SOME THINGS TO REMEMBER WHEN COMPLETING YOUR CAROLINA CASUALTY APPLICATION

have to bother you with requests for additional information, so we have provided a checklist for your convenience. Note: No policy will be issued without employment practices liability coverage.
Please include the FULL legal name of the organization. Acronyms are not acceptable.
Please provide the physical location (street address) for your organization. The underwriting company will not issue a policy to $P.O.\ Box.$
Please remember to include your email address. We would like to communicate with you as much as possible via email. If there is no email address, please indicate such.
You do not need to complete the "Producer Information" section of the application.
Regarding question no. 10, please provide financial information for your most $\frac{\text{recent}}{\text{recent}}$ fiscal year end. Also, when we ask for "assets" we are asking for "total assets". As a helpful reminder, your fund balance would equal your total assets minus your total liabilities.
Regarding question no 16, if formal written policies and procedures have been implemented by your organization, we only need the Table of Contents page(s).
Please make sure you have answered every question in its entirety.
Have you provided details to all "yes" answers, when applicable, by attachment?
Has the application been signed and dated by the <u>chairperson</u> , <u>president</u> , <u>chief executive officer</u> or executive <u>director?</u> No exceptions!!
Return the completed application along with any required attachments to:
US Mail: The CIMA Companies, Inc., 2750 Killarney Drive, Suite 202, Woodbridge, VA, 22192-4124
Email: ajones@cimaworld.com
Fax: 703.778.7358
Thank you very much!