

Signature Section
This section must be completed.

The Cincinnati Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The undersigned authorizes the release of claim information from any prior insurer to The Cincinnati Insurance Company. Signing this application does not bind the Applicant or The Cincinnati Insurance Company to complete the insurance.

PLEASE REVIEW CAREFULLY. Except to such extent as may be otherwise in the policy, the policy for which this application is being made is limited for ONLY CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE.

Applicant's Signature (President, Chairperson, or Equivalent Position)

Date

Printed Name

Title



Agent's Signature

5-15-18
Date

H-11 Marose Services LLC
Agency Name

Agency Code Number

Refer to the following page for the current version of ACORD 63 FRAUD STATEMENTS.