



VICTOR O.  
SCHINNERER  
& COMPANY, INC.

## TECHNOLOGY ERRORS AND OMISSIONS LIABILITY INSURANCE SUPPLEMENTAL APPLICATION ACCEPTANCE AND REPRESENTATION STATEMENT

1. National Casualty Company will use the information contained in \_\_\_\_\_ application in underwriting the applicant;
2. National Casualty Company will rely upon the truth and accuracy of the representations contained in said application;
3. National Casualty Company will rely upon the fact that statements and information contained in said application are true and accurate to the best of your present knowledge; and
4. Said application, along with this supplemental application, will be deemed attached to and incorporated into any policy National Casualty Company may issue pursuant to it.

### THE APPLICANT AND FIRM ACCEPT NOTICE THAT ANY POLICY WHICH MAY BE ISSUED WILL APPLY ON A "CLAIMS MADE AND REPORTED" BASIS.

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance has read and understands this supplemental application, and declares all statements set forth herein are true, complete and accurate.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

\_\_\_\_\_  
Signature and Title of Applicant (must be President or CEO)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

Agent Name: \_\_\_\_\_

Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents Only)**

Iowa Licensed Agent: \_\_\_\_\_

**(Applicable to Iowa Agents Only)**

Producer's Signature: \_\_\_\_\_

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

**(Applicable to New Hampshire Producers Only)**