

**ACCOUNT APPLICATION****BENEFIT SELECTION**

\$160 LM  
Select Plus  
[LSP21]

☐

\$180 LM  
Select Elite  
[LSE22]

☐**Business Information****Request Effect Date**

1st of THIS or NEXT Month: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Business type (INC, LLC, ...): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ EIN #: \_\_\_\_\_ # Years in Business: \_\_\_\_\_

Contact First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Phone: \_\_\_\_\_

How are Participants Compensated?: \_\_\_\_\_

Do you execute a Contractor Agreement with the Participants?: \_\_\_\_\_

Are all Participants over the age of 23 and under the age of 65?: \_\_\_\_\_

**Total Number of Participants:** \_\_\_\_\_

**Signature of Account Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Agency Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name First: \_\_\_\_\_ Last: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature of Producer:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## ***Loss Statement***

Date: \_\_\_\_\_

To whom it may concern,

Regarding: \_\_\_\_\_ (Name of Account)

Please select the reflecting period for this statement:

In the last 3 Years:

- I/We have sustained loss(s) totaling \$\_\_\_\_\_ and filed #\_\_\_\_\_ claims within the selected reflecting period,
- I/We have no knowledge or reason to anticipate additional claim(s) or loss(s) within the selected reflecting period, either within the named company or any associated or previously owned entities.

I understand that this warranty will be incorporated into the insurance contract.

Signature of Account: \_\_\_\_\_

Date: \_\_\_\_\_

### **Warranty:**

**The purpose of this loss letter is to assist in the underwriting process; information contained herein is specifically relied upon in the determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information, and belief. This no loss letter shall be the basis of any insurance that may be issued and will be part of such policy. Please note that it is essential to provide accurate and truthful information in this statement.**

### **CERTIFICATE HOLDER (IF NEEDED)**

*Complete only if a certificate holder must be listed on the Certificate of Insurance. Leave blank if not applicable.*

**Certificate Holder Name:**

**Street Address:**

**City:**

**State:**

**ZIP:**