STRATUM
Insurance Agency LLC

In CA Lic 0e52066

How to return Your Application

(Service available in 49 States)

Electronic Signatures are Available for Most Applications - email us to request one

PLEASE MAIL, FAX, OR EMAIL YOUR COMPLETED APPLICATION TO:

Stratum Insurance Agency LLC

PHONE: 949-270-0609
FAX: 949-270-0608

Email:team@stratuminsurance.com

Mailing Address:

Stratum Insurance Agency LLC
PO Box 273
Corona del Mar, CA 92625

No coverage is issued or bound without a confirmation in writing from Stratum Insurance Agency LLC.

STRATUM Insurance Agency LLC
CA Lic 0E52066

Return by fax: 949-270-0608 Email: team@stratuminsurance.com

Basic Information:

APPLICANT NAME: _____

- How many square feet is your school/office: _____
- What year was the building built where you operate: _____
- Do you own or rent the building? _____
- Do you offer GEDs: _____
- What courses do you teach: _____
  _____
  _____
  _____
- Do you want any property coverages – enter the dollar amount below?
  - Business personal Property (furniture, equipment, etc): $ _____
  - Computers: $ _____
  - Tenant Improvements (example: flooring: $_____
  - Signs (such as an outdoor sign: $_____
  - Glass (windows): $_____
  - Canopies or Awnings: $_____
  - Fences or Gates: $_____
- Do you have an active central station alarm? _____
- Do you have fire sprinklers: __ NO __ Yes (covering 100% of the building) __ Yes (80% or more)

STRATUM Insurance Agency LLC
CA Lic: 0E52066

Questions: 949-270-0609

Return your application:
By Fax: 949-270-0608
By Email: team@stratuminsurance.com

Quotes available in 49 States
In CA Lic #0E52066

NAMED INSURED:_____

Insured's Address:_____

Insured's E-mail address:_____

Insured's Website address:_____

Please attach the following:

ACORD Applications (For all lines of coverage to be written)

Statement of Values (For blanket &/or agreed amount property coverage)

Loss Runs

Financial Statement (Mandatory for Vocational, Boarding & Charter schools, schools with athletic programs or any time Educator's Liability is requested)

Brochure, Handbook, Student Application

Other Applicable Supplemental Questionnaires

This application consists of the following sections:

Section I – General Information
Section II – Trade/Vocational Schools
Section III – Charter Schools
Section IV – Residential (Boarding) Schools
Section V – Athletics
Section VI – Student Travel
Section VII – Educator's Liability
Section VIII – Student Accident Coverage

Section I - General Information

1. Type of school:

- ☐ Pre-K
- ☐ Private Elementary (Grades: ____ through ____)
- ☐ Private Secondary (Grades: ____ through ____)
- ☐ Trade or Vocational (Also complete Section II)
- ☐ Charter (Grades: ____ through ____) (Also complete Section III)
- ☐ Correspondence (Curriculum:_____)
- ☐ Residential/Boarding (Also complete Section IV)
- ☐ Camp Exposure
- ☐ Fine Arts
- ☐ Professional Development
- ☐ Miscellaneous Specialty (Describe:_____)
- ☐ Other (Describe & list grades:_____)
- ☐ Montessori
- ☐ Head Start
- ☐ Business and Secretarial
- ☐ Charm or Finishing
- ☐ Continuing Education
- ☐ Culinary
- ☐ Crafts
- ☐ Language
- ☐ Public Speaking
- ☐ Tutoring

2. Maximum student capacity in school:_____

   Current Enrollment:_____ Prior Year Enrollment: _____

   # Student: Pre-K:_____ K-8:_____ 9-12:_____

3. Date school founded or chartered:_____

4. What are your annual receipts: From tuition? $_____ From sale of merchandise? $_____

   (Describe merchandise sold :_____)

   From services you or your students provide to outside customers? $_____Other sources? $_____

   (Describe:_____)

5. Age range of students:_____

6. Do you have child care, after school care or a preschool program? ☐ Yes ☐ No

   If yes, please indicate the staff to child ratios here:

Infants, ages 0-1	_____ # Staff	_____ # Children
Toddlers, ages 1-2	_____ # Staff	_____ # Children
Toddlers, ages 2-3	_____ # Staff	_____ # Children
Preschoolers, ages 3-5	_____ # Staff	_____ # Children
School age children	_____ # Staff	_____ # Children
	_____ **Total**	_____ **Total**

7. Do you have vocational education or classes? ☐ Yes ☐ No

   If yes, also complete Section II.

8. Do you have an athletics program? ☐ Yes ☐ No

   If yes, also complete Section V.

9. Do you provide driver training classes? ☐ Yes ☐ No

   If yes, explain who teaches and how many students take the course annually:_____

   _____

10. Describe the director or principal's background and qualifications:_____

    _____

11. Do you have your own playground? ☐ Yes ☐ No

    If yes, indicate the type of surface under the play equipment and depth in inches: ☐ Coarse Sand:_____"

    ☐ Double Shredded Mulch:_____" ☐ Engineered Wood Fibers:_____" ☐ Fine Gravel:_____"

    ☐ Fine Sand:_____" ☐ Medium Gravel:_____" ☐ Shredded Tires:_____" ☐ Wood Chips:_____"

    ☐ Other (type & depth):_____

    Do you have playground equipment with a primary platform higher than 6 feet? ☐ Yes ☐ No

    Is any play apparatus higher than 8 feet? If yes, please describe ☐ Yes ☐ No

    Do you have any jumping pillows? ☐ Yes ☐ No

12. Do you have a swimming pool? ☐ Yes ☐ No

    If yes, please complete a Markel Insurance Company Aquatics Supplement.

13. Do you have dormitories? (Please complete Section IV) ☐ Yes ☐ No

14. Do you have a cafeteria or restaurant on premises? ☐ Yes ☐ No

    If yes, do you cook on premises? ☐ Yes ☐ No

    If yes, is there a deep fat fryer? ☐ Yes ☐ No

    Describe fire protection in cafeteria:_____

    If yes, do you ever serve liquor on premises? ☐ Yes ☐ No

    If you do serve liquor, please explain how often, for what purpose and if a charge is made:_____

    _____

15. Is the public ever invited on the premises? ☐ Yes ☐ No

If yes, explain how often, and for what purposes:_____

_____

16. Do you use volunteers? ☐ Yes ☐ No

If yes, explain how often and for what purpose_____

17. Do you hire subcontractors for any reason? ☐ Yes ☐ No

If yes, explain how often and for what purpose:_____

_____

If yes, are certificates of insurance required from subcontractors with limits equal to or greater than your own liability limits? ☐ Yes ☐ No

18. Do you perform criminal background checks on all employees & volunteers? ☐ Yes ☐ No

If yes, which of the following do you use to perform the checks? ☐ County criminal record search ☐ State criminal record search ☐ National criminal index search ☐ State prison search ☐ Federal prison search ☐ Sex offender search ☐ Criminal index search ☐ Nationwide U.S. Wants & Warrants search ☐ Teacher license ☐ Education verification ☐ FBI

If no, please explain why not:_____

_____

19. Do you want Abuse or Molestation coverage? ☐ Yes ☐ No

If yes: Do you have a formal, written policy regarding abuse? ☐ Yes ☐ No

Is the staff trained to recognize signs of abuse? ☐ Yes ☐ No

Is there a formal policy requiring incident reporting? ☐ Yes ☐ No

Is there a procedure in place that helps mitigate situations that could lead to abuse allegations? ☐ Yes ☐ No

Have there ever been any abuse claims or incidents reported? ☐ Yes ☐ No

If yes, explain circumstances and details:_____

_____

20. Do you want Corporal Punishment coverage? ☐ Yes ☐ No

If yes: Is there a formal, written policy regarding corporal punishment? ☐ Yes ☐ No

If yes, explain the policy:_____

Have there ever been any abuse claims or incidents reported? ☐ Yes ☐ No

If yes, explain circumstances and details:_____

_____

Is Corporal Punishment administered? ☐ Yes ☐ No

21. Do you have a medical facility/infirmary and/or dispense medication? ☐ Yes ☐ No

If yes: Do you serve only students and employees? ☐ Yes ☐ No

Are there only over the counter drugs stored on premises? ☐ Yes ☐ No

Are written instructions from parents required prior to administering any medications to minors? ☐ Yes ☐ No

Is all medication stored in its original containers and inaccessible to children? ☐ Yes ☐ No

Is there a medical professional on staff, i.e., an M.D., P.A., R.N. or L.P.N.? ☐ Yes ☐ No

If yes, does the professional carry their own malpractice insurance? ☐ Yes ☐ No

If yes, do you request a certificate of insurance as proof? ☐ Yes ☐ No

Is a log kept to record each time a medication is administered? ☐ Yes ☐ No

Describe any other procedures in place for dispensing medication_____

_____

22. Do you accept special needs students? ☐ Yes ☐ No

If yes, describe types of students and accommodations that have been made for them:_____

_____

23. Do your students travel on school-sponsored trips? ☐ Yes ☐ No

If yes, complete Section VI.

24. Do you rent or lease your facility to outside entities? ☐ Yes ☐ No

If yes, are certificates of insurance required showing you as an additional insured? ☐ Yes ☐ No

Describe who rents your facility, for what purpose, and estimated receipts? _____

_____

25. Do you sponsor student exchange programs, either sending students out or taking students in? ☐ Yes ☐ No

If yes, attach a detailed description of the program and describe safety measures.

26. Is your school primarily focused on one major type of student or theme, such as discipline problems, gifted, fine arts, math, science, etc.? ☐ Yes ☐ No

If yes, explain the focus and curriculum:_____

_____

27. Are all visitors to the school required to sign in and sign out? ☐ Yes ☐ No

28. Does the school have metal detectors at all entrances? ☐ Yes ☐ No

29. Are there security guards and/or police officers in the school daily? ☐ Yes ☐ No

30. Are students required to stay on school grounds during lunch? ☐ Yes ☐ No

31. Does the school perform random metal detector checks on students? ☐ Yes ☐ No

32. Does the school perform random sweeps of lockers, backpacks, etc.? ☐ Yes ☐ No

33. Do all doors except the main entrance remain locked or attended during school hours? ☐ Yes ☐ No

34. Are all students encouraged to anonymously report rules violations and threats of violence? ☐ Yes ☐ No

Section II – Vocational/Trade Schools and Vocational Education Classes

1. Programs/Classes/Degrees offered (list or attach):_____

_____

2. Do students work with power equipment of any type (mobile, stationary, machinery, etc.)? ☐ Yes ☐ No

If yes, describe safety measures and supervision:_____

_____

3. Any woodworking, welding or spray painting of any type? ☐ Yes ☐ No

If yes, describe dust control, spraying safeguards, machine guards, ventilation, protection & supervision:

_____

4. Any use of chemicals? ☐ Yes ☐ No

If yes, describe types, quantities & how stored:_____

_____

5. Do your students serve time as interns/externs at outside companies/businesses? ☐ Yes ☐ No

   If yes, are the students paid? ☐ Yes ☐ No

   If they're paid, do you verify that the employer carries workers' compensation insurance to cover your students? ☐ Yes ☐ No

   If not paid, does the outside company ask to be an additional insured on your liability insurance? ☐ Yes ☐ No

   Attach copies of any internship/externship contracts you sign with outside businesses.

6. Do you sign any hold-harmless agreements with anyone? ☐ Yes ☐ No

   If yes, explain with whom and for what reason_____

7. Do you provide services for outside customers? (Example: Students perform auto body repair for customers who pay less than a professional body shop would charge.) ☐ Yes ☐ No

   If yes: What service do you provide?_____

   How are students supervised?_____

   What quality control measures are in place?_____

   Are customers required to sign an agreement acknowledging they're using student labor? ☐ Yes ☐ No

8. Does the school offer job placement services for students? ☐ Yes ☐ No

   If yes, is there a disclaimer signed by students acknowledging there are no job placement guarantees? ☐ Yes ☐ No

Section III - Charter Schools

1. Explain the school's curriculum and focus:_____

   _____

2. Does the school allow students to take classes from remote locations? ☐ Yes ☐ No

   If yes, what percent of total students learn from a remote location?_____

3. Has charter ever been revoked or pending investigation? ☐ Yes ☐ No

Section IV – Residential Schools

1. Please indicate which type of boarding school this is:

   ☐ Boarding/Day (Majority of students board but some commute locally)

   ☐ Day/Boarding (Majority of students commute, a few live on campus)

   ☐ Five Day (students go home on week-ends)

   ☐ All boarding

2. Please mark all of the following that apply:

   ☐ All girls school ☐ All boys school ☐ Co-ed school

   ☐ Specialized arts school ☐ Religious school ☐ Military school

   ☐ Boot camp school ☐ Therapeutic school (describe:_____)

3. Please complete the following about the dormitories:

   a. Maximum number of stories_____

   b. Sprinklered in all areas? ☐ Yes ☐ No

   c. Smoke detectors are all hard-wired? ☐ Yes ☐ No

d. Are any of the following allowed in dorm rooms: ☐ Incense burners ☐ Space heaters
☐ Candles ☐ Hot plates ☐ Hot pots ☐ Microwaves ☐ Toasters or toaster-ovens
☐ Other cooking or devices that generate heat or flame (list)_____
Is this written into the student handbook? ☐ Yes ☐ No

e. Are staff members present in dorms every night students are there? ☐ Yes ☐ No

f. If dorms are co-ed, are boys and girls housed on the same floors? ☐ Yes ☐ No

g. Regardless of the age of the building, does the dorm meet local life safety codes for NEW building construction? ☐ Yes ☐ No

h. Are there any dead-end halls without access to exits? ☐ Yes ☐ No

i. Describe security measures that are in place to prevent unauthorized access to dorms:

_____

_____

j. Are there campus patrols around dorms at night? ☐ Yes ☐ No

k. Describe security measures to prevent students from leaving the dorms without permission during the night:_____

4. Are the following policies in place, written into the student handbook and strictly enforced? If no, explain in the comments section.
☐ No smoking ☐ No alcohol ☐ No drugs ☐ Use of student cars ☐ No hazing ☐ Curfews
☐ Student sexual behavior, including abuse and awareness ☐ Valuable possessions & cash

5. Are students allowed to leave the campus without parental permission or without either staff or parental supervision? ☐ Yes ☐ No

6. What do students do on week-ends?_____

_____

7. Are all medications locked and inaccessible to students when not being administered? ☐ Yes ☐ No

8. Is someone trained in emergency first aid on campus and available at all times? ☐ Yes ☐ No
If yes, what are the person's medical qualifications?_____

9. Are students allowed to access gyms, pools, athletic equipment or participate in any athletic activities without staff supervision? ☐ Yes ☐ No

10. Is there an ATM machine on campus? ☐ Yes ☐ No
If yes, is it situated in a well lit area? ☐ Yes ☐ No
Are concave mirrors placed so the user can see behind & around them? ☐ Yes ☐ No

Section V – Athletics

1. Do you require all participants to carry Student Accident Insurance? ☐ Yes ☐ No

2. Are your coaches and instructors trained in physical education? ☐ Yes ☐ No
If no, what qualifications do they have to coach or instruct sports?_____

_____

3. Are all participants in extra-curricular sports required to have a medical exam? ☐ Yes ☐ No

4. Is someone trained in first aid always present during practices, games &/or events? ☐ Yes ☐ No

5. Please check all sports played & indicate whether they're interscholastic (I) or intramural (A):

- ☐ Archery____
- ☐ Baseball____
- ☐ Basketball____
- ☐ Bungee Jumping____
- ☐ Cheerleading____
- ☐ Climbing (Mountain, Rock or Wall)____
- ☐ Cross Country Track____
- ☐ Diving____
- ☐ Equestrian____
- ☐ Field Hockey____
- ☐ Football (tackle)____ (See #6 below)
- ☐ Football (touch or flag)____
- ☐ Golf____
- ☐ Gymnastics____
- ☐ Ice Hockey____
- ☐ La Crosse____
- ☐ Pole Vaulting____
- ☐ Polo, Other____
- ☐ Polo, Water____
- ☐ Racing____
- ☐ Rugby____
- ☐ Scuba Diving____
- ☐ Shooting____
- ☐ Skiing, Snow____
- ☐ Skiing, Water____
- ☐ Sky Diving____
- ☐ Soccer____
- ☐ Softball____
- ☐ Swimming____
- ☐ Tennis____
- ☐ Trampoline____
- ☐ Volleyball____
- ☐ Wrestling____
- ☐ Other____ (Describe):_____

6. For football programs, are there written guidelines for safety & training requirements, rules of play and use of proper equipment? ☐ Yes ☐ No

Please describe protocol for concussion and heat/cold exposures:_____

_____

Section VI – Student Travel

1. How many trips are sponsored each year?_____
2. Are all trips within the United States, U.S. Territories and/or Canada? ☐ Yes ☐ No

   If no, where are trips taken?_____
3. Describe types of trips taken, destination(s) and purpose:_____

   _____
4. What is the ratio of chaperones to students by age group?_____

   _____
5. Are separate permission and waiver agreements required from <u>both</u> parents for <u>each</u> trip a student takes? ☐ Yes ☐ No

   If no, explain your procedure for permissions and waivers:_____
6. Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip? ☐ Yes ☐ No
7. Do you hire an outside firm to arrange the trips? ☐ Yes ☐ No
8. Are students allowed to drive their own cars on trips? ☐ Yes ☐ No

   If yes, are they allowed to transport other students? ☐ Yes ☐ No
9. Is proof of insurance required for anyone who drives their own vehicle on a school trip? ☐ Yes ☐ No

10. Is there a formal policy regarding emergencies and trained personnel on all trips? ☐ Yes ☐ No

Section VII – Educators' Liability

Indicate retroactive date requested:_____Limit:_____Deductible:_____

1. What is the school's annual operating budget?_____

2. List the number of staff members by categories as follows:

Professional	Full Time	Part Time	Independent Contractor	Volunteer
Counselors				
Directors and/or Officers				
Emergency Medical Technicians (EMT's)				
Nurse Practitioners				
Physical Therapists				
Psychologists – Academic				
Psychologists – Non-academic				
Registered Nurses (RN)				
Teachers with degrees				
Teachers without degrees				
Others (specify):				

3. Is the school autonomous or part of another system (parochial, public, etc.)?_____
   If part of another system, please indicate to whom the school's board must report:_____
   _____

4. Is there an annual outside financial audit performed by a CPA? ☐ Yes ☐ No

5. What are your sources of funding other than tuition?_____
   _____

6. Is there a formal, written procedure for evaluating teachers' performance? ☐ Yes ☐ No
   If yes, to whom are the results rendered?_____

7. Are standardized learning skills tests administered to your students? ☐ Yes ☐ No

8. Has the school's board established written policies and/or procedures regarding *students* in the following areas (check Yes or No for each):

Suspension	☐ Yes ☐ No	Dismissal	☐ Yes ☐ No
Promotion	☐ Yes ☐ No	Transfer	☐ Yes ☐ No
Retention	☐ Yes ☐ No	Acceptance	☐ Yes ☐ No
Corporal Punishment	☐ Yes ☐ No	Parking Facilities	☐ Yes ☐ No
Student use of Lockers	☐ Yes ☐ No	Drug Testing	☐ Yes ☐ No
Sexual Harassment	☐ Yes ☐ No	Special Needs Students	☐ Yes ☐ No
Bullying/Hazing	☐ Yes ☐ No	Weapons	☐ Yes ☐ No
Pregnancy	☐ Yes ☐ No		

9. Is there a formal appeals process for student disciplinary actions? ☐ Yes ☐ No

10. Are parents/students informed of all applicable policies, procedures and rules prior to enrollment? ☐ Yes ☐ No
    Is a signature acknowledging receipt required? ☐ Yes ☐ No

11. Have there been any Educator's Liability claims made against you in the past? ☐ Yes ☐ No
If yes, please describe claim and reserve or amount paid:_____
_____

12. Do you know of any incidents that have occurred that could arise in a claim or suit? ☐ Yes ☐ No
If yes, please describe the situation:_____
_____

Section VIII – Employment Practices Liability Exposures

1. Indicate below the number of full time and part time employees you have:
Full Time:_____ Part Time:_____ Independent Contractors:_____
2. Have any of your staff resigned, retired, or been terminated (with or without cause) in the past 36 months? ☐ Yes ☐ No
If yes, how many? _____
3. Do you have a Human Resource department? ☐ Yes ☐ No
If not, how does your school handle this function/_____
4. Do you have written policies or procedures that address each of the following human resource functions?

Interviewing & Hiring	☐ Yes ☐ No	Salary Administration	☐ Yes ☐ No
Qualification for Tenure	☐ Yes ☐ No	Discipline	☐ Yes ☐ No
Discharge or Termination	☐ Yes ☐ No	Performance Evaluations	☐ Yes ☐ No

5. Are all of the above policies and procedures reviewed and approved by an outside council with expertise in employment law? ☐ Yes ☐ No
6. Do you require all job applications to complete a written employment application that questions criminal record? ☐ Yes ☐ No
If yes, does it contain any questions referencing race, color, natural origin, age, religion, marital status, disability or health problems? ☐ Yes ☐ No
7. Does your employment application include an employment-at-will statement or do you otherwise obtain a signed employment-at-will statement? ☐ Yes ☐ No
If no, please explain why:_____
8. Do you provide an employee orientation for all new employees? ☐ Yes ☐ No
If no, please explain why:_____
9. Do you have an employee handbook that is routinely distributed to all employees including new hires? ☐ Yes ☐ No
If no, please explain why:_____
10. Do you have written anti-discrimination policies & procedures regarding the selection of employees for hiring, promotion, layoff, tenure, and other employment areas? ☐ Yes ☐ No
11. Do you have written anti-sexual harassment policies and procedures? ☐ Yes ☐ No
If either of the above are answered nom please explain how you sensitize employees on issues of harassment and discrimination:_____
_____

12. Do you offer employee out-placement services which assist terminated or laid-off employees in finding other jobs? ☐ Yes ☐ No

13. Do you conduct exit interviews? ☐ Yes ☐ No

If yes, what do you do with the information obtained?_____

Section IX – Directors and Officers Wrongful Acts Exposures

1. Advise the number of directors, Officers, Board Members and Trustees you have:_____

2. Does your school promote, sponsor or provide any insurance? ☐ Yes ☐ No

If yes, provide details:_____

3. Does your school provide any certification or accreditation activities? ☐ Yes ☐ No

If yes, provide details:_____

4. Does your school publish any materials other than promotional brochures, student yearbook or newspapers? ☐ Yes ☐ No

If yes, provide details:_____

5. Does your school conduct any collective bargaining activities? ☐ Yes ☐ No

If yes, provide details:_____

6. Does your school formulate any type of peer review group or committee for assessing the qualifications or performance of others? ☐ Yes ☐ No

If yes, provide details:_____

7. Does your school take any disciplinary actions or recommend any disciplinary actions as a result of peer review? ☐ Yes ☐ No

If yes, provide details:_____

The coverage applied for is solely as stated in the policy, which provides coverage on a "claims-made and reported" basis for only those claims that are first made against the insured and reported during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. The coverage applied for provides no coverage for claims which took place prior to the retroactive date stated in the policy and all coverage ceases upon termination of the policy except for the automatic extended reporting period, unless you purchase additional extended reporting period coverage.

Section X – Excess Student Accident Coverage

Note: All sports are automatically included EXCEPT tackle football and ice hockey which are excluded. Please contact your underwriter for a quote including tackle football.

1. Numbers of students by grades: Full time daycare students_____ K – 8_____ 9 – 12_____

2. Current Accident Medical carrier: _____

3. Prior Accident Medical premiums and losses:

Policy year:	_____	_____	_____
Premium:	$_____	$_____	$_____
Losses:	$_____	$_____	$_____

4. Plan Desired:

Plan A ☐ $10,000 Accident Medical Expense/$10,000 Accidental Death & Dismemberment, $0 Deductible

Plan B ☐ $25,000 Accident Medical Expense/$25,000 Accidental Death & Dismemberment, $0 Deductible

Additional coverage for the following is available. If you would like a quote on any of the following, please check the box.

***Please contact your underwriter for more information on Tuition Refund Programs and Workers' Compensation**

☐ Food Contamination and Communicable Disease *(Can only be purchased with Business Income coverage)*

☐ Child Abduction ☐ Key Employee Replacement Coverage ☐ Umbrella Liability

Additional Comments:_____

_____

_____

_____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: 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 and subjects the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: Stratum Insurance Agency LLC

Agency Address: Po Box 273 City/State/Zip Corona del Mar, CA 92625

Location Adress: 18818 Teller Ave, Ste 140 Irvine, CA 92612