



# RECREATIONAL GENERAL APPLICANT INFORMATION

PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE COMPLETE, TRUTHFUL AND ACCURATE RESPONSES. THE INFORMATION REQUESTED IN THIS APPLICATION IS IMPORTANT TO THE UNDERWRITING PROCESS. ANY MATERIAL MISREPRESENTATION MAY AFFECT THE INSURANCE POLICY ISSUED BASED ON THIS APPLICATION.

**APPLICANT NAME:**

(AS IT IS TO APPEAR ON POLICY INCLUDING DBA)

<b>FEIN</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Individual <input type="checkbox"/> Other				
Mailing Address:					
Operations Address:					
Description of Operations:					
Inspection Contact:				Phone Number:	
Website Address:				E-Mail Address:	
Do you conduct any Operations or Businesses or Activities not covered under this application of insurance?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please describe:					
Proposed Effective Date:		Proposed Expiration Date:		Operating Season:	
Year operation opened:		Total Management Experience in this type of Operation:			
*** If a new Venture or Operation, <b>IT IS MANDATORY</b> to submit a Resume or a Summary of Qualifications ***					
Is this a new venture or operation?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Your Insurance Ever Been Cancelled or Non-Renewed?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes - Please explain:					
Limits of Liability Required:	Per Occurrence:			Aggregate:	
Deductible per Claim	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000				

<b>Submission requirements for all Operations:</b>	
<input type="checkbox"/>	Copies of Brochures
<input type="checkbox"/>	Ropes Courses/Zip lines – Owned - Copy of the Latest Inspection with proof that all deficiencies were repaired
<input type="checkbox"/>	Safety Guidelines and/or Safety Program Manual Provided to your Staff
<input type="checkbox"/>	5 Years of Loss Runs from Prior Carriers

**GENERAL OPERATIONS INFORMATION**

1. Are all guests, clients, students required to sign a Release of Liability prior to participating in the activity?  Yes  No
2. Do you cross-check waiver signature with identity?  Yes  No
3. Do you require guests, clients, students to complete a health & physical fitness form or declare their fitness?  Yes  No
4. Are any operations conducted outside the United States?  Yes  No  
 If "yes", what % of receipts related to international operations:      % \_\_\_\_\_  
 Do you require Travel Accident/Medical coverage be purchased?  Yes  No  
 If "no", do you require participants to confirm that their health insurance carrier covers them internationally?  Yes  No
5. Do you check weather forecast/conditions prior to the commencement of any activities or trips to ensure client safety?  Yes  No
6. Do you hire concessionaires, independent contractors or subcontractors?  Yes  No  
 If "yes", for what activities or duties? \_\_\_\_\_  
 If "yes", do you obtain proof of insurance with additional insured status from them?  Yes  No
7. Do you provide on the job training or tryouts for individuals PRIOR to hiring them as employees?  Yes  No  
 If "yes", do you require them to sign a special waiver prior to allowing them to train or try out?  Yes  No
8. Do you have a formal written PROCEDURE & TRAINING manual for your operations?  Yes  No
9. Is there at least one supervisor, site manager, or employee on duty at all times that holds a CPR/1<sup>st</sup> Aid Certification?  Yes  No
10. Have you or any operators had their driver's license either revoked or suspended in the past 3 yrs?  Yes  No  
 If "yes", explain: \_\_\_\_\_
11. Do you report ALL INCIDENTS regardless of severity to your insurance company immediately?  Yes  No
12. Do you sell products that you manufacture, install or assemble?  Yes  No  
 If "yes", explain: \_\_\_\_\_
13. Are there any attractive nuisances on the premises (playgrounds, ponds, machinery, or other structures)?  Yes  No  
 If "yes", please list all: \_\_\_\_\_
14. In the last 5 years, have you been engaged or are presently engaged in a similar business operation under another business name?  Yes  No  
 If "yes", business name, start/end date, & location: \_\_\_\_\_
15. Are background checks completed on all employees?  Yes  No  
 If no, are background checks completed on employees who work with minors?  Yes  No
16. Are employees cross-checked on the National Sex Offender Registry?  Yes  No
17. Do you own or utilize any mobile equipment\* in your operation (e.g. golf carts, ATV's, tractors, etc.)?  Yes  No  
 If "yes", list mobile equipment: \_\_\_\_\_
18. Do you conduct any non-guided activities:  Yes  No  
 If "yes", provide details: \_\_\_\_\_
19. Do all guides always carry a communication device? (e.g. radio, cell phone, etc.)  Yes  No
20. Has any guided been involved in an incident which resulted in death or serious injury?  Yes  No  
 If "yes", provide details: \_\_\_\_\_
21. Are all guides licensed per your state or government agency's guidelines?  Yes  No

PRIOR CARRIER INFORMATION			
NAME OF COMPANY	POLICY DATES	PREMIUM	LOSSES

HAVE YOU HAD ANY INCIDENTS OR CLAIMS IN THE PAST 5 YEARS? <input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes please provide details below)	
	\$
	\$
	\$

ADDITIONAL INSUREDS (As they are to appear on the Policy):					Check Here if None: <input type="checkbox"/>
Name	Address	Relationship to you	Excess Required	Occ Limit	Agg Limit
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

REVENUE BREAKDOWN FOR ALL ACTIVITIES	
Total Receipts for the Last 12 months:	All other receipts:
Explain Other Receipts:	
Estimated Receipts for the Next 12 Months:	All other receipts:
Explain Other Receipts:	

GUIDE & INSTRUCTOR QUALIFICATION INFORMATION – ALL ACTIVITIES – USE A SEPARATE SHEET IF NEEDED				
AGE	FULL NAME	YRS OF EXPER.	1ST AID & CPR?	OTHER APPLICABLE CERTIFICATIONS FOR EACH GUIDE

It is hereby agreed and understood that this application for insurance is subject to review by underwriting. Coverage is not bound until submission for insurance is accepted by First Flight Insurance Group, Inc., all signed forms are in place, AND the total required deposit premium has been paid in full. Coverage will be confirmed with a signed binder or policy, as issued by First Flight Insurance Group, Inc. No other entity or agent has the right to bind coverage or issue a binder or a certificate of insurance for coverages submitted under this application.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ Applicant's Title: \_\_\_\_\_  
Applicant's Printed Name



# WATERPARK

## REVENUE BREAKDOWN FOR ALL ACTIVITIES

TOTAL GROSS REVENUES FOR ALL ACTIVITIES: \$ \_\_\_\_\_

ALL OPERATIONS MUST BE DECLARED - ONLY GUIDED ACTIVITIES ARE ELIGIBLE FOR THIS INSURANCE

	ATTENDANCE	ADMISSION REVENUE	CONCESSION REVENUE	OTHER REVENUE
CURRENT YEAR:				
PRIOR YEAR 1:				
PRIOR YEAR 2:				

OPERATING SEASON			
FULL TIME DATES:		FULL TIME HOURS:	
PART TIME DATES:		PART TIME HOURS:	
PARK CAPACITY:		DAYS AT CAPACITY:	
RESTAURANT			

FIRST AID / MEDICAL	
NAME OF LOCAL MEDICAL FACILITY:	
ADDRESS:	
DESCRIBE ON SITE FIRST AID FACILITY:	

INSPECTIONS	DATES	AUTHORITY	FREQUENCY
HEALTH:			
ELECTRIC:			
FIRE:			
ENGINEERING:			
RIDE SAFETY:			
DESCRIBE IN HOUSE INSPECTION PROCEDURE:			

MECHANICAL RIDE / ATTRACTION NAME	MFG NAME FOR RIDE / ATTRACTION	YEAR MANUFACTURED	YEAR INSTALLED

**GENERAL OPERATIONS INFORMATION**

1. Who trains your staff? \_\_\_\_\_
2. What type of chlorine do you use? \_\_\_\_\_
3. How is chlorine storage area secured? \_\_\_\_\_
4. How are chemicals stored and secured? \_\_\_\_\_
  
5. Does each ride/activity have instructional & warning signs posted?  Yes  No
6. Are all rules pertaining to acceptable conduct & use of park facilities posted so that they can be read by ever patron entering the park?  Yes  No
7. Do you provide USCG approved life vests for inadequate swimmers?  Yes  No
8. Are lifeguards stationed at the top and bottom of each attraction?  Yes  No

**IF YOU DO NOT CONDUCT AN ACTIVITY LISTED – PLEASE CHECK OFF THE “NO EXPOSURE” BOX**

**SERPENTINE SLIDES**

NO EXPOSURE

NAME	# OF FLUMES	FLUME LENGTH	MAT OR TUBE (M/T)	VERTICAL DROP (Y/N)	TOWER OR IN GROUND	MFG	YEAR INSTALL	POOL OR RUN OUT SIZE & DEPTH

**SPEED SLIDES**

NO EXPOSURE

NAME	# OF FLUMES	FLUME LENGTH	MAT OR TUBE (M/T)	VERTICAL DROP (Y/N)	HUMPS (Y/N)	MFG	YEAR INSTALL	POOL OR RUN OUT SIZE & DEPTH

**SLED SLIDES**

NO EXPOSURE

NAME	# OF FLUMES	FLUME LENGTH	MAT OR TUBE (M/T)	VERTICAL DROP (Y/N)	TOWER OR IN GROUND	MFG	YEAR INSTALL	POOL OR RUN OUT SIZE & DEPTH

**DROP SLIDES**

NO EXPOSURE

NAME	# OF FLUMES	FLUME LENGTH	# OF HUMPS	# OF FREE FALLS	POOL DEPTH	MFG	YEAR INSTALL	DISTANCE OF DROP

**STOP AND GO SLIDES**  NO EXPOSURE

NAME	# OF FLUMES	FLUME LENGTH / WIDTH	# OF POOLS	# OF ENTRANCE/ EXITS	VERTICAL DROP (Y / N)	MFG	YEAR INSTALL	HOURLY CAPACITY

**LAZY RIVER**  NO EXPOSURE

- Does the river have:  Branches or  On a continuous loop
  - If BRANCHES, how many? \_\_\_\_\_
- Total Length? \_\_\_\_\_ Width? \_\_\_\_\_
- Number of: Entrances: \_\_\_\_\_ Exits: \_\_\_\_\_
- What is the maximum water depth? \_\_\_\_\_
- Describe any attractions that empty into the river: \_\_\_\_\_  
\_\_\_\_\_
- Describe any water effects (e.g. tunnels, dumping buckets, etc.) \_\_\_\_\_  
\_\_\_\_\_

**WAVE POOL**  NO EXPOSURE

- What is the total surface area? \_\_\_\_\_
- Width: Beach End: \_\_\_\_\_ Head Walk Width: \_\_\_\_\_
- What is the maximum water depth? \_\_\_\_\_
- How is access to the pool controlled: \_\_\_\_\_  
\_\_\_\_\_

**ACTIVITY POOL**  NO EXPOSURE

- What is the total surface area? \_\_\_\_\_
- What is the maximum water depth? \_\_\_\_\_
- Number of activities? \_\_\_\_\_
  - List activities: \_\_\_\_\_  
\_\_\_\_\_
- How is access to the pool controlled: \_\_\_\_\_

**KIDDIE ACTIVITY POOL**  NO EXPOSURE

- What is the total surface area? \_\_\_\_\_
- What is the maximum water depth? \_\_\_\_\_
- Number of activities? \_\_\_\_\_
  - List activities: \_\_\_\_\_  
\_\_\_\_\_
- How is access to the pool controlled: \_\_\_\_\_

**WATERPARK – MINIMUM ELIGIBILITY REQUIREMENTS – PLEASE READ CAREFULLY**

**BY AFFIXING MY INITIALS, APPLICANT AGREES TO ADHERE TO EACH OF THE FOLLOWING MANDATORY REQUIREMENTS FOR BOTH OBTAINING AND MAINTAINING INSURANCE COVERAGE. ADHERENCE TO THESE GUIDELINES IS MATERIAL TO THE ISSUANCE OF INSURANCE COVERAGE.**

**ALL OPERATIONS - ALL APPLICANTS MUST INITIAL STATEMENTS**  
**\*\*\* PLEASE READ EACH AND EVERY REQUIREMENT CAREFULLY \*\*\***

No.	Initials	Requirements
1		The park is required to abide by all local, state and federal laws.
2		All equipment used must be inspected before use and maintained according to manufacturer's guidelines.
3		The operator must, for the duration of the policy, maintain and hold all necessary Federal, State, City or local certificates and/or licenses as required for those activities covered by this insurance.
4		All equipment is to be checked by the insured or employees of the insured prior to use in compliance with manufacturer recommendations and guidelines. Proper records will be maintained on all repairs and adjustments made to such equipment. All repairs to equipment or adjustments made to equipment must be done in compliance with manufacturer's specifications. Complete and proper records are to be maintained for all equipment adjustments/repairs.
5		Drugs and alcohol are prohibited. As such, you shall not allow any participant(s) to (a) participate when you know, suspect or believe that those individuals are or may be under the influence of alcohol or drugs (b) take or consume alcohol or drugs during the guided activities at any time.
6		A Red Cross or similarly qualified lifeguard or lifeguards is / are on duty at all times during swimming and or water activities. The park must also have an emergency plan and first aid available.
7		All employees will be fully trained and informed of all rules and regulations regarding the recreational activity.
8		Safety equipment specific to the water activities to be engaged in must be worn by all participants at all times while engaging in the activity. Participants are not allowed to make any adjustments to any such equipment.
9		Insured will continuously maintain control of all clients to avoid unsafe activities, and monitor clients to ensure their safety in the activity.
10		All facilities will have complete enclosure fences / railings with suitable locking gates.
11		All facilities will display clearly signage for the safe use of the facility and prohibiting any diving activities.
12		It will be the operations manager, guide and/or employee's responsibility to evaluate and determine if weather conditions are favorable for water activities. No facility manager / employee shall knowingly permit water activities in fog, blizzard and hazardous conditions or during a known lightning storm within 5 miles from the facility.
13		All incidents regardless of severity will be reported to the company immediately.
14		You shall have an emergency evacuation plan in the event of inclement weather.
15		All vendors or subcontractors shall maintain a current certificate of insurance with your business named as "Additional Insured" and with a minimum limit of \$1,000,000.

IN THE EVENT YOU ARE UNABLE TO INITIAL ANY SECTION ABOVE, PLEASE PROVIDE AN EXPLANATION OF THE ALTERNATIVE PROCEDURE THAT YOUR OPERATION IS UNDERTAKING BELOW. THIS WILL BE SUBMITTED TO THE CARRIER FOR APPROVAL

No.	Explanation and Comments:

I understand that First Flight Insurance Group, Inc for the insuring carrier, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

**By signing this application below, you are attesting to the accuracy and completeness of the information being provided in response to the questions set forth above.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE & TITLE

\_\_\_\_\_  
PRINTED NAME & TITLE

\_\_\_\_\_  
DATE



# FIRST FLIGHT AND UNDERWRITERS ANTI-FRAUD STATEMENT

**THIS ANTI-FRAUD STATEMENT IS AN INTEGRAL PART OF YOUR APPLICATION FOR INSURANCE AND ANY INSURANCE POLICY THAT MAY BE ISSUED BASED ON THE INFORMATION PROVIDED. PLEASE READ THIS CAREFULLY**

A person commits a fraudulent insurance act if that person knowingly and with intent to defraud or deceive any insurance company or other person either (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or benefit under an insurance policy. A fraudulent insurance act is a crime. (In Oregon, a fraudulent insurance act may be a crime.) First Flight Insurance Group, Inc. and the Underwriters shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For residents of New Jersey, Arkansas, and New Mexico: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**FOR RESIDENTS OF CALIFORNIA: FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

For residents of 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 its agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to an insurance settlement or award shall be reported to the Colorado Division of Insurance.

For residents of Louisiana: 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.

For residents of 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.

For residents of Pennsylvania: 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 a person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For residents of Virginia: 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.

For residents of Washington: It is a crime to knowingly provide false, incomplete, or misleading information to insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**The undersigned acknowledges having read this Anti-Fraud Statement.**

Applicant \_\_\_\_\_

Date \_\_\_\_\_

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

**(YOU MUST CHECK ONE OF THE BOXES TO PURCHASE OR EXCLUDE TERRORISM COVERAGE)**

	I hereby <b>ELECT</b> to <b>PURCHASE</b> coverage for acts of terrorism for a prospective premium of <b>15% of premium quoted</b> .
	I hereby <b>ELECT</b> to have coverage for acts of terrorism <b>EXCLUDED</b> from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.
<b>Policyholder/Applicant's Signature</b>	<b>DATE</b>
Print Name	<b>MULTIPLE</b> Syndicate on behalf of certain Underwriters at Lloyd's