

# Statement of Understanding and Responsibility

Regarding Information Provided on Insurance Application

Applicant Name (Applicant): \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Application ID (if applicable): \_\_\_\_\_

This statement will serve as an agreement between Applicant and MCIS Multichoice Insurance Services, LLC (agency) and as a guarantee to the Insurance Company in which applicant has submitted this application that all the information stated on the application was provided by applicant. Applicant agrees that all of the information is true to the best of my knowledge. Applicant has reviewed application thoroughly to ensure that all the information is correct prior to signing and dating it. Applicant will not hold agency responsible for any incorrect information or errors that may appear on the application. Applicant also request that the Insurance Company should not hold agency responsible for any incorrect information or errors that may appear on the application. Applicant accepts that applicant is fully responsible for all information provided on the application. Applicant has received the benefit summary of plan listed above and reviewed it thoroughly before submitting application. Applicant completely understands benefits and exclusions of this plan.

Signature: \_\_\_\_\_

Signer Name: \_\_\_\_\_

Date: \_\_\_\_\_