



Identity Fraud Master Policy

APPLICATION

AGENCY/ BROKER	CODE	NAME LICENSE NUMBER	POLICY NUMBER
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Wherever used in this Application, the term "Applicant" shall mean the Proposed Master Policy Holder.

1. INFORMATION REGARDING APPLICANT
 - a) Name of **Applicant**: _____
 - b) Principal Address: _____
 - c) Date of Incorporation: _____ Primary SIC Code: _____
 - d) Nature of Operations: _____
 - e) Subsidiary Companies: (attach a separate sheet if necessary): _____
2. INFORMATION REGARDING PROPOSED INSUREDS:
 - a) Total number of proposed insureds: _____
 Number of insureds who are employees of the applicant: _____
 Number of insureds who are customers/clients of the applicant: _____
 - b) Please describe how proposed insured are categorized or grouped.

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Signature of **Applicant** Date
(Risk Manager or Insured Representative)

Agency/Broker

Name (printed)

Agent/Broker

Title

Address