

The information I have furnished on this form is complete and accurate. I understand that any false or inaccurate information may result in the sanctions outlined in my policy and administrative, civil and criminal sanctions under 18 U.S.C §1006 and 1014, 7 U.S.C. §1506, 31 U.S.C. §3729 and 3730 and other Federal statutes.

Insured's
Signature **22** _____ Date **23** _____

Licensed
Agent's
Signature **24** _____ Agent
Code **25** _____

REMARKS: **26**

SEE REVERSE SIDE OF FORM FOR COMPLIANCE STATEMENTS AND THE STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974

04-LGM-Market Report