



APPLICATION WARRANTY

(all states except Delaware)

It is hereby agreed that the undersigned applicant listed below has submitted the attached application (hereinafter "Application") to Everest Indemnity Insurance Company (the "Company"), and that the undersigned declares that the statements set forth therein including all information, representations and warranties are true and accurate. By the signatures below, the undersigned understands and acknowledges that the Policy issued by the Company is issued based upon the Company's reliance on the representations contained in the Application. The undersigned acknowledges the truth and accuracy of the statements made therein, which are material to the risk accepted.

The undersigned applicant further warrants and represents that if the information and representations contained in the Application changes between the date of this Application and the effective date of the insurance, the undersigned or a designated representative of the undersigned will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing this document does not bind the undersigned or insurer to issue a policy.

In recognition of the fact that the Company is relying on the information contained in the Application in lieu of the applicant's completion of the Company's own application, the undersigned represents and warrants that should the Company ever assert or allege that the applicant misrepresented information in the application process, the undersigned will not assert that such claims of misrepresentation are barred, precluded or otherwise unsustainable based on the applicant's failure to complete and submit the Company's own application.

ALL FIELDS MUST BY ANSWERED IN FULL:

APPLICANT'S NAME:

Title:

Date:

Named Insured:

Mailing Address:

INSURANCE REPRESENTATIVE:

Name of Firm:

Mailing Address:

SUBMITTED APPLICATION DETAILS:

Name of Carrier on Submitted Application:

Name of Application Submitted:

Date Application Signed:

By signing this Application Warranty you agree to conduct electronic commerce and to accept an electronic policy and other documents issued by Everest. You may always request a written policy.

FRAUD WARNING: APPLICABLE TO APPLICANTS IN ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranties and representations on behalf of the applicant.

Signature of Applicant:

Date: