AMWINS ACCESS

Garage Application

Please be sure to respond to all questions - incomplete responses could cause delays

Proposed Effective Date _____ Agency/Contact: _____

Phone #/Email: _____

1. Applicant Information

Business Name including DBA: _____

Owner (include all): _____

Business Entity: ❑ Individual ❑ Corporation ❑ Partnership ❑ Limited Liability Corp ❑ Other: _____

Mailing Address: _____

Inspection Contact Name & Phone Number: _____

Website: _____ Dealer ID #: _____

Years in business: _____ Years of experience: _____ FEIN: _____

If less than three (3) years of experience, explain in detail prior experience and any specialized training or certification:

_____

Business Description: _____

2. Locations (Physical Street Address, City, State, Zip)

Operations at Location

#1 _____ _____

Vehicle theft barriers/storage: ❑ Unprotected ❑ Post & Cable ❑ Fence/Gate (**min 6ft high**) ❑ Building

#2 _____ _____

Vehicle theft barriers/storage: ❑ Unprotected ❑ Post & Cable ❑ Fence/Gate (**min 6ft high**) ❑ Building

#3 _____ _____

Vehicle theft barriers/storage: ❑ Unprotected ❑ Post & Cable ❑ Fence/Gate (**min 6ft high**) ❑ Building

#4 _____ _____

Vehicle theft barriers/storage: ❑ Unprotected ❑ Post & Cable ❑ Fence/Gate (**min 6ft high**) ❑ Building

3. Prior Carrier and Loss History

❑ No Prior Coverage Target Premium: _____

Current Carrier: _____ Policy dates: _____ Premium: _____

Prior Carrier: _____ Policy dates: _____ Premium: _____

Prior Carrier: _____ Policy dates: _____ Premium: _____

Date of Loss	Amount Paid/Reserve	Description, including driver if applicable	Open or Closed

Attach loss runs for last three years. ❑ If no prior losses, check here.

Have you had insurance for this type of operation cancelled, declined or non-renewed in the past three years? ❑ Yes ❑ No

If yes, explain: _____

4. Security, Protection and Operations

a) Are animals maintained on premises? ❑ Yes ❑ No

b) Are firearms kept on person or on premises? ❑ Yes ❑ No

c) Do you have serviced and charged fire extinguishers on premises? ❑ Yes ❑ No

d) Are autos stored on premises after normal business hours? ❑ Yes ❑ No

e) Do you store or display autos at locations other than those described on this application? ❑ Yes ❑ No

f) Do you park your owned vehicles or customers' vehicles on the street? ❑ Yes ❑ No

g) Are keys kept in a secure location with no access by unauthorized persons? ❑ Yes ❑ No

h) Do you leave keys in or on unattended vehicles (including car key lockboxes, etc.)? ❑ Yes ❑ No

i) Is any work performed off-premises (i.e. roadside or customer's location)? ❑ Yes ❑ No

If yes: 1) What percentage of operations are mobile? _____ %

j) Do you share a lot/location with any other business(es)? ❑ Yes ❑ No

If yes: 1) Select one: ❑ shared customer entrance ❑ shared building (separate outdoor customer entrance) ❑ shared parking lot (separate building) ❑ self-storage warehouse ❑ Other: _____

2) Describe in detail what type of separation is in place between you and the other business(es):

_____

5. Owners, Employee and Non-Employee Information

Rating Basis: ALL owners, employees, drivers, helpers, household members and 1099 employees MUST be listed

Loc #	Name (First Last)	DL#	State	Date of Birth	Violations/Accidents Prior Three Years Please Describe	CDL in place? (Y or N)	Hours Worked	Job Duties	Auto Use	PAP in place? (Y or N)

HOURS WORKED:
FT = Full-time (over 20 hrs/week)
PT = Part-time (20 or less hrs/week)
N = Non-employee

AUTO USE:
A = Furnished a covered auto for personal use
B = Uses a covered auto strictly for business use
C = Excluded driver

CDL = Commercial Driver's License
PAP = Personal Auto Policy

JOB DUTIES:

1. Active owner/partner/officer
2. Inactive owner/partner/officer
3. Lot person
4. Salesperson / General Manager
5. Service Manager
6. Mechanic
7. Clerical
8. Occasional or contract driver
9. Spouse of owner/partner/officer
10. Children of owner/partner/officer
11. Spouse of any other person furnished an auto
12. Child of any other person furnished an auto
13. Inactive member of owner/partner/officer household
14. Other (describe): _____

6. Description of General Operations

a) Do you own, work on, sponsor or advertise any vehicles used in racing events? ❑ Yes ❑ No

If yes: 1) Provide details: _____

b) Do you lease or rent vehicles to others? ❑ Yes ❑ No

If yes: 1) Do you have coverage elsewhere for this operation/exposure? ❑ Yes ❑ No

c) Do you provide/offer loaner autos? (does not apply to test drives) ❑ Yes ❑ No

If yes: 1) Who do you loan autos to? (select all that apply): ❑ Your customers ❑ General public

2) Is there a contract agreement (please provide a copy) ❑ Yes ❑ No

3) Do you get a copy of the customer's driver's license? ❑ Yes ❑ No

4) Do you verify that the customer has auto insurance? ❑ Yes ❑ No

5) What is the minimum age? _____

d) Do you have ownership interest in or operate any other business? ❑ Yes ❑ No

If yes: 1) Provide the business name and physical address: _____

2) Describe the operation of business: _____

3) Do you share any employees between the businesses (not owners)? ❑ Yes ❑ No

4) Is liability coverage in place for this business/operation? ❑ Yes ❑ No

5) What is the relationship between this business and the business we are being asked to provide coverage for?

_____

e) Do you rent or lease space at this location to another business? ❑ Yes ❑ No

If yes: 1) What is the nature of that business? _____

2) Do renters carry their own insurance? ❑ Yes ❑ No 3) Square ft of leased space _____

f) Do you use any subcontractors? ❑ Yes ❑ No

If yes: 1) Do you obtain certificates of insurance? ❑ Yes ❑ No

2) Provide details of subcontracted work: _____

g) Do you tow for hire? (if yes, complete tow truck questionnaire) ❑ Yes ❑ No

h) Are state filings required? If yes, describe: _____ ❑ Yes ❑ No

i) Do you hold FMSCA permit or DOT registration? ❑ Yes ❑ No

If yes: 1) Provide US DOT # _____ 2) Provide MC # _____

j) Do you have registration, transport or repair plates (not dealer plates) that aren't issued for a specific auto? ❑ Yes ❑ No

If yes: 1) How many do you have? _____ 2) List plate numbers: _____

3) What are they used for? _____

k) Do you drive customers' vehicles for purpose of pick-up and delivery? ❑ Yes ❑ No

If yes: 1) What's the max radius? _____ miles 2) How many times per week? _____

3) Select all that apply: ❑ Vehicles you are servicing/repairing ❑ Vehicles you have sold

❑ Other: _____

l) If operations are conducted from a residence, do you have a homeowner's/renter's policy in place? ❑ Yes ❑ No ❑ N/A

m) Do you provide electric vehicle charging stations for your customers at any location? ❑ Yes ❑ No

7. Annual Receipts

Accessory Sales (not installed) _____	Gasoline # Gallons _____	Salvage Parts _____
Car Wash Sales _____	LPG/Propane/Butane Gallons _____	Self-Park Sales _____
Clothing Sales _____	LPG/Propane/Butane Sales _____	Tire Sales (installed) _____
Concessionaires _____	Machine Shops _____	Tire Sales (not installed) _____
Convenience Store Sales _____	Manufacturing/Fabrication _____	Vehicle Sales _____
Gasoline Sales Full-Service _____	Part Sales (not installed) _____	Welding _____
Gasoline Sales Self-Service _____	Repair _____	Other _____

8. Description of Service/Repair Operations ❑ N/A, no service/repair operations performed (skip pg 4 & pg 5)

a) Indicate percentage of the following types of autos repaired (**MUST =100%**): *Separate supplement required

Autos (Private Passenger–Cars / SUVs / Pick-ups / Vans)	%	Golf Carts*	%
Autos (Salvage-Titled)	%	Heavy Trucks (over 26,000 GVW)*	%
Antique / Classic / Vintage Autos	%	Logging Trucks/Equipment*	%
Boats / Jet-Skis / Watercraft*	%	Mobility Vans*	%
Buses*	%	Motorcycles*	%
Boom / Bucket Trucks / Cranes / Scissor Lifts*	%	Off-Road Autos (ATVs, UTVs, Snowmobiles)*	%
Electric Vehicles	%	Recreational Vehicles, Motorhomes, Campers*	%
Emergency Vehicles*	%	Semi-Trailers*	%
Equipment (Farm/Contractors/Construction)*	%	Utility/Livestock Trailers	%
Forklifts*	%	Other: _____	%

b) Indicate percentage of repair/service work performed:
(The combined total % of all repair/service charts for this policy -including the below- **MUST =100%**)

Airbag Service or Installation	%	High Performance Enhancements (**Describe**)	%
Alarm, Stereo or Navigation System	%	Hydraulic System (**Describe**)	%
Assembly (**Describe**)	%	Impound Yard	%
Auto Dismantling / Salvage Yard*	%	Lift Kits (**See question 8h**)	%
Auto Maintenance & Repair ⌘	%	Oil/Lube Service	%
Auto Wrapping	%	Painting❖	%
Bedliner Installation	%	Parking Lot / Garage (Self Park)	%
Body Shop	%	Rim Sales / Repair*	%
Brakes	%	Roadside Assistance	%
Breathalyzer / Ignition Interlock	%	Storage Facilities (Long Term)	%
Car Wash (Full Service)	%	Tire Sales / Repair*	%
Detailer	%	Towing Service / Wrecker*	%
Driver Assist Technology (**Describe**)	%	Trailer Hitch Installation / Repair	%
Electric Vehicle Battery Repair / Replacement	%	Transmission	%
Electrical / Wiring	%	Upholstery	%
Fabrication / Manufacturing (**Describe**)	%	Valet Parking*	%
Fiberglass	%	Van Conversion*	%
Frame Repair / Straightening (**Describe**)	%	Welding (**Describe**)	%
Fuel Conversion*	%	Windshield Installation / Repair / Tint	%
Handicap Vehicle Modification*	%	Other: _____	%

❑ See attached separate supplement(s) for the remaining % of types of repair/service work performed, to total 100%

⌘ Auto Maintenance & Repair contemplates: Alignment, AC/Cooling System Repair, Battery Repair/Replacement, Engine Repair, Ignition Repair, Muffler/Exhaust Repair, Smog, Steering, Suspension Repair (NOT Lift Kits), and Tune-Ups

❖ If any auto painting exposure is present:

1) Do you have a paint booth/separate room? ❑ Yes ❑ No If yes: a) Is the booth UL approved? ❑ Yes ❑ No
2) Is there adequate ventilation? ❑ Yes ❑ No
3) Is there explosion proof lighting? ❑ Yes ❑ No

Describe: _____

8. Description of Service/Repair Operations (continued)

c) Are signs posted to keep customers from the work area? ❑ Yes ❑ No

d) Do you allow customers to drive vehicles into the service bay? ❑ Yes ❑ No

If yes: 1) Are customers permitted to exit their vehicles? ❑ Yes ❑ No

2) Describe any type of supervision during this process: _____

e) Do you store all flammable materials in a fire resistive cabinet? ❑ Yes ❑ No ❑ N/A

f) Are you an auto rebuilder? ❑ Yes ❑ No

g) Do you sell Liquefied Petroleum Gas (LPG), Butane or Propane? ❑ Yes ❑ No

If yes: 1) Select all that apply: ❑ Sale of pre-filled cannisters ❑ Filling customers' tanks

2) Are "No Smoking" signs posted? ❑ Yes ❑ No

3) Do you abide by the NFPA 58- Liquefied Petroleum Gas Code? ❑ Yes ❑ No

4) Do only qualified operators fill customers' tanks? ❑ Yes ❑ No ❑ N/A

5) Is the storage tank protected by collision barriers? ❑ Yes ❑ No ❑ N/A

6) How many feet separate storage tank from adjacent buildings/vehicles? _____ feet ❑ N/A

h) If you install lift kits, do you lift over 6 inches? ❑ Yes ❑ No ❑ N/A

If yes: 1) Confirm the maximum height lift installed: _____ inches

2) Describe your training/experience: _____

i) Do you sell, install or repair/service mobility equipment (power chairs or other durable medical equipment)? ❑ Yes ❑ No

If yes: 1) Is this exposure covered elsewhere? ❑ Yes ❑ No

j) Do you weld frames? If yes, explain: _____ ❑ Yes ❑ No

k) Do you cut frames? If yes, explain: _____ ❑ Yes ❑ No

l) Do you cut or weld between axles? If yes, explain: _____ ❑ Yes ❑ No

m) Do you install products provided by customers? If yes, explain: _____ ❑ Yes ❑ No

n) Are jacks or auto lifts located outside and/or in an unprotected area during non-business hours? ❑ Yes ❑ No

o) Do you sell tires? ❑ Yes ❑ No

If yes: 1) What percentage of tires sold are: New Tires _____ % Used Tires _____ %
Recap/Retread Tires _____ % Racing Tires _____ %

2) Do you sell new tires manufactured more than 3 years ago? ❑ Yes ❑ No

3) For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? ❑ Yes ❑ No

4) Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? ❑ Yes ❑ No

5) What method do you use to mark the used tires that you sell? _____

p) Do you service or install tires? ❑ Yes ❑ No

If yes: 1) What tire work do you perform? (check all that apply) ❑ Fixing Flats ❑ Tire Rotation ❑ Tire Siping
❑ Comp Cutting ❑ Recapping ❑ Retreading ❑ Regrooving ❑ Tire Installation ❑ Other: _____

2) What percentage of your work is: Construction/Farm Equipment _____ % Off Road _____ %
Heavy Truck Tires _____ % Specialty Tires _____ % Racing _____ %

3) Do you perform quality control to verify proper installation, tightened lug nuts and matched tire size? ❑ Yes ❑ No

9. Description of Dealer Operations ❑ N/A, no vehicle dealer operations performed (skip pg 6)

a) Indicate percentage of the following types of autos sold (**MUST =100%**): *Separate supplement required

Autos (Private Passenger – Cars/SUVs/Pick-ups/Vans)	%	Golf Carts	%
Autos (Salvage-Titled)	%	Heavy Trucks (over 26,000 GVW)*	%
Antique/Classic/Vintage Autos	%	Logging Trucks/Equipment*	%
Boats/Jet-Skis*	%	Mobility Vans*	%
Buses*	%	Motorcycles*	%
Boom/Bucket Trucks/Cranes/Scissor Lifts/Cherry-Pickers*	%	Off-Road Autos (ATVs, UTVs, Snowmobiles)*	%
Electric Vehicles	%	Recreational Vehicles, Motorhomes, Campers*	%
Emergency Vehicles*	%	Semi-Trailers*	%
Equipment (Farm/Contractors/Construction)	%	Utility/Livestock Trailers	%
Forklifts	%	Other: _____	%

b) Nature of auto sales operation (**MUST = 100%**):

Retail _____% Wholesale*_____% Broker*_____% Export*_____% Import*_____% Consignment♦_____% Internetⓘ_____%

*Separate supplement required ♦Provide copy of consignment agreement ⓘProvide website on pg1

c) Do you have a dealer's license? ❑ Yes ❑ No

If yes: 1) In which state(s) are you licensed? _____

2) What type of dealer's license do you have? ❑ Retail ❑ Wholesale ❑ Salvage ❑ Other _____

d) Are there any dealer operations or driving exposures in states other than where you hold a dealer license? ❑ Yes ❑ No

If yes: a. List all states: _____

e) How many vehicles do you sell per year? _____

1) How many sold "sight unseen" (customer does not come to lot)? _____

2) How many salvaged/rebuilt/junk/reconstructed titled vehicles do you sell per year? _____

i. If you repair prior to sale, are repairs (must=100%): Structural _____% Mechanical _____% Cosmetic _____% ❑ N/A

f) What is the total number of plates issued in association with your dealer's license? _____

1) How many in each category: Autos _____ Boats _____ Motorcycles _____ Trailers _____

g) Do you lease, rent, loan or sell plates to others? ❑ Yes ❑ No

h) Do you repossess the vehicles that you sell? ❑ Yes ❑ No

i) Do you confirm that the purchaser of the vehicle has insurance? ❑ Yes ❑ No

j) Do you allow overnight test drives? ❑ Yes ❑ No

k) Do you allow unaccompanied test drives? ❑ Yes ❑ No

l) Do you obtain a copy of the customer's driver's license and proof of insurance prior to all test drives? ❑ Yes ❑ No

m) When do you transfer title (select at least one and all that apply)?

❑ Buy here/pay here – at **beginning** of finance period ❑ Cash and carry – immediately

❑ Buy here/pay here – at **end** of finance period ❑ 3rd party finance – immediately

n) What is the maximum distance you travel to transport vehicles from point of purchase to your lot? _____ Miles

o) Who drives/transports vehicles to your lot (select all that apply)? ❑ Insured/Employees ❑ Transporters ❑ Contract Drivers

1) If insured/employees are utilized, do you transport/tow vehicles using a trailer/tow apparatus? ❑ Yes ❑ No

2) If transporters are utilized, do you verify they have coverage in place? ❑ Yes ❑ No

3) If contract drivers are utilized, do you verify they have coverage in place? ❑ Yes ❑ No

If no: a) Are they listed in item 5 above? ❑ Yes ❑ No If no, dealer supplement required

p) Do you operate an auction? If yes, dealer supplement required ❑ Yes ❑ No

q) Do you engage in auto pawning operations or auto title pawns/loans? If yes, dealer supplement required ❑ Yes ❑ No

r) Do you use any owned autos to drive for any rideshare programs (Uber, Lyft, etc.) ❑ Yes ❑ No

10. Coverages and Limits (required to quote)

❑ **Liability Coverages**

General Liability BI & PD	$	Per Occurrence	Liability Deductible
Covered Autos Liability	$ Same as GL Occurrence	Per Occurrence	$
General Liability Aggregate	$	Aggregate	
Products & Work You Performed	$	Aggregate	

❑ **Damage to Rented Premises** $ Any One Premises

❑ **Personal & Advertising Injury Liability** $ Same as GL Occurrence

❑ **Medical Payments - Auto** ❑ $1,000 ❑ $2,000 ❑ $3,000 ❑ $4,000 ❑ $5,000 ❑ Other:_____

❑ **Medical Payments - Premises** ❑ $1,000 ❑ $2,000 ❑ $3,000 ❑ $4,000 ❑ $5,000 ❑ Other:_____

❑ **Uninsured/Underinsured Motorists** $

❑ **Personal Injury Protection (PIP)** $ Per Statute (not available in all states)

❑ **Garagekeepers Coverage** (physical damage coverage for customer autos in your care)

Deductible: _____

Perils (select one):

❑ Comprehensive & Collision

❑ Specified Causes of Loss & Collision

Type (select one): ❑ Legal Liability

❑ Direct Primary

Loc	Average # autos on lot	Maximum # autos on lot	Average Value Per Vehicle	Maximum Value Per Vehicle	Total Lot Limit
1			$	$	$
2			$	$	$
3			$	$	$
4			$	$	$

❑ **Dealers Physical Damage Coverage** (physical damage coverage for autos held for sale)

100% COINSURANCE CLAUSE APPLIES TO THIS COVERAGE

Deductible: _____

Perils (select one):

❑ Comprehensive & Collision

❑ Specified Causes of Loss & Collision

Flood: ❑ Included ❑ Excluded

Wind/Hail: ❑ Included ❑ Excluded

Loc	Average # autos on lot	Maximum # autos on lot	Average Value Per Vehicle	Maximum Value Per Vehicle	Total Lot Limit
1			$	$	$
2			$	$	$
3			$	$	$
4			$	$	$

❑ Loss Payee name & address: _____

❑ Loss Payee name & address: _____

Other Coverages (please note that not all carriers offer every coverage listed)

❑ False Pretense $_____ E&O: ❑ Truth in Lending ❑ Odometer ❑ Title ❑ Insurance Agents $_____

❑ Hired Auto – Cost of Hire $_____ ❑ Drive Other Car # of individuals:_____ ❑ Broad Form Products

❑ Property (provide acord 140 or supp) ❑ Scheduled Autos (provide acord 127 or supp) ❑ Customer Complaint Legal Defense

❑ Cyber Liability ❑ Stop Gap – Employers Liability Coverage ❑ Watercraft Liability

❑ **Additional Insured 1** Name & Address: _____

Relationship to Insured (required): _____ ❑ Primary/Non-Contributory ❑ Waiver of Subrogation

❑ **Additional Insured 2** Name & Address: _____

Relationship to Insured (required): _____ ❑ Primary/Non-Contributory ❑ Waiver of Subrogation

IMPORTANT: To ensure that filings are made on time you must submit your bind request at least 2 working days prior to the effective date of the policy to provide the company with enough time to make the filings. It is the agent's responsibility to notify Amwins that any filing is required.

General Fraud Statement

(Not applicable in states mentioned below where a state specific warning applies.)

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 hereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

AR, **LA**, **NM**, **RI**, **WV**: Any person who knowingly or willfully 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 imprisonment

CALIFORNIA FRAUD STATEMENT: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO: 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 or 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 a 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.

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

KY: 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.

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NY: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars ($5,000.00) and the value of the subject motor vehicle or stated claim for each violation.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing any false or deceptive statement is guilty of insurance fraud.

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

PA: 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 such person to criminal and civil penalties.

MN, **TN**, **VA**, **WA**: 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.

Other states: 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.

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant Signature (**Required for Binding)**	Date	Applicant - Name Printed

11. Agent:

a) Are you personally familiar with this applicant's operations? ❑ Yes ❑ No

b) Did your office control this risk in the past year? ❑ Yes ❑ No

Agent Signature (**Required for Binding)**	Date	Agent - Name Printed