



ASHA

American
Speech-Language-Hearing
Association

“Special Risk” Business Equipment Insurance Plan for Members

It was worth buying ... It's worth insuring!

Important protection designed just for ASHA members ...

The “Special Risk” Business Equipment Insurance Plan is a complete insurance program that covers loss or damage to equipment by theft, accident, vandalism, fire, flood, tornado and other natural calamities.

All the usual audiological and speech therapy equipment you use is covered. You're even covered for the replacement cost of computers and software – including temporary rental fees and reprogramming costs.

With this Plan, your equipment is covered everywhere ... at your office or facility, a client's home, in transit, at a school, your home or in your car - 24 hours a day.

The cost of this Plan may be tax-deductible as a normal business expense. And ... there's no deductible! The Business Equipment Program for ASHA members is the most comprehensive and economical policy you can buy.

Special Features ...

- Up to \$10,000 extra coverage to pay for the additional expenses when computer equipment is damaged or lost, if specifically scheduled.
- Claims are based on actual replacement cost up to the scheduled limit.
- Coverage for theft.
- Coverage for equipment when it is off the premises or in transit.
- The cost of this Plan may be tax-deductible as a normal business expense.

Important Questions and Answers

Q. Do I have to insure all my equipment?

A. No. You insure only what you want to insure. That's an important advantage because if you work for a firm, the firm may already have coverage for equipment that is permanently kept on premises. Once that equipment is moved off premises however, it may no longer be covered. Since this Plan covers your owned equipment no matter where it's located, you can purchase it to protect only the equipment you normally take off-premises.

Q. Could I need this insurance if I already have coverage under my homeowner's policy?

A. Yes. The standard homeowner's policy does not cover equipment used strictly for business purposes. While your computer equipment may be covered if it's also used for personal matters, your other business equipment such as an audiometer, portable voice, therapy and education equipment, or dictating machine is not covered. And if your computer equipment leaves your home, it may no longer be protected!

Q. Any other coverage I should know about?

A. Yes. This Plan provides an automatic \$10,000 of extra expense coverage to cover the extra expenses you may incur when your computer equipment is damaged or lost. This includes the cost for replacement software, reprogramming and rental of temporary equipment while yours is being replaced or repaired ... extra coverage at no extra cost!

Q. What's the minimum premium required under this Plan?

A. Unlike many other equipment policies that require you to pay minimum premiums in the hundreds of dollars, the Business Equipment Program for ASHA members has only a \$ 50 minimum annual premium. Whether you're just starting to acquire your business equipment, or you only wish to cover some of your business equipment, you can do so without paying extra for coverage you don't need.

Q. What will happen if I buy new equipment?

A. If your newly acquired equipment is less than 25% of your policy limit, you receive automatic coverage for up to 45 days when you purchase or take custody of the additional equipment. You have 45 days to notify the Insurance Administrator and you will then be billed for the additional insurance.

Should your newly acquired equipment exceed 25% of your policy limit – notify the Insurance Administrator immediately. You will be billed for the additional coverage.

Q. What kind of reimbursement can I expect?

A. This Plan pays you the actual cost of repair or replacement up to the limit scheduled on your policy. No matter how old your equipment is, no depreciation factor is taken into account provided you maintain up-to-date replacement values on your schedule of items. Claims are settled on a "new for old" basis!

Program Administrator:



Association Member Benefits Advisors (AMBA)
P.O. BOX 14542
Des Moines, IA 50306

Phone: 800-503-9230

Email: plsdsteam.service@amba.info

Disclaimer

This product description is for informational purposes only and does not provide a complete description of coverage terms, conditions, exclusions and limits. This coverage is underwritten by New Hampshire Insurance Company, a member company of American International Group.

It's Easy to Apply ...

1. Complete, date and sign the enclosed application. List all the equipment you want insured and with current replacement cost. (Make a photocopy of the application and refer to it at renewal time.)
2. Calculate your premium following the easy steps outlined on this page.
3. Use one of the Payment Options provided below.

How to Calculate Your ASHA Equipment Insurance Premium

Rate: \$2.00 Per \$100 of Replacement Value (minimum premium \$50.00)

Example: Value of equipment to be insured is \$10,000.

(\$10,000/100) x \$2.00 = \$200.00

TRIA (Terrorism) Premium (1%) (Multiply by 1.01) \$202.00

State Surcharge (New Jersey – 0.05%) (Multiply by 1.005) \$203.01

Annual Policy Premium Total (KY & FL residents call for tax rates) NJ = \$203.01 | Countrywide = \$202.00

To calculate your premium, complete the following (Example Above - How to Calculate Your Premium):

- A. Total replacement value of equipment \$ _____
- B. Annual Base Premium (NOTE: See above - minimum premium is \$50) \$ _____
- C. TRIA (Terrorism) Premium (1%) (Multiply B x 1.01) \$ _____
- D. State Surcharge (NJ, KY, & FL only, otherwise skip D) \$ _____
- New Jersey residents (NJPLIGA is 0.05%) (Multiply E by 1.005)
 - Kentucky & Florida residents, please call for tax rates

POLICY PREMIUM TOTAL - AMOUNT ENCLOSED \$ _____

PAYMENT OPTIONS

Option 1: Upload form to pay with debit/credit card on our secure site

If you choose to pay by credit card, please visit <http://www.ambasecureservice.com/6070> to enter your credit card information and upload this form.*

**Submission of your credit card information does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer. Payment will be processed upon review and acceptance of your submission.*

Total Amount Authorized: \$ _____

Option 2: Mail form with check payment

Enclosed is my check for \$ _____ Effective Date Desired* _____

*May not be earlier than the date the administrator receives and approves this application.

Make your check payable to AMBA and return your check and the application to the address below.

Mailing Address:

Association Member Benefits Advisors (AMBA)
P.O. BOX 14542
Des Moines, IA 50306

Please note Mercer's Association business was acquired by Association Member Benefits Advisors (AMBA). As part of this transition, you may see both the Mercer and AMBA names/logos.

EQUIPMENT INSURANCE PLAN APPLICATION

1. Named Insured (person or entity to be insured): _____

2. Professional Association & Member Number (REQUIRED - if applicable): _____

3. Contact Person Name: _____ Contact Person Phone: _____

4. Mailing Address: _____

City: _____ State: _____ County: _____ ZIP: _____

5. Website: _____

6. Contact Person E-mail Address: _____

7. Secondary Email (optional): _____

8. Requested Policy Effective Date: _____

9. Applicant Type:

- Individual Partnership Corporation LLP (Limited Liability Partnership) LLC (Limited Liability Corporation)
 Sole Proprietor

If corporation, LLP or LLC applies, please indicate your FEIN: _____

10. SCHEDULE OF EQUIPMENT: Use this listing to describe all equipment you wish to insure.

(If more than 10 items, please submit a separate document listing the below information for all items together.)

By checking this box, I affirm that I understand the following: This policy excludes coverage for all unmanned aircraft (drones) and mobile phones. If these items are included on my equipment schedule, I am required to remove them. There is no coverage under the policy for drones or mobile phones.

Item #	Description (include manufacturer's name and model #)	Custom-made? (yes/no)	Identification/ Serial Number (per item)	Replacement Cost (per item)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

11. Enter the total replacement value amount for all equipment property listed: \$ _____

12. Is any of your equipment financed? Yes No

If yes, indicate which item(s) are financed and provide the name and address of the lending institution.

(Attach an additional sheet if necessary)

Item#: _____

Lending Institution Name: _____

Address: _____

City, State, Zip: _____

13. Have you had any insurance claims in the last 5 years? Yes No

Loss Description	Date Loss Occurred (MM/YYYY)	Loss Amount
		\$
		\$
		\$
		\$

14. Has any company refused or cancelled your insurance due to losses sustained? (Missouri applicants need not reply)

Yes No If yes, provide the name(s) of the insurance company:

15. Is your equipment currently insured? Yes No No Prior Coverage

If yes, please complete the table below for the past 3 years.

Effective Date	Expiration Date	Insurance Company	Annual Premium
			\$
			\$
			\$

16. Do you currently have any policies covering your business? Yes No Not Applicable

This includes but is not limited to any general liability, business owner policy, cyber liability or professional liability.

If yes, please complete the table below.

Effective	Expiration Date	Insurance Company	Policy Number

17. Location of Equipment (check all that apply):

- Commercial Building/Space
- Rental Unit
- Studio
- Residence
- Other. Provide explanation: _____
- Office
- Safe Deposit Box
- Bank Vault

Answer questions a, b & c only if there is one item valued >\$50,000 or your total schedule value is >\$300,000.

a. On which floor is your equipment stored (i.e. – basement, main floor, 2nd floor)? _____

b. Do others have access to the storage area? Yes No (If yes, state who has access and why)

c. Is your equipment stored within 25 miles of the coast? Yes No

If yes, state the approximate # of miles from the coast? _____

18. What percentage of your equipment is removed from the storage premises at any one time ? _____

19. Property protection where equipment items are located (check all that apply):

If 'None' is selected and one item is valued >\$50,000 or your total schedule value is >\$300,000 carrier review is required.

Fire Sprinkler System

Burglar Alarm System

Local Fire Alarm

UL approved Central Burglar

Smoke Detector

Alarm System installed

Video Security Cameras

None

20. Do you lease or lend any equipment to any independent contractor? Yes No

If "yes", please note that the policy excludes third party property damage coverage.

Applicable only for Photography Equipment (leave blank if not applicable)

21. Are any items listed in the schedule used for underwater photography? YES NO

If yes, answer questions a-d below

a). Indicate item number(s) used for underwater photography: _____

b). Provide percentage of use: Recreation: _____% Professional: _____%

c). Do you have less than 2 years of experience doing underwater photography using this type of equipment?

Yes No

d). Have you ever had a loss while doing underwater photography? YES NO

If yes, provide a description of how the loss occurred, the approximate value of items lost and explain what has been done to prevent further losses of this nature.

22. Are any items listed in the schedule used for aerial photography? YES NO

Aerial photography can be described as the taking of photographs from an aircraft or any other flying device in flight, where mounted cameras or hand held photographs may be taken by a photographer. Drones are specifically excluded from coverage.

If yes, answer questions a-d below.

a). Indicate item number(s) used for aerial photography: _____

b). Provide percentage of use: Recreation: _____% Professional: _____%

c). Do you have more than 2 years of experience doing aerial photography using this type of equipment?

Yes No

d). Have you ever had a loss while doing aerial photography? YES NO

If yes, provide a description of how the loss occurred, the approximate value of items lost, and explain what has been done to prevent further losses of this nature.

Applicable only for Musicians Equipment (leave blank if not applicable)

23. If insuring musical equipment, what type of music business are you operating? Check all that may apply.
- Band Teacher DJ Sound Studio Producer Promoter Artist/individual performer
 - Other, provide description: _____

24. Optional Business Income Coverage Endorsement (**Select one**):

Covers **Business Income Loss** due to a forced performance cancellation or damage/loss of covered property by a covered cause of loss.

- \$500 Limit/\$50 Cost
- \$1,000 Limit/\$100 Cost
- \$1,500 Limit/\$150 Cost
- None

Applicable only for Ham Radio Equipment (leave blank if not applicable)

25. Does your schedule include radio towers, antennas or rotators exceeding \$10,000 in total? YES NO

Fraud Warnings

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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 THAT 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: 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.

IMPORTANT: Coverage will become effective upon approval of this Application and receipt of your premium check.

In accordance with industry custom, Association Member Benefits Advisors (in California DBA: Association Member Benefits & Insurance Agency) is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. These commissions are used to fund enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing, and communications. Our compensation may vary depending on the type of insurance purchased and the insurer selected.

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. FURTHER, AS PART OF THE UNDERWRITING PROCESS, THE INSURER MAY MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION AS DEEMED NECESSARY.

FOR MAINE APPLICANTS ONLY, THE FOLLOWING DECLARATION APPLIES:

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS. FURTHER, AS PART OF THE UNDERWRITING PROCESS, THE INSURER MAY MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION AS DEEMED NECESSARY.

For Utah Applicants only, the following applies:

The Application and all relevant documents will be attached to the policy at the time of delivery.

YOU MUST SIGN AND DATE THIS APPLICATION

Signature of applicant: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Agent/Producer Name: Brad Feller **License Number:** 4791507

Program Administrator:

Association Member Benefits Advisors, LLC.

In CA d/b/a Association Member Benefits & Insurance Agency
CA Insurance License #0196562 | AR Insurance License #100114462

Underwritten by:

New Hampshire Insurance Company
Granite State Insurance Company
Illinois National Insurance Company

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