

This is NOT an insurance policy, nor an offer to provide coverage. Coverage will not be effective until confirmed in writing by Crusader Insurance Company.

If the applicant requires extra space to accurately and completely fill in this application, please attach additional sheets, as necessary.

<b>1. Today's date:</b> _____ 11/06/15	<b>3a. Name of Applicant:</b> _____ <b>3b. Mailing Address:</b> _____ _____
<b>2. Proposed Effective Date:</b> _____	<b>3c. Telephone Number:</b> ( _____ ) _____ - _____ <b>3d. Website:</b> _____

<b>4a. Name of Producer:</b> _____ <b>4c. Mailing Address:</b> _____ _____ <b>4e. E-Mail Address:</b> _____	<b>4b. Producer Number:</b> _____ <b>4d. Telephone Number:</b> ( _____ ) _____ - _____
--	--

<b>5a. LOCATION #1</b>	_____ <small>street address</small> _____ <small>city, state, zip</small>
------------------------	--

<b>5b. LOCATION #2</b>	_____ <small>street address</small> _____ <small>city, state, zip</small>
------------------------	--

<b>5c. LOCATION #3</b>	_____ <small>street address</small> _____ <small>city, state, zip</small>
------------------------	--

<b>5d. LOCATION #4</b>	_____ <small>street address</small> _____ <small>city, state, zip</small>
------------------------	--

**6a.** Is the Producer listed in **4** above the controlling agent on the account?   \_\_\_ Yes   \_\_\_ No

**6b.** If yes, for how many years? \_\_\_\_\_

**GENERAL INFORMATION**

**7.** Business entity: \_\_\_ Individual   \_\_\_ Joint venture   \_\_\_ Partnership   \_\_\_ Corporation   \_\_\_ Limited Liab. Co.   \_\_\_ Other

**8.** Completely describe the operations at each location:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9.** Describe all unusual operations or business practices not customary to this type of business:  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INFORMATION** (continued)

10. Is any portion of applicant's premises subleased: \_\_\_\_\_ Yes \_\_\_\_\_ No
11. How long has applicant been in this type of business: \_\_\_\_\_ 12. How long has applicant been at this location: \_\_\_\_\_
13. Total annual gross receipts: \$ \_\_\_\_\_
14. Percentage of 13. applicable to:
- |                                    |                   |                               |
|------------------------------------|-------------------|-------------------------------|
| Tow Revenue _____%                 | Tire Sales _____% | Auto Parts Sales _____%       |
| Auto Repair _____%                 | Lien Sales _____% | Storage _____%                |
| Hauling _____%                     | Fuel Sales _____% | Repossession Work _____%      |
| Auto Rental _____%                 | Salvage _____%    | Other _____% (describe) _____ |
| House/Mobile Home Transport _____% |                   |                               |
15. Does applicant own any other income property or business: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe:

---



---



---



---

16. Total number of employees: \_\_\_\_\_ 17. Number of drivers: \_\_\_\_\_

18. List names, dates of birth, and driver license numbers for **all employees, drivers, owners, partners, and officers:**

SCHEDULE OF EMPLOYEES, DRIVERS, OWNERS, PARTNERS, AND OFFICERS

<u>NAME</u>	<u>DOB</u>	<u>DRIVER LICENSE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed, attach a SCHEDULE OF ADDITIONAL EMPLOYEES, DRIVERS, OWNERS, PARTNERS, AND OFFICERS.

Is a SCHEDULE OF ADDITIONAL EMPLOYEES, DRIVERS, OWNERS, PARTNERS, AND OFFICERS attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

**DRIVER SUPERVISION**

19. Is a current Motor Vehicle Record (MVR) required prior to hiring any employee: \_\_\_\_\_ Yes \_\_\_\_\_ No
20. Are prior job references contacted prior to hiring: \_\_\_\_\_ Yes \_\_\_\_\_ No
21. Is a road test given to drivers prior to hiring: \_\_\_\_\_ Yes \_\_\_\_\_ No
22. Are MVRs re-ordered on at least an annual basis: \_\_\_\_\_ Yes \_\_\_\_\_ No

**DRIVER SUPERVISION** (continued)

23. Does applicant have an active drug testing program: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
24. Does applicant have a written safety program: \_\_\_\_\_ Yes \_\_\_\_\_ No
25. Are regular safety meetings held for employees: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how often: \_\_\_\_\_
26. Does applicant have a written disciplinary / termination program: \_\_\_\_\_ Yes \_\_\_\_\_ No
27. Does applicant have a written accident review procedure: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
28. Number of drivers that left your employ last year: \_\_\_\_\_
29. Number of drivers hired in the last year: \_\_\_\_\_
30. Describe training provided for employees:  
\_\_\_\_\_  
\_\_\_\_\_
31. Are drivers required to attend outside training courses: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
32. How are drivers compensated: \_\_\_\_\_ Hourly \_\_\_\_\_ Salary \_\_\_\_\_ Commission
33. Are "response time" bonuses / penalties used: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
34. Are any drivers considered to be "subcontractors": \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
35. Is there a written "take home" policy for tow vehicles: \_\_\_\_\_ Yes \_\_\_\_\_ No

**TOWING OPERATIONS**

36. What percentage of the tow operation is:  
0-50 miles \_\_\_\_\_% 51-100 miles \_\_\_\_\_% Over 100 miles \_\_\_\_\_%
37. What is the applicant's California Motor Carrier Permit Number: CA- \_\_\_\_\_
38. What is the applicant's Federal Motor Carrier (MC) Number: \_\_\_\_\_
39. Does the applicant require a Department of Transportation, State, or Federal filing **other than** the California Department of Motor Vehicles / Motor Carrier Branch Form **DMV-65 MCP**: \_\_\_\_\_ Yes \_\_\_\_\_ No
40. Does the applicant tow or transport hazardous materials: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
41. Does the applicant possess the certification and licenses required for the handling of hazardous materials: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
42. Is there a written vehicle maintenance program: \_\_\_\_\_ Yes \_\_\_\_\_ No
43. Is a visual vehicle inspection performed daily: \_\_\_\_\_ Yes \_\_\_\_\_ No
44. Is a daily inspection log or checklist maintained: \_\_\_\_\_ Yes \_\_\_\_\_ No

**TOWING OPERATIONS** (continued)

45. Are the drivers responsible for vehicle maintenance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

46. Is vehicle maintenance done by an outside firm: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

47. Are any owned vehicles not included for coverage under this application: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

48. Do the vehicles described in 47 above operate under the applicant's California Motor Carrier Permit: \_\_\_\_\_ Yes \_\_\_\_\_ No

49. Indicate the percentage of tow revenue by source:

AAA \_\_\_\_\_%      City Contracts \_\_\_\_\_%      CHP \_\_\_\_\_%      FSP: \_\_\_\_\_%  
 Commercial \_\_\_\_\_%      Other Auto Clubs \_\_\_\_\_%      Other \_\_\_\_\_% (describe) \_\_\_\_\_

**LOCATION INFORMATION**

50a. LOCATION #1: Construction Type: \_\_\_\_\_

Fire Protection Classification: \_\_\_\_\_ Total Area: \_\_\_\_\_ square feet

Is location fenced: \_\_\_\_\_ Yes \_\_\_\_\_ No      Lighted at night: \_\_\_\_\_ Yes \_\_\_\_\_ No

Attended at all times: \_\_\_\_\_ Yes \_\_\_\_\_ No      Dogs on premises: \_\_\_\_\_ Yes \_\_\_\_\_ No

Fire alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No      Burglar alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_ Describe: \_\_\_\_\_

50b. LOCATION #2: Construction Type: \_\_\_\_\_

Fire Protection Classification: \_\_\_\_\_ Total Area: \_\_\_\_\_ square feet

Is location fenced: \_\_\_\_\_ Yes \_\_\_\_\_ No      Lighted at night: \_\_\_\_\_ Yes \_\_\_\_\_ No

Attended at all times: \_\_\_\_\_ Yes \_\_\_\_\_ No      Dogs on premises: \_\_\_\_\_ Yes \_\_\_\_\_ No

Fire alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No      Burglar alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_ Describe: \_\_\_\_\_

50c. LOCATION #3: Construction Type: \_\_\_\_\_

Fire Protection Classification: \_\_\_\_\_ Total Area: \_\_\_\_\_ square feet

Is location fenced: \_\_\_\_\_ Yes \_\_\_\_\_ No      Lighted at night: \_\_\_\_\_ Yes \_\_\_\_\_ No

Attended at all times: \_\_\_\_\_ Yes \_\_\_\_\_ No      Dogs on premises: \_\_\_\_\_ Yes \_\_\_\_\_ No

Fire alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No      Burglar alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_ Describe: \_\_\_\_\_

50d. LOCATION #4: Construction Type: \_\_\_\_\_

Fire Protection Classification: \_\_\_\_\_ Total Area: \_\_\_\_\_ square feet

Is location fenced: \_\_\_\_\_ Yes \_\_\_\_\_ No      Lighted at night: \_\_\_\_\_ Yes \_\_\_\_\_ No

Attended at all times: \_\_\_\_\_ Yes \_\_\_\_\_ No      Dogs on premises: \_\_\_\_\_ Yes \_\_\_\_\_ No

Fire alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No      Burglar alarm: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_ Describe: \_\_\_\_\_

**LOCATION INFORMATION** (continued)

51. Describe all adjoining or adjacent occupancies and/or vacancies:

---

---

---

52. Describe all unusual or hazardous physical conditions at the property:

---

---

---

**ACCOUNT HISTORY**

53. Three-year policy history:

<u>COMPANY</u>	<u>EFFECTIVE/EXPIRATION DATES</u>	<u>PREMIUM</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

54. Any prior coverage declined, cancelled, or non-renewed:  Yes  No

If yes, explain:

---

---

55. Describe all claims or known occurrences that may result in claims, which are not shown on the loss runs included with this submission:

---

---

**ADDITIONAL INFORMATION**

56. Describe the applicant's procedures with respect to customer assistance in loading / unloading a disabled vehicle:

---

---

---

57. Does the applicant have the necessary and proper equipment to load / unload a disabled motorcycle or recreational vehicle:  Yes  No

If yes, describe:

---

---

---

If no, describe procedures followed for effecting the tow or transport of the disabled motorcycle or recreational vehicle:

---

---

---

58. Has a procedure been established to require a written authorization from private property owners before towing vehicles from their property:  Yes  No

If no, describe what procedures will be implemented to insure compliance with local laws:

---

---

---

**COVERAGE / LIMITS REQUESTED**

**Liability—Garage Operations**

Each Accident Limit: \$1,000,000

Aggregate Limit: \$2,000,000

Deductible: \_\_\_ \$0 \_\_\_ \$1,000

\$ \_\_\_\_\_ **Fire Legal Liability** (\$50,000 included)

**Garagekeepers' Coverage**

Coverage Option: \_\_\_ Legal Liability \_\_\_ Direct Primary

Maximum limit per vehicle: \$200,000

Deductible: \$1,000

Location #1—Limit Per Loss: \$ \_\_\_\_\_

Location #2—Limit Per Loss: \$ \_\_\_\_\_

Location #3—Limit Per Loss: \$ \_\_\_\_\_

Location #4—Limit Per Loss: \$ \_\_\_\_\_

**Auto Physical Damage Coverage**

Deductible: \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5,000

Written on a Stated Amount basis. List all vehicles for which coverage is requested on the attached Schedule of Autos.

**On-Hook and Cargo Liability**

Deductible: \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5,000

List all vehicles for which coverage is requested on the attached Schedule of Autos.

**Contractors' Equipment Coverage**

Deductible: \$1,000

List and describe equipment not part of the tow vehicles and indicate desired limits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Commercial General Liability**

Available for premises leased to others. Subject to Company approval.

Occurrence Limit: \$1,000,000

Aggregate Limit: \$2,000,000

Deductible: \$1,000

Describe premises leased to others:

\_\_\_\_\_  
street address

\_\_\_\_\_  
city, state, zip

Describe occupancy of premises leased to others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Leased Premises Liability—Auto Property Damage**

Limit of Liability: \$ \_\_\_\_\_

**Building & Personal Property Coverage**

Deductible: \$1,000

Coinsurance: 90%

Location #1—Building Limit: \$ \_\_\_\_\_

Location #1—Personal Property Limit: \$ \_\_\_\_\_

Location #1—Walls/Fences/Gates Limit: \$ \_\_\_\_\_

Location #2—Building Limit: \$ \_\_\_\_\_

Location #2—Personal Property Limit: \$ \_\_\_\_\_

Location #2—Walls/Fences/Gates Limit: \$ \_\_\_\_\_

Location #3—Building Limit: \$ \_\_\_\_\_

Location #3—Personal Property Limit: \$ \_\_\_\_\_

Location #3—Walls/Fences/Gates Limit: \$ \_\_\_\_\_

Location #4—Building Limit: \$ \_\_\_\_\_

Location #4—Personal Property Limit: \$ \_\_\_\_\_

Location #4—Walls/Fences/Gates Limit: \$ \_\_\_\_\_

**Additional Interests**

Number of additional insureds requested: \_\_\_\_\_

Does applicant require a mortgagee endorsement: \_\_\_\_\_ Yes \_\_\_\_\_ No

**UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

California law permits you to make certain decisions regarding Uninsured Motorists Coverage. This section of the Application provides a general description of that coverage and the options available.

The following is a general description of coverage. However, no coverage is provided by this document. You should read your policy and review your Policy Declarations for complete information on the coverages you are provided.

- A. **UNINSURED MOTORISTS COVERAGE—BODILY INJURY.** The California Insurance Code requires that we provide you with the following information:

“The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.”

“The California Insurance code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.”

- B. **UNINSURED MOTORISTS COVERAGE—PROPERTY DAMAGE.** Uninsured Motorists Coverage may also include Uninsured Motorists Coverage—Property Damage. This coverage is available only if you have selected Uninsured Motorists Coverage—Bodily Injury.

For autos for which you have purchased Collision Coverage, Uninsured Motorists Coverage—Property Damage pays the Collision Coverage deductible in the event of a collision between a covered auto and an uninsured motorist who is at fault.

For autos for which you have not purchased Collision Coverage, Uninsured Motorists Coverage—Property Damage provides insurance protection to an insured for compensatory damages, up to a maximum of \$3,500, for injury to or destruction of a covered auto caused by an automobile accident, which an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles.

Please indicate, by marking the appropriate boxes, whether you **SELECT** or **REJECT** Uninsured Motorists Coverage—Bodily Injury:

- I REJECT Uninsured Motorists Coverage—Bodily Injury.
- I SELECT Uninsured Motorists Coverage—Bodily Injury at the following limits, which are lower than the limits of liability for bodily injury in my underlying policy of insurance:
- \$30,000 per person/\$60,000 per accident  \$60,000 per person/\$60,000 per accident

Please indicate, by marking the appropriate box, whether you **SELECT** or **REJECT** Uninsured Motorists Coverage—Property Damage (only available with Uninsured Motorists Coverage—Bodily Injury):

- I REJECT Uninsured Motorists Coverage—Property Damage.
- I SELECT Uninsured Motorists Coverage—Property Damage.

SELECTION or REJECTION of Uninsured Motorists Coverage shall apply to, and become part of, any policy issued, and any extension, renewal, or replacement thereof, until I notify Crusader Insurance Company, in writing, of any change.

### SCHEDULE OF AUTOS

PLEASE NOTE: All vehicles operating under any motor carrier permit, including vehicles registered as non-operable, **must be included** on this schedule; however, non-operable vehicles will not be offered insurance. Private passenger vehicles are also not eligible for insurance under this program.

Complete all applicable fields. Provide the full vehicle identification number (VIN). Stated Amount should reflect the current market value of the vehicle—**do not** use cost new unless the vehicle is a new purchase.

Vehicle # <b>1</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>2</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>3</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>4</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>5</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>6</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>7</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>8</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>9</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>10</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>11</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>12</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>13</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>14</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____
Vehicle # <b>15</b>	Year _____ Make _____ Model _____ VIN _____ GWW (lbs.) _____ Stated Amount \$ _____ On-Hook/Cargo Limit \$ _____

If additional space is needed, attach a SCHEDULE OF ADDITIONAL AUTOS.

Is a SCHEDULE OF ADDITIONAL AUTOS attached:

\_\_\_ Yes \_\_\_ No



**REQUIRED ATTACHMENTS**

- Current MVRs for all employees, drivers, owners, partners, and officers.
- Current financial information for the past 12 months.
- Currently valued loss runs for the applicant (four year minimum). Loss runs that are not currently valued may not be considered credible for purposes of experience rating.
- Brief narrative recapping account history and operations. Include any information that you feel is relevant.
- Detail of any loss exceeding \$25,000 incurred.

- Coverage and premiums are subject to inspection and acceptance in writing by Crusader. No coverage will be effective without written confirmation by Crusader. Brokers do not have binding authority.
- This application and its attachments contain a description of all exposures and hazards known, by the applicant and by the producer, including a true and complete description of all operations of the applicant. Coverage, if any, is issued in reliance upon the accuracy and completeness of answers in this application. Misrepresentation on the application may void all coverage.
- If a policy is issued, it is agreed that the applicant agrees to promptly implement all loss control requirements as may be determined.
- The producer acknowledges that he or she has advised the applicant of all the above stated facts. If the producer is a broker, the broker further acknowledges that he or she is acting with the authority of the applicant as the applicant's authorized representative in providing the information contained herein.
- The parties signing this application acknowledge, warrant, and represent that they have read the application in its entirety and understand the content thereof.
- This application may be executed and transmitted by facsimile or email and in counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same application.

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title