



INTERNATIONAL
SPECIALTY INSURANCE, INC

HELPING PROTECT
WHAT
YOU'VE ACHIEVED

QUESTIONS?
800-849-0474

INSTRUCTIONS: Print in black and initial all changes. Answer all questions in their entirety. Any unanswered questions will delay the processing "N/A" or "None" are unsatisfactory answers and will not be accepted.

Contract Protection Insurance Application

Name of Proposer(s):

FIRST NAME | M.I. | LAST NAME
ADDRESS
CITY | STATE | ZIP CODE

Insured Person:

Date of Birth:

NAME OF INSURED PERSON: | MM | DD | YYYY
OCCUPATION OF INSURED PERSON:

A signed contract exists between the Assured/Insured Person:

YES NO

COMMENCEMENT DATE: | COMPLETION DATE:
PERIOD OF COVERAGE REQUIRED: | COMMENCEMENT DATE:

To the best of your knowledge, does the Insured Person undertake or participate in hazardous activities?
(i.e. parachuting, motor racing, piloting, scuba diving etc.)

YES NO

IF YES, PLEASE PROVIDE DETAILS

Are there any material facts or items of information with regard to this proposal which should be disclosed? (A material fact is one likely to influence acceptance or assessment of the risk by Underwriters)



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Q U E S T I O N S ?

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Contract Protection Insurance Application

DECLARATION to be signed by Proposer(s)

To the best of my knowledge and belief, the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in doubt as to what constitutes a material fact, you should consult your broker)

I understand that the signing of this proposal does not bind me to complete or Underwriters acceptance to accept this Insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I DECLARE THAT THE EXISTENCE OF THIS INSURANCE HAS NOT AND WILL NOT BE DISCUSSED WITH THE INSURED PERSON. I ALSO WARRANT THAT TO THE BEST OF MY KNOWLEDGE THE INSURED PERSON IS IN GOOD HEALTH AND IS NOT RECEIVING TREATMENT FOR ILLNESS, ALCOHOLISM OR DRUG ADDICTION.

Proposer's Name:

Position:

Signature

Date

AGENT STATEMENT

I certify that I have truly and accurately recorded all the information given to me by the applicant, and I certify that I know of no other medical information about the person applying for coverage other than that contained on this application. I certify that the applicant has either filled out the application or has personally reviewed the completed application. I have explained all policy benefits, exclusions and limitations.

Producing Agent's Signature

Producing Agent's Name (please print)

Date

Agency Name