WORLD INSURANCE
P.O. Box 3160
Omaha, NE 68103-0160
(402) 496-8000

Important Notice About The Insurance For Which You Have Applied

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.
PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.

1. The insurance for which you have applied includes a binding arbitration provision. A copy of which is attached hereto.

2. The arbitration provision requires that any disagreement related to this coverage must be resolved by arbitration and not in a court of law.

3. In an arbitration, an arbitrator (not a judge), who is an independent, neutral party, gives a decision after hearing the position of the parties.

4. The results of an arbitration are final and binding on you and the insurance company and cannot be reviewed in court by a judge and jury, except as provided by the Federal Arbitration Act.

5. From the point in time and forward that you tender an application for consideration of insurance coverage, you agree to resolve any disagreement related to the application and/or the coverage by binding arbitration instead of a trial in court, including a trial by jury.

ACKNOWLEDGMENT OF ARBITRATION AND AGREEMENT TO ARBITRATE APPLICATION ISSUES

I have read and understand that I am voluntarily surrendering my right to have any dispute or disagreement between World Insurance Company and myself resolved in court. This means I am waiving my right to a trial by jury. I understand that in consideration of World Insurance Company's agreement to receive and review my application for insurance, I do hereby agree that any dispute or disagreement that arises between me and World Insurance Company that relates in any way to my application for insurance, the accuracy of information disclosed in my application for insurance, or the description or explanation of coverages afforded by the insurance applied for shall be resolved exclusively through binding arbitration according to the procedures set forth in the arbitration clause attached hereto. Additionally, I understand that upon receipt of the insurance, I should read the arbitration clause contained in this coverage and that I have the right to reject this coverage within three (3) days of the date of delivery if I do not want to accept the requirement for arbitration. I understand that this same type of insurance may be available through an insurance company that does not require that coverage related disagreements be resolved by binding arbitration.

Signature of Proposed Insured	*Signature of Agent*
Date *Time*	*Date* *Time*

Deliver the Original to the Applicant and
Attach a Copy to the Application for Insurance.