | | | | |
| LOC# | | | y, County, State ar | nd Zip) | | | s | TRUCTURE | | PRIN | CIPAL DV | VELLING | | | | | |
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| BLDG# | | | | | | | P | ROT CLASS | | - | | RE DISTRIC | т | | | DISTANC | |
| DLDO# | | | | | | | | | COD | E | NAME | | | | " | IYDRANT FT | FIRE STATION MI |
| | | | | | | | | CON- | <u> </u> | HEAT T | YPE | YEAR | SQUAR | E # | ACRES | # ACRES | # ACRES |
| | ESCRIPTION: | | | | | | s | STRUCTION | | | | BUILT | FEET | | TOTAL | CULTIVATED | PASTURE |
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| LOC# | | t / Route, Cit | y, County, State ar | nd Zip) | | | | TRUCTURE | | | CIPAL DV | VELLING | | | | ROOF TEAT | ·· |
| | , | | | ., | | | | YPE | | DWE | LLING | | | | | | |
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| BLDG# | | | | | | | | | COD | E | NAME | | | | " | IYDRANT FT | FIRE STATION |
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| 200 " | ADDITEO (GIICE | i / itouto, on | y, county, cluic ar | .u 2.p) | | | | TRUCTURE YPE | \vdash | 4 | LLING | | | | | | |
| | | | | | | | P | ROT CLASS | Ľ | | FIF | RE DISTRIC | т | | | DISTANC | E TO |
| BLDG# | | | | | | | | | COD | E | NAME | | | | Н | | FIRE STATION |
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| LENDER'S LOSS PAYABLE AIRPORT: AIRCR | | | | | | | | CRAFT: | | | | | | | | | |
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| | LOSS PA | YEE | | | | | | | | | | | İ | | DESCRIPTION | | |
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| | | CO | VERAG | F (I | f required, attach A | ACORD 12 | 6, Com | mercia | al General Lia | bility S | | | | | | | DDEMILIA |
| | ERAGE | 2 \ | D DDODE |)T\/ F | AAAAA OE I IABII ITV | | | Φ. | | | | LIMIT | | | 051 | 1.400 | PREMIUM |
| | | | | | NAMAGE LIABILITY | | | \$ | | | EA OCC | \$ \$ | | | | N AGG | \$ |
| PERSONAL AND ADVERTISING INJURY LIABILITY | | | | \$ | | | | | N AGG | \$ | | | | | | | |
| MEDICAL PAYMENTS | | | | · | | | | | | \$ | | | | | | | |
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| covi | ERAGE | | | | | | | | | | | FACTOR | В | ASIS | RAT | E | PREMIUM |
| INITI | AL FARM | PREM | MISES | | | | NO | T MORE | THAN: | А | CRES | | | | | | \$ |
| ADDI | TIONAL F | FARM | PREMISES | S MAI | NTAINED BY NAMED INS | JRED | | LOC#: | | | | | | | \$ | | |
| ADDI | TIONAL N | NON-F | ARM PRE | MISE | S OCCUPIED BY INSURE | s | EASONAL | PERMANENT LOC#: | | | | | | | | \$ | |
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| cus | TOM FAR | RMING | RECEIPTS | S (Ra | te per \$1,000) | | RE | ECEIPTS: | : \$ | | | | | | | | \$ |
| | | | | | UCTS PRINCIPALLY ON | | | CALEC | . • | | | | | | | | ¢ |
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| LIMITED FARM POLLUTION LIABILITY (Refer to Company) CONTINGENT LIABILITY FOR CROP DUSTING BY | | | | | | | | | | Ψ | | | | | | | |
| | | | | | r \$1,000 Cost) COST: \$ | <u> </u> | | cc | OST: \$ | | | | | | | | \$ |
| DOM | ESTIC W | ORKE | RS' COMP | , | INSERVANT | OUTSERVA | .NT # | OF RESI | DENTIAL EMPLOY | EES: | | | | | | | \$ |
| ANIN | IAL COLL | ISION | | | LIMIT PER I | | | | # OF HEAD | : | | | | | | | \$ |
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| COL | E | | - | | COVERAGE DESC | | | - | | LOC# | OPT CODE | INCR LIMITS FACTOR | В | ASIS | RAT | Ε | PREMIUM |
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| 1 000 | HISTORY |
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| 1 (1)55 | HISTORY |

AGENCY CUSTOMER ID:

| | 33 HISTORI | | | | | | |
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| ΕN | | OR OCCURRENCES | FOR THE PAST FIVE Y | EARS | | | |
| , | DATE OF OCCURRENCE | TYPE OF | LOSS | DESCRIPTION OF OCCURRENCE | | AMOUNT PAID | |
| Η, | CCURRENCE | | | | | | |
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| DD | IOD INCLIDA | NCE INFORMA | TION | | | | |
| PK | IOK INSUKA | NCE INFORMA | TION | | | | |
| | | PRIOR CARRIER | | TYPE OF INSURANCE | POLICY: | # | |
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| GF | NERAL INFO | ORMATION. | | | | | |
| | | | -1-1-1-11 | | | | V / NI |
| EXP | LAIN ALL "YES" I | RESPONSES (unless | stated otherwise) | | | | Y/N |
| 1. | DOES THE AP | PLICANT HAVE AN | NY OTHER BUSINES | SS? | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. | HAS ANY POL | ICY BEEN CANCE | LLED OR NON-REN | EWED IN THE PAST FIVE (5) YEARS? (Missouri Applicants | - Do not answer this question) | | |
| | | | | () | . , | | |
| | | | | | | | |
| | | | | | | | |
| 3. | IS THERE A Y | FAR-ROUND WATE | FR SUPPLY USABI | FOR FIRE PROTECTION? | | | |
| 0. | io mere n | E/ II C TOO TO TO TO | ER COLLET COMBE | | | | |
| | SOURCE: | WELL | HYDRANT WITHIN 1. | OOD ET QUANTITY: LES | S THAN 1,000 GALLONS OVER | R 3,000 GALLONS | |
| | | ļ <u> </u> | - | 1,00 | 0-3,000 GALLONS | | |
| | | POND / LAKE | | | | | |
| 4. | ARE ANY WO | OD OR COAL FIRE | D STOVES USED IN | ANY BUILDINGS? | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5. | ARE THERE A | NY BURGI ARY AN | ID/OR FIRE ALARM | S ON THE PREMISES? | | | |
| " | | | ID/OTT ITE / IE/ ITU | 3 OIT THE TREMISES. | T | | |
| TYPE OF ALARM DIAGRAM# | | | | | | | |
| | | | | | | | |
| 6. DOES APPLICANT PERFORM MAINTENANCE ON EQUIPMENT? (If "NO", please indicate type of repairs done, where performed and by whom) | | | | | | | |
| 0. | DOES APPLIC | ANT PERFORIVING | AINTENANCE ON E | QUIFINENT? (II NO, please illulcate type of repails doffe, whe | re periorned and by whom) | | |
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| | | | | | | | |
| _ | IO ENTIDE DD | EMICEC OCCUPIE | D VEAD DOLINDO (| f ((A) (A) -1 | | | |
| ۲. | 15 ENTIRE PR | EMISES OCCUPIE | D YEAR ROUND? (I | f "NO", please explain) | | | |
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| _ | DUDING THE | . AOT EN /E \/EADO | /TENLIN DI) 1140 AI | IV ADDI IOANIT DEEN INDICTED FOR OR OON!! !!OTED OF A | NIV DEODEE OF THE ODINE OF | -DALID | |
| 8. | | | | NY APPLICANT BEEN INDICTED FOR OR CONVICTED OF A | | -RAUD, | |
| | | | | D CRIME IN CONNECTION WITH THIS OR ANY OTHER PRO | | auniah ahla | |
| | | of up to one year of | | for property insurance. Failure to disclose the existence of an a | irson conviction is a misdemeanor p | Dunishable | |
| | by a sentence | of up to one year or | imprisoriment). | | | | |
| | | | | | | | |
| | | | | | | | |
| | ADE INDEDEN | | ODE LIIDED TO DEI | RFORM ANY FARMING OPERATIONS? | | | |
| 9. | ARE INDEPEN | IDENT CONTRACT | OKS HIKED TO PER | RECEIVE ANY FARIMING OPERATIONS! | | | |
| | | | | | | | |
| | | | | | | | |
| - | 10.410/.0407 | OF THE 54 DA4 HOS | | ODGANIZED DEGDEATIONAL HOES | | | |
| 10. | IS ANY PART | OF THE FARM USE | ED OR LEASED FOR | ORGANIZED RECREATIONAL USE? | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11. | DOES APPLIC | ANT BUILD, REPA | IR OR DESIGN MAC | HINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A C | HARGE OR FEE? | | |
| | | | | | | | |
| l | | | | | | | |
| | | | | | | | |
| 12. | | ANT MIX, PROCES | SS, SLAUGHTER, BL | JTCHER OR OTHERWISE PREPARE FOR ANY "END CONSI | JMER" HIS OR ANY OTHER GRO | WER'S | |
| | PRODUCT? | | | | | | |
| | | | | | | | |
| l | | | | | | | |
| - | | | | | | | |
| 13. | DOES APPLIC | ANT HANDLE ANY | PRODUCT SUCH A | S SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE? | | | |
| l | | | | | | | |
| l | | | | | | | |
| L | | | | | | | |
| 14. | ARE ANY CON | ITRACT OR SERVI | CE OPERATIONS P | ERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TIL | LING, EXCAVATING OR DITCHIN | G? | |
| l | | | | | | | |
| l | | | | | | | |

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GENERAL INFORMATION (continued)

| EXPLAIN ALL "YES" RESPONSES (unless stated otherwise) | Y/N |
|--|------------|
| 15. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, "RENT-A-GARDEN", AUC | CTION, |
| SALES, SHOW, FOOD OR BEVERAGE SERVICE, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES USES? | |
| | |
| | |
| 16. ARE ANY PORTIONS OF THE FARM RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FA | RMING? |
| | |
| | |
| 17. IS THERE ANY UNUSUAL HAZARD SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, SILAGE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS | ? |
| | |
| | |
| 18. IS THERE AN AIRSTRIP ON THE PREMISES? | |
| 10. 10 THERE AN AIRCTRIF ON THE FREMIOED: | |
| | |
| 40. ADE ANY II JOLD HADNI EQUI OD IINDEMNIEVANOI A ODEENENTO IN EFFECTO | |
| 19. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT? | |
| | |
| | |
| 20. IF LIVESTOCK IS KEPT, ARE ALL AREAS ADEQUATELY FENCED AND ARE FENCES IN A GOOD STATE OF REPAIR? (If "NO", please explain) PREMISES IS IN: | . |
| (ii ive , piedde explain) | NGE AREA |
| | |
| | RANGE AREA |
| 21. ARE THE DESCRIBED INSURED PREMISES THE ONLY PREMISES WHICH THE APPLICANT OR SPOUSE OWNS, RENTS OR OPERATES AS A FARM OF RANCH, OR MAINTAINS AS A RESIDENCE, OTHER THAN BUSINESS PROPERTY? (If "NO", please explain) | ` |
| The state of the s | |
| | |
| 22. ANY NON-OWNED HORSES ON ANY INSURED PREMISES? | |
| 22. ANT NON-OWNED HORSES ON ANT INSURED FREINISES! | |
| | |
| | |
| 23. DOES INSURED BOARD, RACE, BREED OR RENT HORSES? | |
| | |
| | |
| 24. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION? | |
| | |
| | |
| 25. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES? | |
| | |
| | |
| 26. IF DAIRY FARM, IS THERE ANY PROCESSING OF MILK? | |
| 20. II DAINT ANII, IS THERE ANT PROCESSING OF WILK! | |
| | |
| | |
| 27. IF DAIRY FARM, IS THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC? | |
| RECEIPTS: | |
| \$ | |
| 28. NUMBER OF COWS MILKED: | |
| 29. ARE ANY PREMISES USED FOR HUNTING PURPOSES? RECEIPTS: | |
| BY OWNERS USED BY OTHERS AT NO CHARGE RENTED TO OTHERS FOR A FEE \$ | |
| 30. DOES APPLICANT MAINTAIN A NON-FARM OFFICE OR PRIVATE SCHOOL IN AN INSURED BUILDING? | |
| | |
| | |
| 31. IS THERE A SWIMMING POOL ON PREMISES? | |
| | |
| APPROVED FENCE (Y / N) DIVING BOARD (Y / N) | |
| 32. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION? | |
| | |
| | |
| 33. IS THE APPLICANT A SUBSIDIARY OF ANOTHER? | |
| | |
| | |
| 34. DOES THE APPLICANT HAVE SUBSIDIARIES? | |
| | |
| | |

| GENERAL INFORMATION (continued) | | AC | SENCY CUSTOMER ID: _ | | |
|---|---------------------------------------|--------------------|-------------------------|--------------------|-----|
| EXPLAIN ALL "YES" RESPONSES (unless stated otherw | ise) | | | | Y/N |
| 35. IS A FORMAL SAFETY PROGRAM IN EXISTE | ENCE? | | | | |
| | | | | | |
| | | | | | |
| 36. DOES APPLICANT HAVE ANY POTENTIALLY | Y DANGEROUS ANIMA | ALS OR EXOTIC PETS | ? | | |
| | | | | | |
| 27 IC THERE ANY WATERCRAFT EVECULE | · · · · · · · · · · · · · · · · · · · | | | | |
| 37. IS THERE ANY WATERCRAFT EXPOSURE | : ? | | | | |
| | | | | | |
| 38. IS THERE ANY SNOWMOBILE EXPOSURE | ? | | | | |
| 30. IS THERE ANY GROWING BILL EXI GOOKE | • | | | | |
| | | | | | |
| 39. ARE THERE ANY ELEVATORS ON THE PRE | MISES? | | | | |
| | | | | | |
| | | | | | |
| REMARKS / ATTACHMENTS (ACORD 1 | 01, Additional Ren | marks Schedule, m | nay be attached if more | space is required) | |
| STATE SUPPLEMENT(S) (If applicable) | PHOTOS | APPRAISALS | | | |
| COMMERCIAL GENERAL LIABILITY SECTION | BILL OF SALE | INVENTORIES | | | |
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SIGNATURE

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.)

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | | STATE PRODUCER LICENSE NO (Required in Florida) | | |
|-----------------------|--------------------------------|------|---|--|--|
| APPLICANT'S SIGNATURE | | DATE | NATIONAL PRODUCER NUMBER | | |