

Legal Named Insured: _____

Proposed Effective Date: _____

APPLICATION CHECKLIST

- COMPLETED ONEBEACON GOVERNMENT RISKS APPLICATION**
- SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED**
- COPY OF OR LINK TO APPLICANT'S MOST RECENT BUDGET PROVIDED**
- VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS**
- STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT**
- VEHICLE SCHEDULES INCLUDES VEHICLE USAGE AND COST NEW**

I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PROPOSED INSURED

TITLE

DATE

SIGNATURE OF AGENT OR BROKER

TITLE

DATE