



NEW BUSINESS SECURITY APPLICATION – GENERAL LIABILITY AND EXCESS LIABILITY

APPLICANT			
1. Applicant			
2. Street Address			
Mailing Address (if different)			
If any Additional Locations, please provide additional worksheet.			
3. Web-Site Address			
4. Name of contact person for inspection/audit	Name	Telephone	
	Email		
5. Applicant is	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe):		
BUSINESS INFORMATION			
6. Years In Business under this name		Years of experience in this field	
Please describe duties of the Owner(s)			
Is Applicant involved in any other operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
Any other states of operations			
Is the Company a division of a larger corporation or a subsidiary?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Provide the names of Applicant's three largest clients and a description of your duties for them:			
EMPLOYEE SELECTION AND TRAINING			
8. Pre-employment Screening Procedure (check all if applicable):			
<input type="checkbox"/> Prior Employment Check <input type="checkbox"/> Personal Reference <input type="checkbox"/> Psychological Testing <input type="checkbox"/> Background Check			
<input type="checkbox"/> Drug Screening <input type="checkbox"/> MVR <input type="checkbox"/> Other:			
Training Program Includes (check all if applicable):			
<input type="checkbox"/> Written Manual <input type="checkbox"/> Report Writing <input type="checkbox"/> CPR <input type="checkbox"/> On the Job			
<input type="checkbox"/> Firearms <input type="checkbox"/> Use of Force <input type="checkbox"/> Powers of Arrest <input type="checkbox"/> Other:			
Trade Association Membership held?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you and all of your employees and/or subcontractors lawfully licensed in the jurisdictions in which you operate?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:			

GENERAL LIABILITY				
9. Coverage Limits Requested:	Occurrence	\$	Aggregate	\$
10. Deductible (Including LAE):				
11. Please list the Applicant's General / Professional Liability Insurance Coverage carried during the past five (5) years, including any periods without coverage. <input type="checkbox"/> check here if Applicant has no prior coverage)				
Name of Insurer	Policy Period	Limits of Liability	Deductible	Premium
12. Hired and Non-Owned Auto Coverage requested? (if yes, please complete Hired & Non-Owned Auto Section below)				<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Number of Supervisors	\$	Total Payroll	\$	
Describe duties performed:				
14. Number of Canines	Attended		Unattended	
How and where are canines used? Please describe breed and any drug or bomb sniffing activities:				
15. Do any of your officers use tasers in their operations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Any Golf Carts, All-Terrain Vehicles, Mules, or similar Off-Road Vehicles used in the business?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe type and use:				
17. Does Applicant perform any work at facilities where explosives are handled/stored, chemical plants, refineries, nuclear power plants, or similar hazardous occupancies?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe for whom and year done, or if you intend to perform such work:				
18. Does Applicant use any subcontractors?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What kind of work is subcontracted?				
Total Projected costs:			% of Total Work Subcontracted:	
Does Applicant use a written contract with all of your subcontractors? (if yes, please attach a copy)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant obtain Certificates of Insurance from all of your subcontractors?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you always added as an additional insured by your subcontractors?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, give a percentage:				
Indicate contractually required minimum liability insurance:				
EXCESS LIABILITY				
LIMITS OF EXCESS LIABILITY REQUESTED:				
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$7,000,000	<input type="checkbox"/> \$9,000,000
<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$6,000,000	<input type="checkbox"/> \$8,000,000	<input type="checkbox"/> \$10,000,000

PRIOR CARRIER INFORMATION					
CATEGORY	CURRENT TERM	1 ST PRIOR	2 ND PRIOR	3 RD PRIOR	4 TH PRIOR
CARRIER					
POLICY NUMBER					
EFF-EXP DATE					
PREMIUM					
LIST PRIMARY POLICIES TO BE CONSIDERED AS UNDERLYING INSURANCE (please indicate if N/A)					
TYPE	CARRIER POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	
AUTOMOBILE LIABILITY				CSL EA. ACC.	\$
				BI EA. ACC.	\$
				BI EA. PER.	\$
				PD EA. ACC.	\$
GENERAL LIABILITY				EACH OCCURANCE	\$
				GENERAL AGG	\$
				PROD & CO/OPS AGG	\$
				PERSONAL & ADV INJ	\$
				DAMAGES TO RENTED PREMISES	\$
EMPLOYERS' LIABILITY				EACH ACCIDENT	\$
				DISEASE EACH EMPLOYEE	\$
				DISEASE POLICY LIMIT	\$
EXPOSURES – EMPLOYERS' LIABILITY (If applicable)					
19. Is Applicant self-insured in any state?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list states:					
20. Please list states where operations are conducted, where any premises are maintained, or where employees are otherwise subject to Workers' Compensation Regulations:					
21. Subject to:			<input type="checkbox"/> Jones Act	<input type="checkbox"/> FELA	
EXPOSURES – AUTO LIABILITY (If applicable)					
22. Are explosives, caustics, flammables or other dangerous cargo hauled?					<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Any units not insured by underlying policies?					<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are any vehicles leased or rented to others?					<input type="checkbox"/> Yes <input type="checkbox"/> No
25. What is the Coverage Symbol for the Liability coverage under the Business/Commercial Auto policy?					<input type="checkbox"/> Yes <input type="checkbox"/> No

26. Do any employees use their personal vehicles for business purposes/company business?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
27. Does Applicant obtain and review driver MVRs before/during the hiring process?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
28. Does Applicant regularly check driver MVRs during their employment?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
VEHICLE								
TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	200 + MI
PRIVATE								
TRUCKS	LIGHT							
	MEDIUM							
	HEAVY							
	EX HEAVY							
TRUCKS/TRACTORS	HEAVY							
	EX HEAVY							
HIRED & NON-OWNED AUTO								
29. Does Applicant have a Business Auto Policy in force?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
30. Are there any drivers under the age of 21 or over the age of 70?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how many drive for business purposes or may commute to and from work sites?								
31. Do any employees use their own vehicle for company purposes, excluding commute to/from premises?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:								
32. Do any employees drive their own vehicle to and from any worksites?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe number of employees, average number of trips per day, and average distance traveled:								
33. Does Applicant verify that employee vehicles are in good working order and regularly maintained?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
34. Does Applicant collect and maintain Certificates of Personal Auto insurance from employees annually?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
35. What is the minimum limit of auto liability insurance you require your employees who use their personal vehicles for business purposes to carry?						\$		
36. Approximately what percentage of your time does Applicant's commercial vehicles travel:								
Within 50 miles:		Between 50-200 miles:		Over 200 miles:				
37. Driver Selection Criteria								
Does Applicant order MVRs for each employee pre-hire and annually?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is an MVR evaluation program in effect (please attach a copy)						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Applicant take disciplinary action for poor drivers?						<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECURITY GUARD OPERATIONS <small>If no Security Guard Operations, check here <input type="checkbox"/> and move to next page:</small>			
Annual Security Guard Payroll:	\$	Receipts:	\$
# of Full-Time Field Employees:		# of Part Time Field Employees:	
Independent Contractors - Cost	\$	Annual Number of Billed Hours	
# of Armed Guards:		# of Unarmed Guards:	
SECURITY GUARD OPERATIONS BREAKDOWN (Operations must equal 100%)			
Armored Car / Courier Services	%	Military Bases	%
Banks/Offices	%	Movie Theaters	%
Banquet Facilities / Bars / Lounges / Restaurants / Night Clubs /Gentlemen's Clubs	%	Multi-Tenant Commercial Use Buildings – Non-Retail	%
Cannabis Operations	%	Museums/Galleries	%
Car Dealerships	%	Parking Garages/Facilities	%
Casinos	%	Parks and Recreation	%
Churches/Houses of Worship	%	Public Transport/Airport/Seaport/Mass Transit Stations	%
Construction Sites	%	Residential Housing – Low Income or Subsidized	%
Convenience Stores / Liquor Stores	%	Residential Housing – Non Low Income	%
Conventions / Trade Shows	%	Schools	%
Courthouses	%	Shelters	%
Fast Food Establishments	%	Shopping Malls/Strip Malls/All Retail	%
Federal/Municipal buildings	%	Special Events	%
Fitness Clubs	%	Strike Work/Employee Termination Escort	%
High Profile Personal Protection	%	Traffic Control	%
Hospitals/Med Facilities /Labs/Abortion Clinics	%	Trucking Terminals	%
Hotels/Motels	%	TV or Movie Set Security	%
Industrial/Manufacturing Plants/Warehouses	%	Utility Facilities	%
Low Profile Personal Protection	%	Other:	%
1. Does Applicant use any subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What kind of work is subcontracted?			
Total Projected costs:		Percentage of Total Work Subcontracted:	%
Does Applicant use a written contract with all of your subcontractors? (if yes, please attach a copy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant obtain Certificates of Insurance from all of your subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you always added as an additional insured by your subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, give a percentage:			
Indicate contractually required minimum liability insurance:			

PRIVATE INVESTIGATION OPERATIONS <small>If no PI Operations, check here <input type="checkbox"/> and move to next page:</small>			
Annual Investigation Payroll:	\$	Receipts:	\$
# of Full-Time Field Employees:		# of Part Time Field Employees:	
Independent Contractors Cost:	\$	Annual # of Billed Hours:	
# of Armed Investigators:		# of Unarmed Investigators:	
PRIVATE INVESTIGATION OPERATIONS BREAKDOWN (Operations must equal 100%)			
Accident/Arson Investigation	%	Forensic Accounting Investigation	%
Accident/Arson Reconstruction	%	Genealogical Searches	%
Asset Searches	%	High Profile Personal Protection	%
Background / Pre-Employment Checks	%	Insurance/Legal/Litigation Investigations	%
Bail Bonding / Bounty Hunting	%	Kidnap & Ransom Investigation	%
Child / Child Custody / Missing Person Investigation	%	Low Profile Personal Protection	%
Credit Reporting / Record Checks	%	Matrimonial/Domestic Investigation	%
Criminal / Fraud Invest Incl Identity Theft	%	Mystery Shopping / Shoplifting Surveillance	%
Debugging	%	Polygraph Testing / Drug Testing	%
Eavesdropping	%	Process Service / Skip Tracing	%
Employee Surveillance / Workplace Infiltration	%	Sub-Rosa Investigation / Video Surveillance	%
Expert Witness Testimony	%	Other:	%
1. If the applicant conducts polygraph testing, has the applicant received their Polygraph Certification through the American Polygraph Association or American Polygraph Services?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant give notifications with background checks in compliance with the Fair Credit Reporting Act?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does Applicant use any subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What kind of work is subcontracted?			
Total Projected costs:	\$	Percentage of Total Work Subcontracted:	%
Does Applicant use a written contract with all of your subcontractors? (if yes, attach a copy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant obtain Certificates of Insurance from all of your subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you always added as an additional insured by your subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, give a percentage:	%		
Indicate contractually required minimum liability insurance:			

ALARM OPERATIONS If no Alarm Operations, check here ☐ and move to next page:

Annual Alarm Operation Payroll:	\$	Receipts:	\$
# of Full-Time Field Employees:		# of Part Time Field Employees:	
Independent Contractors Cost:	\$	Annual # of Billed Hours:	

OPERATIONS (Must equal 100%)

New Installation	%	Inspection	%
Retrofit Design	%	Other:	%
Service/Repair	%	TOTAL	100 %

MARKET SEGMENTS (Must equal 100%)

Commercial / Industrial	%	Habitational	%
Restaurants	%	Residential	%
Institutional	%	Computer Rooms	%
		TOTAL	100 %

ALARM SYSTEMS (Must equal 100%)

Fire/Burglar Alarms	%	Water Flow / Sprinkler Systems	%
Alarm Monitoring	%	Temperature Control	%
PERS Systems	%	Closed Circuit TV	%
Medical Emergency Pendants	%	Smart Home/ Theater/Intercom	%
Medication Reminder Service	%	Interior Tele-Com/Network	%
Medical Alarm Monitoring	%	Access Control/Card Key Entry	%
Carbon Monoxide Detection	%	Preconstruction Wiring/Conduit	%
Utility Monitoring	%	Other:	%
		TOTAL	100 %

4. Percent of customers under YOUR standard contract:		%
5. Do your Standard Contracts include Hold Harmless or Indemnification Language?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the contract include a Liquidated Damages amount?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the amount?		
7. Percent of customers under modified contracts or contracts of others		%
8. Monitoring Provider:	<input type="checkbox"/> Applicant <input type="checkbox"/> Other:	
9. Written contract with Monitoring Provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Total projected cost for subcontracted monitoring:		\$
11. Does Applicant provide security/patrol response to their customers if and when local Police/Fire/EMTs do not respond?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do any employees or subcontractors providing security response carry firearms?		<input type="checkbox"/> Yes <input type="checkbox"/> No

FIRE SUPPRESSION OPERATIONS If no Fire Suppression Operations, check here <input type="checkbox"/> and disregard section below:			
Annual Fire Suppression Payroll:	\$	Receipts:	\$
# of Full-Time Field Employees:		# of Part Time Field Employees:	
Independent Contractors Cost:	\$	Annual # of Billed Hours:	
OPERATIONS (Must equal 100%)			
New Installation	%	Inspection	%
Retrofit Design	%	Grease/Duct Cleaning	%
Service/Repair	%	Other:	%
		TOTAL	100 %
MARKET SEGMENTS (Must equal 100%)			
Commercial / Industrial	%	Habitational	%
Restaurants	%	Residential	%
Institutional	%	Computer Rooms	%
		TOTAL	100 %
FIRE SUPPRESSION SYSTEMS (Must equal 100%)			
Wet/Dry Sprinklers	%	Special Hazards	%
Foam/Chemical Systems	%	Portable Extinguishers	%
		TOTAL	100 %
13. Approximately what percentage of jobs use CPVC pipe?			%
Are all of your fitters trained on the various cure times for different size pipes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
14. If residential work is not currently done, please indicate the last year that residential work was done:			
15. Does Applicant install, service or repair fire suppression systems aboard aircrafts, automobiles, mobile equipment, boats?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:			
If No, Does Applicant anticipate performing such work in the future?			
16. Does Applicant fill any type of oxygen tanks?			<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does Applicant install systems in buildings over four (4) stories?			<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does Applicant manufacture any fire protection equipment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does Applicant sell any type of product including protective clothing or life support equipment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are you covered as Additional Insured under Vendors coverage by manufacturer?			<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD NOTICE

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE** ☐

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

* **ELECTRONIC SIGNATURE AND ACCEPTANCE** ☐

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.