Agent: ALEXANDER & SANDERS INSURANCE AGENCY, INC.
4610 Bluebonnet Boulevard, Suite A Baton Rouge, LA
70809 Phone: 225.295.2995 Fax: 225.368.2145

Renewal Date: Sept 6, 2016

ARCHITECTS/ENGINEERS APPLICATION

☐ **New Applicant** ☒ **Renewal Client**

This application is for professional liability insurance that is provided on a claims made basis. The policy applies to claims arising out of your professional services performed on or after any retroactive date shown in the policy, and is subject to all policy terms, conditions, declarations and endorsements.

The policy contains a provision permitting claim expenses, including legal defense costs, to be applied against the deductible. Subject to restrictions in certain states, the payment of claim expenses reduces the Limits of Insurance available to pay claims and the Company has the right to designate legal counsel and uses panel counsel, as needed, for claims covered by any insurance provided.

Firm's full name:	Dammon Engineering, Inc
Street address:	554 Old Spanish Trail
Mailing address:	Same
City, State, Zip:	Slidell, LA 70458
Telephone:	(985) 649-5832
Facsimile:	None
E-mail:	info@dammonengineering.com

Renewal clients need only submit the following items with this application:

- Resumés of principals, partners and officers who are new to your firm within the last policy period.
- A list of your firm's five largest projects (completed or in progress) for the last policy period.
- For firms providing environmental services, provide your firm's financial statements for the last year only.

New applicants must submit the following items with this application:

- Resumés of all principals, partners, and officers (**KEY PERSONNEL**).
- A list of your firm's 10 largest projects (completed or in progress) within the last five years. This information may be provided by completing the List of Largest Projects or by attaching a copy of your firm's current Standard Form 254.
- A copy of your firm's standard contract form. If you use unmodified standard professional association forms, provide form numbers only, not copies.
- Brochures describing your firm's services.

New applicants providing environmental services must submit the following additional items:

- A sample copy of a preliminary site assessment.
- A copy of your firm's health and safety plan.
- Your quality assurance or quality control manuals, or other standard operating procedures.
- Your firm's financial statements for the last two years.
- Copies of your firm's standard subconsultant and subcontractor contract forms. If you use unmodified standard professional association forms, provide form numbers only, not copies.

1. Date your firm was established: 07/02/1986

   Entity Type:

   ☐ Sole proprietorship ☐ Joint Venture ☐ Other
   ☐ Partnership ☐ Limited Liability Corporation
   ☒ Corporation ☐ Limited Liability Partnership

   If "Other" then please describe: _____

2. List all pre-existing entities, including acquisitions and mergers, and their dates of existence:

Entity	From	To

3. Number of personnel

   2 a. Principals (Do not include below.)

   1 b. Professionals (project managers, architects, engineers, scientists)

   1 c. Technical (CAD operators, drafting, field, laboratory)

   _____ d. Non-technical (equipment operators and other field personnel)

   1 e. Administrative and other

   5 **PERSONNEL TOTAL**

4. List all professional societies and associations to which your firm and **KEY PERSONNEL** belong:

   ICC, NFPA, LES, LAPELS

5. If you have field technicians, list certifications: (e.g. ACI, CHMM, CWI, NICET, OSHA: 40-hour, etc.)

   N/A

6. If your firm has a laboratory, list accreditations: (e.g. A2LA, AASHTO, state EPA, ISO, etc.)

   N/A

7. Do any other entities, or individuals not employed by your firm, have any ownership interest in your firm?

☐ Yes ☒ No If yes, list the owners and indicate their percentage of interest in your firm.

8. Does your firm or any **KEY PERSONNEL** own any interest in any other entity?

☐ Yes ☒ No If yes, list the owner, amount of ownership, name of entity, relationship to your firm, nature of activities and the entity's **GROSS RECEIPTS** during the last complete year.

9. Are professional services provided by your firm to any entity in which your firm or **KEY PERSONNEL** maintains a cumulative ownership interest greater than ten percent (10%)?

☐ Yes ☒ No If yes, complete the ***Entity Ownership Questionnaire***.

10. Provide your firm's **GROSS RECEIPTS** attributable to the following years. (Include all receipts for projects insured by project policies within the **GROSS RECEIPTS** column and list separately in the Project Policy Receipts column.)

GROSS RECEIPTS means the *EXACT* dollar amount of your firm's gross revenues, but not including interest income, rental income on real estate, or sales and service taxes.

Fiscal Year End (month/day/year)		**GROSS RECEIPTS**	**Project Policy Receipts***
	Estimated current year	$450,818	
2015	Last complete year	$436,418	
2014	Two years ago	$490,613	
2013	Three years ago	$511,603	

*Complete Project Insurance Questionnaire

To be considered for a multi-year policy premium quotation, provide your firms' projected **GROSS RECEIPTS** for next year: $300,000

11. List all office locations with a contact name and the percentage of your firm's **GROSS RECEIPTS** derived from each location for the last complete year: street address, city, state, zip, contact name.

554 Old Spanish Trail, Slidell, LA 70458 - 100% - David Dammon

12. Provide the percentage of your firm's GROSS RECEIPTS that were paid to subconsultants and subcontractors during the last complete year. ☒ N/A

Subconsultants	**Insured for Professional Liability**	**Not Insured for Professional Liability**
Structural engineering		
Environmental services*		
Other professional services		

*As described within Environmental Services in question 14 c.

Subcontractors (environmental only)	**Insured for Contractors Pollution Liability (CPL)**	**Not Insured for Contractors Pollution Liability (CPL)**
Field services (drilling, sampling, testing)		
Site remediation activities		
Asbestos, lead or radon abatement		

13. Does your firm obtain the appropriate certificates of insurance?

From your subconsultants ☒ Yes ☐ No ☐ N/A

From your prime professionals ☒ Yes ☐ No ☐ N/A

From your subcontractors ☒ Yes ☐ No ☐ N/A

14. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to the following services during the last complete year.

A. Design and Other Related Services (non-environmental)

1. Design services:

99 a. Total of all design services

Percentage with construction observation 95

Percentage without construction observation 5

DESIGN SERVICES SUBTOTAL 100 (must equal 100%)

2. Non-design services:

N/A a. Quantity or cost estimates without design

N/A b. Plan checking without design

N/A c. Building commissioning (quality assurance process as separate service)

N/A d. Feasibility, programming, planning, economic or seismic studies

N/A e. Architectural master planning

N/A f. Forensic inspections, expert witness services, failure analysis

3. Field Services:

N/A a. Construction observation without design

1 b. Inspection as a stand-alone service

N/A c. Boundary and construction staking

N/A d. Construction materials testing (including compaction testing)

N/A e. Drilling and sampling (geotechnical)

N/A 4. Laboratory analysis (including soils and construction materials, but not environmental)

5. Other (describe) _____

B. Operation and Management Services (of these facilities)

N/A 1. Domestic water, utility, building, other facilities

N/A 2. Wastewater treatment plants, landfills, chemical processing plants (describe)

_____

N/A 3. Other (describe) _____

C. Environmental Services

1. Environmental engineering (detection, determination and remediation of contaminated sites)

N/A a. Preliminary site assessments (PSA-Phase I)

N/A b. Other environmental assessments (compliance audits, environmental impact studies)

N/A c. Investigations (drilling and sampling, Phase II)

N/A d. Studies (feasibility, siting, closure, hydrogeological, hydrological)

N/A e. Asbestos and lead studies (inspection, identification, work plans)

N/A f. Asbestos and lead abatement

N/A g. Design Services (remediation, environmental facilities, pollution control systems)

N/A h. Site remediation activities and remediation observation or management

N/A i. Environmental project observation/oversight (non-remediation) (describe)

_____

2. Environmental Sciences:

N/A a. Permitting

N/A b. Industrial hygiene

N/A c. Laboratory analysis (chemical and analytical)

N/A d. Environmental training and manuals (for other than internal usage)

N/A e. Fish and wildlife or botanical studies, including wetland delineation

N/A f. Forensic inspections, expert witness services

N/A 3. Other environmental services (describe) _____

100 **SERVICES TOTAL** (must equal 100%)

15. Provide the percentages, based on your firm's **GROSS RECEIPTS**, attributable to the following desciplines provided by your firm, excluding your subconsultants.

Estimated current year	Last complete year	
		ARCHITECTURE
15	49	Architecture
N/A	N/A	Architectural planning (including master planning)

N/A	N/A	Interior design and graphics
1	1	Landscape architecture

ENGINEERING

20	10	Structural engineering
20	10	Civil engineering
4	10	Civil wastewater engineering (municipal, non-industrial)
N/A	N/A	Land surveying
N/A	N/A	Traffic engineering
20	10	Mechanical engineering
N/A	N/A	Acoustical engineering
N/A	N/A	Process engineering
20	10	Electrical engineering
N/A	N/A	Illumination engineering
N/A	N/A	Geotechnical engineering (soil mechanics for structures)
N/A	N/A	Geotechnical field services and construction materials testing (including drilling)

LABORATORY

N/A	N/A	Construction materials testing (non-environmental)
N/A	N/A	Environmental (analytical)
N/A	N/A	Conformity assessment* (product testing and materials science)
N/A	N/A	Life sciences* (clinical research – not diagnostic medical labs)
N/A	N/A	Microbiology and analytical chemistry* (food, drugs, personal care products)

Complete Laboratory Questionnaire

ENVIRONMENTAL

N/A	N/A	Environmental engineering (including mines and mining waste treatment)*
N/A	N/A	Environmental science*
N/A	N/A	Industrial wastewater engineering (non-municipal)
N/A	N/A	Geo-environmental engineering (including landfills, waste treatment, retention ponds)

See Questionnaire 14 C

OTHER

N/A	N/A	Marine engineering (describe) _____
N/A	N/A	Naval architecture (describe) _____
N/A	N/A	Other (describe) _____
100	100	**DISCIPLINES TOTAL** (must equal 100%)

16. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to the following projects during the last complete year.

HIGH RISE

N/A All buildings over 15 stories (Do NOT classify these buildings below.) Do any of these buildings include residential condominiums?

☐ Yes ☐ No

RESIDENTIAL

N/A Residential condominiums
N/A Planned Unit Developments (PUDs)
N/A Single-family residential subdivisions
2 Custom homes
N/A Apartments

INSTITUTIONAL

8 Hospitals, retirement homes, convalescent hospitals
5 Public schools, colleges and universities
4 Churches
1 Correctional institutions

INDUSTRIAL

N/A Processing, manufacturing and production systems
N/A Mines, quarries, tunnels
N/A Oil refineries
N/A Chemical plants and pipelines
N/A Facilities related to nuclear activities

GENERAL BUILDING

N/A Parking garages
8 Hotels
N/A Motels
5 Retail, malls, shopping centers
54 Office, warehouse, processing, manufacturing and production buildings
N/A Restaurants

RECREATION FACILITIES

N/A Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks
N/A (describe your services for each) _____
N/A Ski lifts, amusement rides (describe your services for each) _____

INFRASTRUCTURE

N/A Utilities
N/A Roads and highways

N/A	Airport runways
N/A	Transportation passenger terminals (describe your services)
N/A	Structures for offshore or marine use, harbors, jetties, docks, piers, wharves
N/A	Bridges, trestles
N/A	Dams, reservoirs, levees
N/A	Landfills
3	Wastewater, sewage and water treatment systems
N/A	Waste treatment, storage or disposal facilities
	OTHER
N/A	All other environmental projects (including remediation sites, e.g. National Priorities List, Superfund and UST)
10	Other (describe) Sidewalks, Parking, Fire Station
100	**PROJECTS TOTAL** (must equal 100%)

17. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to the following types of clients during the last complete year.

	Private sector:
25	Owners
	Developers
52	Contractors
	Design professionals
	Environmental consultants
	Other (describe)
23	**Public sector**
	Foreign
100	**CLIENTS TOTAL** (must equal 100%)

18. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to projects delivered in the following manner during the last complete year.

100	Design-Bid-Build (traditional delivery method)
	Design-Build (submit Design-Build Questionnaire)
	Fast Track (describe)
	Turnkey (describe)
	Construction management*
100	**PROJECT DELIVERY METHOD TOTAL** (must equal 100%)

*Do you perform any construction activities or hire contractors?

☐ Yes ☒ No

*During the last year, was your firm, or any subconsultant or subcontractor to you, responsible for construction means, methods, technique, procedures, or job site safety?

☐ Yes ☒ No

If yes to either question above, explain and provide details about your firm's **GROSS RECEIPTS** attributable to these services and a copy of the contract. If you use unmodified standard professional association forms, provide form numbers only, not copies.

19. Does your firm wish to report (or reinstate) any permanently abandoned projects that were originally intended for construction and where design receipts were generated this year or within the last three years? (Do NOT include master planning projects, feasibility studies or inspections.)

☐ Yes ☒ No If yes, complete the Abandoned Projects Questionnaire, if not previously submitted to us.

20. Do your firm's quality control procedures include:

A written quality control manual	☐ Yes ☒ No
Procedures for reviewing all client and subconsultant contracts before they are signed	☒ Yes ☐ No
Use of specification and design checklists as well as procedures for their review	☒ Yes ☐ No
Procedural or technical manuals for both in-house and field personnel	☐ Yes ☒ No
Continuing education and training programs for professional and technical personnel	☒ Yes ☐ No

21. Has your firm completed an organizational peer review through a professional association?

☐ Yes ☒ No If yes, when and by whom?

_____

_____

22. Provide the percentage of your firm's **GROSS RECEIPTS** derived from the following during the last complete year.

25 a. Your firm's standard contract form (attach copy)

_____ b. Your firm's letter of agreement (attach copy)

75 c. A professional association contract form

_____ d. Your client's contract form*

_____ e. Your client's purchase order form*

_____ f. Verbal agreements**

_____ g. Other (describe) _____

100 **BUSINESS PRACTICES TOTAL** (must equal 100%)

**Describe what steps your firm takes to protect itself against unfavorable contract language.*

***Describe what steps your firm takes to confirm agreement by all parties.*

23. Does your firm enter into contracts which give ownership of your documents to clients?

☒ Yes ☐ No

If yes, do you use a written disclaimer regarding reuse of those documents?

☒ Yes ☐ No

24. Does your firm design any building, system, or component that is intended to be used for more than one location without adaptation?

☐ Yes ☒ No If yes, describe:

_____

_____

_____

25. Does your firm use a limitation of liability provision in its contracts?

☐ Yes ☒ No If yes, complete the Limitation of Liability Report for possible premium credit.

26. In the last five years, has your firm had a claim against your practice or against you on a project

policy, as described below?

☒ Yes ☐ No If yes, complete a Claim Questionnaire for each claim.

(Renewal clients need only complete a Claim Questionnaire for any claim not reported to us during their policy period.)

Claim means: (a) a demand against you for money or services, or the filing of a suit or the initiation of an arbitration proceeding naming you, seeking damages for an alleged error, omission, negligent act; or (b) an event, a circumstance, an incident, or unresolved fee dispute, of which you have knowledge that may result in a claim as described in (a).

27. Identify your firm's current commercial general liability insurance company:

Bankers Insurance

Expiration date: 4/4/2017 Policy Limits: 1,000,000 / 2,000,000 Aggregate

28. Provide the following information about your firm's professional liability insurance:

Policy Period	From - To	Insurance Company	Limits of Insurance	Deductible	Premium
Current year	9/6/15-9/6/16	XL	1,000,000	10,000	
Last year	9/6/14-9/6/15	XL	1,000,000	10,000	
Two years ago	9/6/13-9/6/14	XL	1,000,000	10,000	
Three years ago	9/6/12-9/6/13	XL	1,000,000	10,000	
Four years ago	9/6/11-9/6/12	XL	1,000,000	10,000	

Retroactive date on current policy (mm/dd/yy): _____ Other (e.g. TBD): _____

QUOTATION OPTIONS

29. Indicate which options your firm wishes quoted for professional liability insurance:

Combined Single/Aggregate Limit	Split Limits Per Claim/Aggregate	Deductible Per Claim
☐ $250000	☐ $250000 / $500000	☐ $5000
☐ $500000	☐ $500000 / $1000000	☒ $10000
☐ $1000000	☐ $1000000 / $2000000	☐ $25000
☐ $2000000	☐ $2000000 / $4000000	☐ $50000
☐ $3000000	☐ $3000000 / $5000000	

☐ $4000000	
☐ $5000000	

Additional Quotation Options:

☐ Shared Cost of Defense

☐ Dollar One Defense

ADDITIONAL INFORMATION

30. Provide any information that you feel will further our understanding of your firm.

ABANDONED PROJECTS QUESTIONNAIRE

_____

Firm's name

1. Name of project: _____
2. Location: _____
3. Description of project: _____
4. Services provided by your firm: _____
5. Your total **GROSS RECEIPTS** from this project:

Current year:	Last complete year:	Two years ago:	Three years ago:
_____	_____	_____	_____

6. Why was the project abandoned (reinstated)?

_____

---

1. Name of project: _____
2. Location: _____
3. Description of project: _____
4. Services provided by your firm: _____
5. Your total **GROSS RECEIPTS** from this project:

Current year:	Last complete year:	Two years ago:	Three years ago:
_____	_____	_____	_____

6. Why was the project abandoned (reinstated)? _____

LIST OF LARGEST PROJECTS

Name of Project: Fire Station #18 Client's Name: St. Tammany Parish Fire District #1

Location: Slidell, LA Year Completed: 2016

Description of Project: New Fire Station with accomomadations

Services Performed by your Firm: Complete Design package with Construction Administration

Your Total GROSS RECEIPTS From This Project: $51,694.00

Construction Value of Your Project: $1,291,353.00

Name of Project: Textron Marine Client's Name: Textron Marine & Land Systems

Location: Slidell, LA Year Completed: 2016

Description of Project: Stone Road Office Addition

Services Performed by your Firm: Complete Design package with Construction Observation

Your Total GROSS RECEIPTS From This Project: $70,000.00

Construction Value of Your Project: $1,000,000.00

Name of Project: La Quinta Inn Client's Name: My Hospitality Hotels

Location: Bilioxi, MS Year Completed: Current

Description of Project: New Hotel

Services Performed by your Firm: Complete Design package with Construction Observation

Your Total GROSS RECEIPTS From This Project: $36,000.00

Construction Value of Your Project: $3,500,000.00

Name of Project: Sportsman Lodge Client's Name: McMath Construction

Location: Hackberry, LA Year Completed: Current

Description of Project: New Hotel

Services Performed by your Firm: Complete Design package with Construction Observation

Your Total GROSS RECEIPTS From This Project: $36,000.00

Construction Value of Your Project: $3,000,000.00

Name of Project: Christwood Cognitive Care Unit Client's Name: McMath Construction

Location: Covington, LA Year Completed: Current

Description of Project: New Cognitive Care Unit

Services Performed by your Firm: Structural, Mechanical, Electrical and Plumbing designs

Your Total GROSS RECEIPTS From This Project: $88,000.00

Construction Value of Your Project: $3,500,000.00

ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY
JOINT VENTURE INFORMATION SHEET

In the past 10 years, or for the projected year, have you been or will be a member in a Joint Venture?

☐ **YES** **If YES, complete the remainder of this form.**

☒ **NO** **If NO, complete Question #1, sign, date & return the form to our office.**

1. Name of Applicant/Firm: Dammon Engineering, Inc
2. General Project Information:
   - A. Legal Name of Joint Venture Entity: _____
   - B. Name & Description of Project: _____
   - C. Location of Project: _____
   - D. Owner of Project: _____
3. Other Joint Venture Member(s):
   - a) Name & Location of Other Member Firm(s): _____
   - b) Services rendered by Other Member(s): _____
4. Specify services sublet or subcontracted to other firms: _____

   _____
5. Total Joint Venture Construction Values: $ _____
6. Joint Venture Billings:
   - a) Total Joint Venture Billings: $ _____
   - b) Total Billings to be collected by Applicant during each of the following time periods:
     - Second Past Fiscal Year: $ _____
     - Immediate Past Fiscal Year: $ _____
     - Projection for Current Fiscal Year: $ _____
7. Project Schedule:
   - a) Joint Venture Contract Signing Date: _____
   - b) Design Dates: Beginning: _____ Ending: _____
   - c) Percentage of Design Completed: _____ %
   - d) Construction Dates: Beginning: _____ Ending: _____
8. Has the Applicant's Joint Venture Professional Liability been insured to date? ☐ YES ☐ NO

   If YES, please provide full details of coverage, including name of Insurer, Limit of Liability, Deductible & Expiration Date of Coverage.

   _____

9. Has the Other Members' Joint Venture Professional Liability been insured to date? ☐YES ☐NO

If YES, please provide details as requested in Question #8.

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10. Does, has or will the Applicant maintain any ownership interest in the Joint Venture project?

☐YES ☐NO *If YES, provide the percentage of ownership maintained:* _____ %

11. Have any claims involving Professional Services performed on this project ever been made against the Applicant, other Joint Venture members, predecessors in business or any other person for whom coverage is requested?

☐YES ☐NO *If YES, provide full details, including name of claimant, allegations of claim, date of claim, demand amount, amount paid & current status of the claim.*

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12. After inquiry, is the Applicant, predecessors in business or any other person for whom insurance is requested aware of any act, error, omission or circumstance which may result in a claim being made against them with respect to this project?

☐YES ☐NO *If YES, provide complete details & indicate if such circumstance has been reported to current or past liability carrier.*

I UNDERSTAND THAT THIS INFORMATION SHEET IS ATTACHED TO & IS MADE A PART OF THE ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY APPLICATION & IS SUBJECT TO THE SAME REPRESENTATIONS & CONDITIONS.

Signature of Owner, Partner or Principal _____ Date _____

_____

(Please Print Name)

_____

(Title)

PLEASE RETURN THE COMPLETED FORM TO:

Alexander & Sanders Insurance Agency, Inc.
4610 Bluebonnet Boulevard, Suite A
Baton Rouge, LA 70809
225.295.2995 FAX 225.368.2145

FRAUD WARNING

Arkansas -- 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.

Colorado -- 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.

Florida -- 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.

Kentucky -- 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.

New Mexico -- 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 criminal penalties.

New York -- 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.

Ohio -- Any person who, with intent to defraud or knowing that he/she 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.

Oklahoma -- Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania -- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims 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.

CLAIMS REPRESENTATION / SIGNATURE

I specifically asked all principals and project managers in our firm if they have knowledge of any claim or potential claim against us that is not listed in our response to question 26. There are none.

If we become aware of any claim or potential claim against us, before the inception of coverage, we will immediately inform the Company, Agent or Broker. We understand that any claim or potential claim against us, before the inception of coverage, whether identified to the Company or not, will not be covered by this insurance unless specifically accepted by the Company.

On behalf of our firm, I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

Signature of Principal, Partner or Officer:

Name (print): David Dammon

Title: President

Date of Application: 7/25/2016

PLEASE MAIL ORIGINAL SIGNED APPLICATION TO:

ALEXANDER & SANDERS INSURANCE AGENCY, INC.
4610 Bluebonnet Boulevard, Suite A
Baton Rouge, LA 70809
Phone: 225.295.2995