## Ownership Information

<table>
<thead>
<tr>
<th>Limited Liability Company: Member-Managed (List Members/Managers Below)</th>
<th>Limited Liability Company: Manager-Managed (List Managers Below)</th>
</tr>
</thead>
</table>

**DID YOU ACQUIRE THIS BUSINESS FROM ANOTHER OWNER?**

- **YES**
- **NO**

**NAME OF FORMER OWNER**

**EFFECTIVE DATE**

## Exempted Coverages

If you wish to elect coverage for any of these exempted coverages, please check the appropriate boxes below and we will mail you the appropriate forms. Exempted coverages are subject to approval. Upon receipt of the completed forms, the State Fund will review the information and notify you, in writing, of the effective coverage dates.

- Sole Proprietor
- Dependent Family Member or Spouse
- Household or Domestic Employee
- Casual Employment
- Person Working in Return for Aid or Sustenance Only
- Volunteer Worker
- School Amateur Athletic Event Officials
- Licensed Real Estate Broker or Salesperson
- Direct Home Seller of Consumer Products
- Officer or Manager of a Private, Non-Profit Irrigation Ditch Co. or Water Users Coop. Assoc., or Organization
- Newspaper Carrier
- Freelance Correspondent
- Contract, Licensed Barber or Cosmetologist
- Petroleum Land Professional
- Non-Resident
- Corporate Officer
- Partner
- LLC Member/Manager
- LLC Manager
- Ordained, Commissioned, or Licensed Minister

## Policy Types

### INSTALLMENT PREMIUM

Most policyholders pay premium in installments. The installment premium payments may be made quarterly, semi-annually, or annually. Monthly payments are available if the estimated annual premium qualifies. If you choose the monthly option, but do not qualify or if you do not choose an option, we will assign the quarterly payment option.

**INSTALLMENT PREMIUM PAYMENTS ARE DUE AS FOLLOWS; CHECK THE OPTION YOU PREFER:**

- **MONTHLY - The First of Each Month**
- **QUARTERLY - The First of July, October, January, and April**
- **SEMI-ANNUAL - The First of July and January**
- **ANNUAL - The First of July**

### DEPOSIT

The deposit system is available only to a limited number of policyholders.

**QUALIFICATIONS ARE:**

1. Those whose estimated annual premium is $50,000 or more, or
2. Those with seasonal operations and estimated annual premium of at least $5,000

- **Cash**
- **Surety Bond**
- **Certificate of Deposit**

## Signature

I hereby certify that I have completed this application form to the best of my ability. All the information provided herein is true and correct.

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**AUTHORIZED SIGNATURE**

**TITLE**

**DATE**