

**COMMERCIAL LIABILITY
ERRORS AND OMISSIONS APPLICATION**

Some sections of the application may not apply to your company. Where this is the case, please indicate "Not Applicable" (N/A).

Applicant Information

Applicant Name: (include names of all subsidiary or affiliated companies to be insured):

Requested Effective Date:

Requested Retroactive Date:

Part I. General Information

1. Limit of Insurance:

Errors & Omissions	<input type="checkbox"/> \$1m	<input type="checkbox"/> \$2m	<input type="checkbox"/> \$5m	<input type="checkbox"/> \$10m	<input type="checkbox"/> Other \$
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2. Deductible (each claim):

<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> Other \$
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3. Worldwide Revenue, including Licensing Fees:

	USA	Canada	Other Foreign	Total
Prior Year				
Current Year				
Estimated Next Year				

4. Financials:

Over the past four years, how many years did you post a positive net income? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

5. Mergers or Acquisitions or Divestitures:

Have you sold, acquired or merged with any companies during the past three years? ☐ Yes ☐ No

If **yes**, please detail any liabilities you retained or purchased:

Part II. Products and Services

1. Describe your business operations:

2. Describe your products and services as follows:

Type of Product or Service	Percentage of Annual Revenue	Application of that Product or Service
	%	
	%	
	%	
	%	

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3. What would be the most likely financial and business impact on your customers from a performance failure of any of your products or services? ☐ No Disruption ☐ Minor or Delayed ☐ Major or Immediate
4. In your opinion, what would be the largest financial and business impact on your customers from a performance failure of any of your products or services? Indicate dollar amount and explain in detail.

Part III. Contracts and Agreements

Please provide copies of your standard and largest sales, service and license contracts, agreements, or purchase orders.

1. What type of contracts or agreements do you utilize to conduct your product and service transactions?

<input type="checkbox"/> Standard and Written	% of the time	<input type="checkbox"/> Custom Contract	% of the time
<input type="checkbox"/> Purchase Order	% of the time	<input type="checkbox"/> Verbal Contract	% of the time
<input type="checkbox"/> Invoice	% of the time	<input type="checkbox"/> Other	% of the time

2. What is the value of your average contract, agreement, or purchase order?
3. What is the value of your largest contract, agreement, or purchase order?
4. Do you negotiate contracts or agreements in which you accept liability for consequential damages, except Intellectual Property? ☐ Yes ☐ No % of the time
5. Do all your contracts or agreements limit your liability to the cost of your product or service? ☐ Yes ☐ No
6. Do you perform legal review of all standard contracts and marketing materials prior to release? ☐ Yes ☐ No

Part IV. Subcontractors

1. Describe below what work is subcontracted:

Type of Subcontracted Work	% of Work Subcontracted
	%
	%
	%

2. Do you have written contracts with your subcontractors? ☐ Yes ☐ No
- If "yes", are you and your clients indemnified for damages caused by the subcontractor? ☐ Yes ☐ No

Part V. Quality Control, Product Development, and Customer Acceptance Procedures

1. Do your quality control procedures or initiatives include the following:

• Written and formalized quality control program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Formal customer evaluation and acceptance procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Formal product recall/post sale correction action plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Quality control program for subcontracted work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Written logs for customer complaints of problems or downtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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2. Describe your product or service delivery and formalized customer acceptance procedures:

% of Annual Revenue			Customer Acceptance	
<input type="checkbox"/>	Design Only	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Design & Manufacture	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Manufacture to Customer Specifications	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. What are your typical customer complaints or problems?

4. Describe your dispute resolution process:

Part VI. Historical Information

1. In the past three years, have you or your subcontractors experienced any of the following:

• Product recalls or post sale corrective actions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Delayed or past due contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Allegations that the product or service did not meet the customer's performance expectations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Allegations that the product or service did not comply with your warranties or representations	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **yes**, please explain:

2. Are you aware of any act, error or omission, unresolved contract dispute or any other circumstance that may reasonably be expected to result in a claim? ☐ Yes ☐ No
Please explain:

3. Within the past three years, have you sued any customers for nonpayment of contracts? ☐ Yes ☐ No
If **yes**, please explain:

4. List and provide details on any suits, potential suits, complaint letters, disputes or any other circumstances alleging nonperformance of contract or nonperformance of your products or services:

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5. Has any company ever declined to write, cancelled or non-renewed Errors or Omissions/Professional Liability coverage for you? ☐ Yes ☐ No
6. Do you currently purchase Errors or Omissions/Professional Liability coverage? ☐ Yes ☐ No

Carrier Name		Limit	
Effective Date		Deductible	
Premium		Retroactive Date	

Applicant Acknowledgement

INFORMATION OR DATA CONTAINED IN OR SUBMITTED IN CONNECTION WITH THIS APPLICATION (OR OTHERWISE TO ANY OF THE MEMBER INSURERS OF CHUBB GROUP OF INSURANCE COMPANIES ("CHUBB") IN CONNECTION WITH THE UNDERWRITING PROCESS) DOES NOT CONSTITUTE NOTICE OF AN OCCURRENCE, WRONGFUL ACT, CLAIM, SUIT OR OTHER CIRCUMSTANCE AND DOES NOT SATISFY ANY OF THE REPORTING NOTIFICATION OR OTHER PROVISIONS OF ANY POLICY. ALL SUCH NOTICES MUST BE GIVEN SEPARATELY IN ACCORDANCE WITH THE APPLICABLE POLICY CONDITIONS

For the purposes of this application, the undersigned officer of all person(s) and entity(ies) proposed for this insurance declares and acknowledges that he/she has reviewed this application and the statements contained therein with his/her Chief Executive Officer, Chief Financial Officer, Chief Operating Officer or their equivalents, and that to the best of their knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. Chubb is authorized to make any inquiry in connection with this application. Signing this application shall not constitute a binder or obligate Chubb to complete this insurance, but it is agreed this application shall be the basis upon which a policy may be issued.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify Chubb, and Chubb may modify or withdraw any quotation.

You understand that the limit of liability under any policy to be issued in response hereto shall include both indemnity payments for claims and payment of claim adjustment expenses, as defined in the policy.

Defense cost provisions - Please note that the claim adjustment expense provision of the policy stipulates that the limits of liability may be completely exhausted by the cost of claim adjustment expenses. Any deductible or retention shall apply to claim adjustment expenses as well as indemnity. Please initial: _____

Signature of Authorized Representative & Title

Date

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

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, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN:

ARKANSAS

ANY PERSON WHO KNOWINGLY PRESENTS 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.

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 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 THE 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.

DISTRICT OF COLUMBIA

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KENTUCKY

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.

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.

MAINE

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND

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.

NEW JERSEY

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO

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 CIVIL FINES AND CRIMINAL PENALTIES.

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.

OHIO

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA

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.

OREGON

ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL FACT THERETO, MAY BE GUILTY OF AN INSURANCE FRAUD.

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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE, VIRGINIA AND 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.

RHODE ISLAND AND WEST VIRGINIA

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.

This is an application for a policy that may be issued in a state that requires us to advise you that if available, the following condition is added to your policy: All references in the policy to "spouse" include a party to a civil union or domestic partnership recognized under the applicable law of the jurisdiction having authority.

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Complete This Application Only If Requesting Coverage for Title Agent, Abstractor, and Escrow Services Professional Errors and Omissions Liability Coverage.

Please submit with the Advantage® Miscellaneous Professional Liability Application. Please complete in ink. A principal must sign both the supplement and the miscellaneous professional liability application.

This Application Is for a Claims-Made Insurance Policy. Instructions to the applicant:

- Please answer all questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered material to that evaluation.
- If a question is not applicable, state N/A. If more space is required, please attach a separate exhibit with the question number.
- Application must be signed and dated by an authorized person of the company.

1. Applicant Name: _____

2. Limits of Liability Requested:	Deductible (including claims expenses):
\$1mm / \$1 mm	\$ 5,000
\$2mm / \$2 mm	\$ 10,000
\$3mm / \$3mm	\$ 25,000
\$4mm / \$4mm	\$ 50,000
\$5mm/\$5mm	\$100,000
Other	Other

3. Is the applicant or any subsidiary, parent or other related organization or any officer, director or employee of the applicant or officer or employee of the applicant or any subsidiary engaged in any of the following?

Real Estate Development, Construction or Construction Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mortgage Brokerage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mortgage Banking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Opportunity Brokerage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Formation, management, organization or sales of group investments syndications including limited partnerships, general partnerships,		
Estate investment trusts or corporations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Agency or Brokerage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Property Inspection	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If answered yes to any of the above items, please provide a complete description of services provided and revenue derived from each specific activity on a separate sheet of paper.

4. Please detail:

Gross Revenue (Annual): If new, estimate income)	Prior Fiscal Year (actual)	Current Fiscal Year (estimated)	Annual Number of Transactions
Title Agent	\$	\$	
Escrow Agent/ Closer	\$	\$	
Abstractor / Searcher	\$	\$	
Witness Closer / Signing Agent	\$	\$	
Other (describe):	\$	\$	
Totals:	\$	\$	

5. Does any client represent more than 10% of the firm's annual gross income? Yes ☐ No ☐
 If yes, please identify the client and describe services performed and any relationship to client

6. Does the applicant ever have any direct or indirect beneficial ownership interest as a buyer or seller of real property? Yes ☐ No ☐

If answered "yes", please indicate the number of transactions in which the Applicant sells property in which any ownership interest is maintained, the percentage of ownership maintained by the Applicant in each property sold, and the total revenue derived from the sale of each property. If necessary, please provide your answers on a separate exhibit: _____. What quality control procedures are currently in place to assist in avoidance of potential self-dealing claims and provide the proper disclosures to all parties involved in the transaction where the Applicant maintains ownership interest in the property?

7. Firm's internal procedures, practices and risk management:

a. Does the firm have an in-house procedures manual? Yes ☐ No ☐

b. Does the firm have in-house training sessions? Yes ☐ No ☐

c. Does the principal broker have a specific training program for new sales associates? Yes ☐ No ☐

d. Does the firm use:

Standard real estate trade association purchase/sale contracts? Yes ☐ No ☐

Require all agents to perform a physical inspection of the property? Yes ☐ No ☐

All applicable state required disclosure forms? Yes ☐ No ☐

Standard file construction requirements? Yes ☐ No ☐

Closing document checklist? Yes ☐ No ☐

e. Does the firm employ legal counsel to review contracts, disclosures forms and handle compliance matters? Yes ☐ No ☐

8. List the Title Underwriters that the Applicant issues title policies for and the percentage of the Applicant's total revenue.

Title Underwriters	% of Applicant's Total Revenue
	%
	%
	%
	%
	%

9. Real Property Categories: Yes ☐ No ☐

a. What is the approximate breakdown of your gross revenue for the last twelve (12) months for the following categories or real estate?

Residential %

Commercial / Industrial %

Agricultural %

Oil / Gas %

Precious Metals / Minerals / Timber
(i.e. coal, gravel, etc.) %

Other (please describe): %

Total % (Must equal 100 %)

b. Does the Applicant perform 1031 tax deferred exchange services? Yes ☐ No ☐
As Escrow / Closing Agent only? _____% Yes ☐ No ☐
As Intermediary / Accommodator? _____% Yes ☐ No ☐

10. During the past two (2) years, have you handled disbursement of funds as construction progressed, or have you handled any periodic disbursement type escrows? Yes ☐ No ☐
If yes, please provide explanation including percentage of gross revenue emanating _____

11. When providing escrows/closings/settlements services, does the Applicant
Complete Only if Applicant Firm Performs The Closing or Escrow Service

a. Use software for all escrow, closing or settlement activities Yes ☐ No ☐
b. Require written approval or funding number on all settlement or most current HUD-1 statements prior to closing? Yes ☐ No ☐
c. Obtain a “gap” or “date shown” search on the chain of title and any liens on the property 24 hours prior to closing? Yes ☐ No ☐
d. Perform a “post-closing” title search and/or obtain filed documents to assure filing was made? Yes ☐ No ☐
e. Document and obtain signatures from all parties on any change/deviation to Escrow or Purchase Contracts? Yes ☐ No ☐
f. Follow lender instructions or, if not provided, have standard written procedures for closings and escrows? Yes ☐ No ☐
g. Conduct all closings with title insurance, title commitment, title opinion in hand -OR- use a written disclaimer or hold harmless as to the condition of the title? Yes ☐ No ☐

Signed: _____ Title: _____ Date: _____
Broker: _____
Address: _____

Claims Addendum for Title Agents, Abstractors and Escrow Agents Errors and Omissions Liability

Instructions:

This claims addendum is to be completed by the Applicant answering "Yes" to any of the application's Loss History questions. Please complete a separate claims addendum for each claim or incident. Answer all questions fully.

1. Applicant: _____

2. Describe the claim, the alleged wrongful act or omission and the event that led to the claim:

3. Provide:

a. Name of claimant(s): _____

b. Name of defendant(s): _____

c. Date of alleged wrongful act or omission: _____

d. Date of claim: _____

e. Date reported to Professional Liability insurer: _____

f. Name of Professional Liability insurer: _____

4. Present status of claim (check one): ☐ Open ☐ Closed

If Closed

Total loss, including Deductible \$ _____

Legal fees paid \$ _____

If Open

Claimant's demand \$ _____

Deductible \$ _____

Legal fees charged to date \$ _____

5. If open, details of the current status:

6. What loss prevention measures, if applicable have been taken to prevent a similar claim from recurring?

It Is Agreed That Any Claim(S) Arising From Any Facts, Circumstances, or Situations Mentioned Previously Are Excluded From Coverage.

Please have this claims addendum signed and dated by the same individual who signed and dated the application.

Applicant's Authorized Signature

Title

Date

Chubb. Insured.SM

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. Insurance provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. This document is advisory in nature and is offered as a resource to be used together with your professional insurance advisors in maintaining a loss prevention program. The material presented herein is not intended to provide legal or other expert advice as to any of the subjects mentioned, but rather is presented for general information only. No liabilities or warranties are assumed or provided by the information contained in this document.

Form 55-01-0079 (8/20)