beazley

BEAZLEY ONE MANAGEMENT LIABILITY INSURANCE POLICY APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE UNDERWRITERS AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN THE END OF THE POLICY PERIOD, IN ACCORDANCE WITH THE REQUIREMENTS OF THE APPLICABLE EXTENSION PERIOD, OR 60 DAYS AFTER THE POLICY PERIOD EXPIRATION DATE IN THE CASE OF A CLAIM FIRST MADE DURING THE LAST 60 DAYS OF THE POLICY PERIOD. AMOUNTS INCURRED AS DEFENSE COSTS SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT(S) OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTIONS. THE UNDERWRITERS HAVE NO OBLIGATION TO PAY DEFENSE COSTS OR ANY SETTLEMENTS OR JUDGMENTS ONCE THE APPLICABLE LIMIT OF LIABILITY IS EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

NOTICE TO NEW YORK APPLICANTS: THE POLICY FOR WHICH THIS APPLICATION IS MADE, IS A CLAIMS MADE POLICY. UPON TERMINATION OF COVERAGE FOR ANY REASON, A 60-DAY AUTOMATIC EXTENSION PERIOD WILL APPLY. FOR AN ADDITIONAL PREMIUM, AN OPTIONAL EXTENSION PERIOD CAN BE PURCHASED AS INDICATED IN ITEM 7. OF THE DECLARATIONS. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY ONLY APPLIES TO CLAIMS FIRST MADE DURING THE POLICY PERIOD, THE AUTOMATIC EXTENSION PERIOD OR, IF APPLICABLE, THE OPTIONAL EXTENSION PERIOD. NO COVERAGE EXISTS FOR CLAIMS MADE AFTER THE END OF THE POLICY PERIOD AND THE AUTOMATIC EXTENSION PERIOD UNLESS, AND TO THE EXTENT, THE OPTIONAL EXTENSION PERIOD APPLIES. NO COVERAGE WILL EXIST AFTER THE EXPIRATION OF THE AUTOMATIC EXTENSION PERIOD OR, IF PURCHASED, THE OPTIONAL EXTENSION PERIOD, WHICH MAY RESULT IN A POTENTIAL COVERAGE GAP IF PRIOR ACTS COVERAGE IS NOT SUBSEQUENTLY PROVIDED BY ANOTHER INSURER. DURING THE FIRST SEVERAL YEARS OF A CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY. THE UNDERWRITERS ARE NOT OBLIGATED TO PAY ANY LOSS AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED BY PAYMENT OF LOSS. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS AND DEFENSE COSTS SHALL BE APPLIED TO THE RETENTION. THE UNDERWRITERS HAVE NO OBLIGATION TO PAY DEFENSE COSTS OR ANY SETTLEMENTS OR JUDGMENTS ONCE THE APPLICABLE LIMIT OF LIABILITY IS EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

NOTICE TO MINNESOTA APPLICANTS: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD PROVIDED SUCH CLAIM IS REPORTED TO THE UNDERWRITERS OR THE UNDERWRITERS' AGENT OR BROKER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN THE END OF THE POLICY PERIOD, IN ACCORDANCE WITH THE REQUIREMENTS OF THE OPTIONAL EXTENSION PERIOD, OR 60 DAYS AFTER THE POLICY PERIOD EXPIRATION DATE IN THE CASE OF A CLAIM FIRST MADE DURING THE LAST 60 DAYS OF THE POLICY PERIOD. THIS MEANS THAT ONLY CLAIMS ACTUALLY MADE DURING THE POLICY PERIOD ARE COVERED UNLESS COVERAGE FOR AN OPTIONAL EXTENSION PERIOD IS PURCHASED. IF AN OPTIONAL EXTENSION PERIOD IS NOT MADE AVAILABLE TO YOU, YOU RISK HAVING GAPS IN COVERAGE WHEN SWITCHING FROM ONE COMPANY TO ANOTHER. MOREOVER, EVEN IF SUCH A REPORTING PERIOD IS MADE AVAILABLE TO YOU, YOU MAY STILL BE PERSONALLY LIABLE FOR CLAIMS REPORTED AFTER THE PERIOD EXPIRES. CLAIMS MADE POLICIES MAY NOT PROVIDE COVERAGE FOR WRONGFUL ACTS COMMITTED BEFORE A FIXED RETROACTIVE DATE. RATES FOR CLAIMS MADE POLICIES ARE DISCOUNTED IN THE EARLY YEARS OF A POLICY, BUT INCREASE STEADILY OVER TIME. AMOUNTS INCURRED AS DEFENSE COSTS SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS. PLEASE READ THIS POLICY CAREFULLY.

Please fully answer all questions and submit all requested information. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker. This **Application**, including all materials submitted herewith, shall be held in confidence.

I. ORGANIZATIONAL INFORMATION:

Applicant Name:		Years in Business	
Principal Address:			
Primary Business Activity:		SIC Code/NAICS Code	
Business Organization: Corporation___ Partnership ___ Limited Liability Corporation ___ Other ___			

If Applicant is a subsidiary of another company, please provide the name of the Parent Company:
_____

FINANCIAL DATA:

Total Assets: $	Current Assets: $	Annual Revenues: $
Total Liabilities: $	Current Liabilities: $	Net income/loss: $
Negative cash flow? Yes ☐ No ☐	If yes, how much? $	Debt:

Has the Applicant received a going concern opinion from an auditor? Yes ☐ No ☐

II. COVERAGE REQUESTED/OTHER INSURANCE INFORMATION:

	D&O	EPL	Fiduciary	E&O	Fidel/Crime
Current:					
Limit/Retention					
Premium					
Insurer					
Policy Period					
Requested:					
Limit/Retention					
Effective Date					

APPLICANTS IN MISSOURI: DO NOT ANSWER THE FOLLOWING QUESTION.
Have any of the Applicant's current liability insurers indicated intent not to offer renewal terms? ☐ Yes ☐ No
If Yes, please attach details.

III. EMPLOYMENT PRACTICES LIABILITY COVERAGE *Please complete only if applying for this coverage:*

A. Does the Applicant have a full time Human Resources Department Manager? ☐ Yes ☐ No
Human Resources Manager contact information:

Name:	Phone:	Email:

B. Total number of **Employees** of Applicant including all **Subsidiaries** and all leased and seasonal employees and independent contractors:

	Current Year	1 Year Ago
Full Time:		
Part Time:		
Seasonal:		
Independent contractors:		
Temporary employees:		
Terminated: (involuntary)		
Resigned: (voluntary)		
Layoffs:		

C. How many employees are union members? _____

D. Number of employees that are in the following salary ranges (salary includes bonuses and commissions):

$50,000 or less:	$100,000 - $250,000:
$50,000 - $100,000:	$250,000 and above:

E. Locations of Applicant by state or country (if foreign) and number of employees for each (attach schedule if necessary):

State or Country	# of Employees	# of locations		State or Country	# of Employees	# of locations

F. Does the Applicant have an employee handbook? ☐ Yes ☐ No

1. Has the handbook been reviewed by legal counsel in the past 5 years? ☐ Yes ☐ No
2. Does the handbook include or does Applicant have written policies and procedures for:
   - a. Equal Opportunity Employment/Anti-discrimination ☐ Yes ☐ No
   - b. Employment "at will" ☐ Yes ☐ No
   - c. Anti-sexual harassment/Handling complaints of sexual harassment and other discrimination ☐ Yes ☐ No
   - d. Handling other employee grievances or complaints ☐ Yes ☐ No
   - e. ADA accommodations ☐ Yes ☐ No
3. Does the Applicant:
   - a. Review all terminations with human resources or legal counsel? ☐ Yes ☐ No
   - b. Provide training for anti-discrimination or anti-sexual harassment and other written policies? ☐ Yes ☐ No
   - c. Use severance pay/releases for terminations? ☐ Yes ☐ No
   - d. Provide written performance evaluations? ☐ Yes ☐ No

G. Is the Applicant in compliance with Title III of the American with Disabilities Act (building and premises requirements)? ☐ Yes ☐ No

H. Is the Applicant a Federal Contractor? ☐ Yes ☐ No

1. If Yes, does Applicant have an Affirmative Action Plan? ☐ Yes ☐ No
2. Has the Applicant been the subject of an OFCCP audit? ☐ Yes ☐ No

If Yes, please attach details.

I. Has the Applicant acquired any companies in the past two (2) years? ☐ Yes ☐ No

J. With respect to acquired companies, were any employees or officers terminated or do you plan in the next twelve

(12) months to terminate any employees or officers? ☐ Yes ☐ No

If so, how many? _____

K. Does the Applicant contemplate in the next twelve (12) months any employee layoffs, including anything resulting from a branch, location, facility, office or subsidiary closing or consolidation? ☐ Yes ☐ No

L. If during the next twelve (12) months, circumstances of which you are currently unaware make it necessary for you to decrease the number of your Employees by ten percent (10%) or five (5) employees, whichever is greater, through the reorganization, restructuring, reduction in force, downsizing of operations or closure of one or more plants or places of business, do you agree that you will consult with and follow the recommendation of legal counsel experienced in employment law prior to any such downsizing, reorganization, restructuring, reduction in force, change in number of Employees, or closure of one or more plants or places of business operations?
☐ Yes ☐ No

IV. DIRECTORS AND OFFICERS COVERAGE *Please complete only if applying for this coverage:*

A. Please list all subsidiaries including ownership by percentage:

Subsidiary Name	Applicant's Ownership Percentage
	%
	%

Attach additional page if necessary.

B. Is the Applicant a party to any joint venture arrangements or partnership agreements? ☐ Yes ☐ No
If Yes, please attach details.

C. Shareholder Information:

Total Number of Shareholders:			
Director/Officer Shareholders:	% Voting Shares Owned:	Other Shareholders owning 5% or more:	% Voting Shares Owned:

D. How many employed lawyers (in-house counsel) does the Applicant employ? _____

E. Has Applicant within the past twelve months completed or agreed to, or does it contemplate in the next twelve months, any of the following:

1. A merger, acquisition, creation, divestiture, or tender offer of or for any entity, plant, office, subsidiary, branch or division? Next 12 months? ☐Yes ☐ No Past 24 months? ☐Yes ☐ No
2. Sale, distribution or divestiture of any assets or stock other than in the ordinary course of business? Next 12 months? ☐Yes ☐ No Past 12 months? ☐Yes ☐ No
3. Reorganization or arrangement with creditors under federal or state law?

Next 12 months? ☐Yes ☐ No Past 12 months? ☐Yes ☐ No
4. Any registration for a public offering or private placement of securities or share repurchase? If Yes, please attach a copy of the Prospectus or other documents. Next 12 months? ☐Yes ☐ No Past 12 months? ☐Yes ☐ No
5. Has the Applicant had any breach or violation of any debt covenant or loan agreement or any other material contractual obligation? Next 12 months? ☐Yes ☐ No Past 12 months? ☐Yes ☐ No
6. Has the ownership of the Applicant changed in the past year or does the Applicant anticipate a change in ownership? Next 12 months? ☐Yes ☐ No Past 12 months? ☐Yes ☐ No
7. Has there been any change in the board of directors or senior management? Next 12 months? ☐Yes ☐ No Past 12 months? ☐Yes ☐ No

V. FIDUCIARY LIABILITY INSURANCE COVERAGE *Please complete only if applying for this coverage:*

Benefits Manager or Plan Administrator:	Phone:	e-mail:

A. List all **Plans** for which coverage is requested:

Plan Name	Total Assets	Number of Participants	Type of **Plan***	Check if the **Plan** is not a Qualified **Plan**	Check only if the **Plan** has Investments in Employer Securities	Check only if this is not a single employer **Plan**
				☐ Not Qualified	☐	☐ Multiemployer
				☐ Not Qualified	☐	☐ Multiemployer
				☐ Not Qualified	☐	☐ Multiemployer

*W = Welfare Benefit, DC = Defined Contribution, DB = Defined Benefit, ESOP= Employee Stock ownership Plan, O = Other

☐ Indicate if additional **Plans** are listed on an attachment.

B. Are **Plan** assets managed by an independent investment manager? ☐ Yes ☐ No
If No, attach details of investment procedures.

1. How often is the investment manager's performance reviewed? _____
2. Does any **Plan** employ the investment, trustee, actuarial, legal, administrative or benefits consulting services of any outside provider(s)? ☐ Yes ☐ No

If Yes, attach the name(s) of the organization(s), the service(s) they provide and the **Plan(s)** for which services are provided.

C. Has any **Plan** experienced an event reportable to the PBGC or been the subject of in investigation by the DOL, the IRS or any similar foreign agency in the last three years? ☐Yes ☐No
If Yes, please attach details.

D. Do all **Plans** conform to the provisions of **ERISA** including those regarding eligibility, investments and vesting? ☐ Yes ☐No

E. Are all **Plans** reviewed periodically to ensure there are no violations of **ERISA's** rules on party-in-interest or prohibited transactions? ☐ Yes ☐No

F. In the past two years, has there been any amendment(s) to any **Plan** that has resulted in or may result in any change or reduction of **Benefits** or are any such amendments contemplated? ☐Yes ☐ No
If Yes, attach details of the amendment(s).

G. Has any **Plan** or portion of any **Plan** been sold, transferred or terminated? ☐ Yes ☐ No
If Yes, attach the date of sale or termination, whether assets have been fully distributed or reverted to a party other than the **Plan** participants and name of annuity provider if **Benefits** have been secured by annuities and whether the Department of Labor has approved such termination.

H. In the last 24 months, has there been, or is there now under consideration, any merger, acquisition, restructuring or consolidation of or by the Applicant or any of its **Subsidiaries** that has resulted in or may result in **Plan** participants transferring to another **Plan**, company or **Subsidiary** or any merger or termination of a **Plan**? ☐ Yes ☐No

If Yes, attach complete details.

I. Defined Benefit **Plan** Funding:

1. Has an actuary certified that all **Plans** are adequately funded in accordance with **ERISA** or any applicable similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world? ☐Yes ☐No
If No, attach complete details including plans for bringing funding to adequate levels.

2. Has any **Plan** received an adverse opinion as to its financial condition by an independent public accountant? ☐Yes ☐ No

If yes, please attach audit.

3. Are there any overdue employer contributions for any **Plan** or has a waiver of contributions been requested? ☐Yes ☐ No
If Yes, attach complete details including the **Plan** name and the amount of any overdue employer contributions for each such **Plan.**

4. Has the Applicant converted any Defined Benefit **Plan** to a cash balance **Plan** within the previous five (5) years or have plans to do so within the next twelve (12) months? ☐ Yes ☐ No
If Yes, attach complete details including the date of conversion.

5. Please provide percentage of the plan that is funded: _____

J. Is there **ERISA** fidelity bond coverage currently in force with respect to any **Plan**? ☐Yes ☐No
If Yes, provide details below:

Insurer:	Expiration Date:
Limit of Liability:	Premium:

VI. PRIVACY EXTENSION ENHANCEMENT:

A. Do you restrict employee access to employees' personal information such as social security numbers, account information and health care information? ☐ Yes ☐ No

B. Are you aware of any actual or alleged fact, circumstance, situation, error or omission or issue which might give rise to a claim against you for invasion or interference with rights of privacy, wrongful disclosure or personal information, or which might otherwise result in a claim against you with regard to the insurance sought? If yes, please give details. ☐ Yes ☐ No

VII. LOSS HISTORY:

A. Employment Practices Liability:

1. Have any civil or criminal charges, claims, losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years which could fall within the scope of this proposed insurance, whether or not insured, including without limitation any claim involving (a) employees or independent contractors; (b) class action suits or (c) investigations by the Department of Labor, or similar state or foreign agency? ☐ Yes ☐ No

2. Have any losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years alleging violation of any **Wage and Hour Law**? ☐ Yes ☐ No

B. Third Party Liability:

Has the Applicant or its predecessors ever received a complaint, formal or informal, from a non-employee, such as a customer, client, or prospective customer or client complaining about discrimination or harassment by the Applicant or any employee of the Applicant?

☐ Yes ☐ No

C. Private Company Liability:

Have any civil or criminal charges, claims, losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years which could fall within the scope of this proposed insurance, whether or not insured, including without limitation any claim involving: (a) alleged state or federal copyright, patent, antitrust, fair trade, or securities violations; (b) class actions or derivative suits; or (c) investigations by the SEC, the Department of Labor, or similar state or foreign agency?

☐ Yes ☐ No

D. Fiduciary Liability:

1. Have any civil or criminal charges, claims, losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years which could fall within the scope of this proposed insurance, whether or not insured? ☐Yes ☐ No

2. Has any **Plan** ever participated in a voluntary compliance program administered by the IRS or the DOL and has there been any assessment of IRS Closing Agreement Program (CAP) penalties against any **Plan**?

☐ Yes ☐ No

E. Privacy:

Have any civil or criminal charges, claims, losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person for invasion or interference with rights of privacy, wrongful disclosure or personal information during the past five (5) years which could fall within the scope of this proposed insurance? ☐ Yes ☐ No

*If Yes to any question in **Loss History** above, please provide details for each including, as applicable, the type of claim, proceeding or complaint; how it was resolved or whether it is still pending, any amounts paid as defense, settlement or damages and whether any insurance responded to the claim as well as any corrective actions taken as a result of or in response to the claim.*

VIII. REPRESENTATION:

As of the date of this Application, does any Applicant, director, officer or other proposed **Insured** have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a claim under this proposed insurance? ☐ Yes ☐ No

If Yes, please provide details.

It is agreed that any **Claim** based upon or arising out of any claim or fact, circumstance, situation, event or transaction which was or should have been disclosed in the **Representation** above is excluded from coverage under the proposed insurance.

IV. ATTACHMENTS:

Attach the following materials regarding the Applicant:

Latest audited financial statement;

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE AND MAINE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

I UNDERSTAND AND AGREE THESE INVESTIGATIONS SHALL NOT BE CONFINED TO INFORMATION SUBMITTED IN THIS APPLICATION, BUT SHALL INCLUDE ANY OTHER SOURCES OF INFORMATION DEEMED RELEVANT BY THE COMPANY AS MAY BE AUTHORIZED BY LAW.

APPLICANT AND ALL OWNERS, EMPLOYEES, AND CONTRACTORS ARE LICENSED OR DULY AUTHORIZED IN ALL STATES OR JURISDICTIONS WHERE PROFESSIONAL SERVICES ARE PROVIDED. APPLICANT ATTESTS TO THE TRUTH OF ALL ANSWERS TO THE ABOVE QUESTIONS, AND THAT APPLICANT HAS NOT WITHHELD ANY INFORMATION WHICH IS CALCULATED TO INFLUENCE THE JUDGMENT OF THE INSURANCE COMPANY IN CONSIDERING THIS APPLICATION.

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND 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 AGENT THEREOF, ANY WRITTEN 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 MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A 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 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 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 KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS ($5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Signed: _____ Date:_____

Print Name:_____ Title: _____
(Owner, Partner, Authorized Officer)

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Printed Name:_____ Florida Agent's License Number:_____

Agent's Signature:_____