



ENDURANCE PREMIER PROFESSIONAL LIABILITY AND NETWORK RISK INSURANCE

This is an Application for a claims made and reported policy. Please read the entire Application carefully before signing. Please answer all questions and attach all requested materials including the following:

- Descriptive or promotional brochures, marketing materials or literature
- Standard contracts or engagement letters used with clients, independent contractors and subcontractors
- Latest fiscal year end and current interim financial statements for all entities proposed for coverage

APPLICANT INFORMATION

1. Name of Applicant: _____
2. Year Established: _____
3. Business Address: _____
4. City, State, Zip: _____
5. Business Phone: _____
6. Business Website Addresses: _____
7. Nature of Applicant's Business: _____
8. Professional organizations to which Applicant belongs: _____
9. Staffing:

Principals, partners, directors and officers	_____
Full time employees (excluding above)	_____
Independent contractors performing services on your behalf	_____
Total	_____

10. Applicant is: Corporation LLC Partnership Other: _____
 - a. Is the Applicant owned or controlled by, or affiliated with, any other entity? Yes No
 - b. Has the name of the Applicant ever been changed? Yes No
 - c. Is the Applicant a franchisee or franchisor? Yes No
 - d. Are there any branch offices or additional locations? Yes No
 - e. Does Applicant have any businesses outside the US and Canada? Yes No

 - i. Is the Applicant a successor-in-interest to any predecessor firm or has the Applicant ever been involved in any merger, acquisition, consolidation, divestiture, bankruptcy or dissolution? Yes No

 - ii. In the next 12 months, does the Applicant have any plans for any merger, acquisition, consolidation, divestiture, bankruptcy, dissolution, or creation of a new business, subsidiary or division? Yes No

If the response to any part of Question 10 is "Yes," please attach complete details.

11. Please provide the total gross revenue for each of the past two fiscal years and for the next 12 months.

<u>Fiscal Year End (Month/Year)</u>	<u>United States Revenue</u>	<u>Foreign Revenue</u>	<u>Total Revenue</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

12. Please provide the following information for all subsidiaries for which coverage is desired.

Name of Subsidiary	Location	Nature of Business	Applicant's % of Ownership

PROFESSIONAL ACTIVITIES

13. Professional Services (excluding Technology Services). Please describe in detail the nature and type of services the Applicant is engaged in and any products developed, manufactured, licensed or sold and the percentage of revenue derived from each:

Service / Product	% of Revenue
	%
	%
	%
	%
TOTAL	100%

14. Technology and Internet Services. Please indicate the Technology Services provided by the Applicant and percentage of revenue derived from each:

Technology Services	% of Revenue
Application Service Provider	%
Hardware or Component Manufacturing	%
Electronic Data Processing	%
Helpdesk Services	%
Internet Service Provider	%
Managed Services Provider	%
Online Marketing and Advertising	%
Online Broadcasting	%
Search Engine Optimization	%
Social Networking/User Generated Content	%
Software Design/Development	%
Software Game Development	%
Information Technology Consulting	%
Systems Integration	%
Value Added Reseller	%
Website Design/Development/Hosting	%
Other (please describe):	%
TOTAL	100%

Internet Services	% of Revenue
Electronic publishing, marketing dissemination, or distribution of original works	%
Advertising the products or services of other companies for a fee	%
Buying or selling of goods, products or services	%
Collection or transmission of sensitive financial information	%
Legal or financial advice	%
Medical or health advice	%
Other personal advice services such as counseling	%
Website services or products to international customers/subscribers	%
Auction, exchange, or hub services	%
Files for download	%
Blog on your website	%
Gambling or adult entertainment services	%
TOTAL	100%

15. During the past 5 years or within the next 12 months, has the Applicant been engaged in, or plan to engage in, any services or business activity other than those indicated in Question 13 and 14 above? Yes No

If “Yes,” please attach complete details including a description of the service or business activity and gross revenues derived/to be derived from the service or business activity for the past 12 months and projected 12 months.

16. Please indicate if any of the services or products provided by the Applicant fall into any of the following categories:
- a. Aerospace equipment, aircraft guidance systems, or ground transport systems: Yes No
 - b. Medical equipment: Yes No
 - c. Process control, monitoring, industrial equipment/systems, or robotics: Yes No
 - d. Pollution control or environmental monitoring equipment/systems: Yes No
 - e. Emergency (911) services, FEMA, or Immigration and National Border Security services: Yes No

If the response to any part of Question 16 is “Yes,” please attach complete details.

17. What percentage of revenue is subcontracted out to others? _____%
18. Services generally performed by subcontractors: _____
19. Describe your requirements for subcontractors, independent contractors and third party vendors to provide evidence of errors and omissions liability coverage: _____
20. Do subcontractor contracts have hold harmless/indemnity agreements benefiting the Applicant?: Yes No

21. Complete the following for the five largest clients:

Client Name	Professional Services Provided	Annual Revenue Derived
		\$
		\$
		\$
		\$
		\$

RISK MANAGEMENT

(complete this section only if Professional Services, Technology and Media Liability coverage is required)

22. Please describe your procedures for handling customer complaints or requests for corrections including complaint escalation processes. Please include those complaints and requests resulting from quality, performance or errors in your activities, products and services.

23. Is there a formal quality control or quality assurance program in effect? Yes No N/A
24. Are all customized services or products tested to ensure they comply with the customer’s specifications before they are delivered? Yes No N/A
25. Are all customers for which the Applicant provides customized services or products required to acknowledge, in writing, final acceptance of such services or products? Yes No N/A
26. Are all packaged software or programs designed or developed tested to ensure they comply with all representations made? Yes No N/A
27. Do you have procedures to safeguard against copyright infringement arising out of systems and/or software designed, developed or modified by you? Yes No N/A
28. Written contracts are used with clients: Always Sometimes Never
 What percentage of the time they are used? _____%

What is the percentage of your customer contracts which contain deviations from your standard provisions? _____%

Are all written contracts including modification from the standard contracts always reviewed and approved by legal counsel before they are entered into? Yes No N/A

29. Does your standard contract contain the following provisions for your benefit:
- a. Limitation of liability Yes No
 - b. Hold harmless or indemnity agreements Yes No
 - c. Disclaimer of warranties Yes No

CONTENT

(complete this section only if Professional Services, Technology and Media Liability coverage is required)

30. What steps are taken to ensure the Applicant's website addresses and domain name(s) do not infringe on the intellectual property rights of others?

31. Indicate the percentage of content on your website(s) or in other material which is printed, broadcast, published or distributed by you or on your behalf that is:

- a. Your original content _____%
- b. Original content created by other (third parties) for you _____%
- c. Previously published, released or archived content published by you and/or retrievable by you _____%

32. Do you have a formal process for obtaining the necessary rights, licenses, releases and consents applicable to the content designated in Question 31 above? Yes No
If "Yes," please describe on a separate sheet.

33. Do you require contractual indemnification for claims arising out of the use of content provided by third parties? Yes No

34. Do you have a formal written procedure for identifying, editing or removing controversial, offensive, and potentially defamatory or infringing content from material distributed, broadcast, posted on a website, or published by you or by someone on your behalf? Yes No

35. Do you have procedures for licensing the downloading of content, including music and software? Yes No N/A

36. Do you allow user-generated content including but not limited to content in comments sections or blogs posted on your websites or websites under your control? Yes No

If "Yes," do you exercise editorial control over content posted on these areas of your website(s)? Yes No

Please provide a copy of all user agreements that you require and your user privacy policy.

PRIVACY

37. What kind of third party data do you store or process, including information gathered from your website(s)? (Check all that apply)

- Medical Record or Personal Health Information (PHI)
- Social Security Numbers
- Financial Data, Bank Records, or Investment Data
- Intellectual Property Assets
- Other (please describe) _____
- Customer Information
- Driver's License Number
- Trade Secrets
- Credit or Debit Card Information
- Employee Information

38. Do you have written procedures in place to protect, or provide training for the protection of, the Personally Identifiable Information (PII) and confidential information of clients and prospective clients? Yes No N/A

39. Does your website content or software include any cookies, adware or similar technology for the collection of user information? Yes No
40. Does your organization sell or share individual subscriber or user identifiable information with other internal or external entities?
If "Yes," do you obtain consent? Yes No N/A
 Yes No
41. Do you have a privacy disclosure statement on your website? Yes No
42. Does your firm have written procedures in place to comply with federal, state, or local statutes and regulations governing the handling and/or disclosure of Personally Identifiable Information (PII)? Yes No
43. In the past three years were you required to notify a customer, client or employee that their confidential or personal information was subject to a breach of privacy? Yes No

If "Yes," please describe:

NETWORK SECURITY

44. Does your Firm have a written information security policy? Yes No
45. Please check all from the following list that are currently being utilized in your security system and/or plan:
- | | |
|--|--|
| <input type="checkbox"/> Security firewall | <input type="checkbox"/> Continuous implementation of vendor security patches |
| <input type="checkbox"/> Secure remote access | <input type="checkbox"/> Identification, authentication and integrity protocols |
| <input type="checkbox"/> Encryption devices | <input type="checkbox"/> Computerized intrusion detection |
| <input type="checkbox"/> Password protection | <input type="checkbox"/> Periodic security audits from third parties |
| <input type="checkbox"/> Antivirus scanning | <input type="checkbox"/> Formal access termination for exiting employees |
| <input type="checkbox"/> Penetration testing | <input type="checkbox"/> Continuous monitoring of security alerts from organizations |
| <input type="checkbox"/> Encryption of stored data | <input type="checkbox"/> Encryption of data in transmission |
46. Does your company have physical security controls in place to control access to your computer systems? Yes No
47. Are your systems backed up on a daily (or more regular) basis?
If not, how often are systems backed up? _____ Yes No
48. Are data recovery and restoration procedures tested?
If "Yes," how often? _____ Yes No
49. Do you transact business utilizing debit, credit, pre-paid, ATM, POS or similar transaction methods? Yes No
50. Is your company subject to the Payment Card Industry (PCI) Security Standards?
If "Yes," are you currently compliant? Yes No
 Yes No
51. Does your company have an information security incident response plan for network intrusion and virus incidents? Yes No
52. Do you have a disaster recovery and business continuity plan?
If "Yes," is it: Formalized? Tested? Yes No
53. Does your company have a person or group responsible for information security? Yes No
54. Does your company outsource any aspect of:
- a. its computer system/network (i.e., hosting, backup site, etc.) Yes No

b. its information security (i.e., intrusion, detection, firewall, etc.) Yes No

If "Yes" to either, please identify the principal vendor(s): _____

55. Do you require your subcontractors, independent contractors and third party vendors who have access to sensitive or confidential information to provide evidence of network security and privacy liability coverage? Yes No N/A

56. Does your company have a program in place to periodically test security controls? Yes No

57. Within the past twelve months, has your company undergone any information security or privacy compliance evaluation? Yes No

If "Yes," please identify the type of evaluation, when it took place, and whether your company was found to be in compliance:

58. In the past three years, have you experienced any computer network/system or data security breaches? Yes No

If "Yes," please explain and identify the steps taken to prevent similar future security breaches:

PRIOR AND CURRENT INSURANCE

59. List all professional liability insurance carried for each of the past three years.

Insurance Company	Limit	SIR	Premium	Policy Period

If none, the reason for the present insurance inquiry is:

60. Retroactive Date on current policy: _____

61. Prior and pending litigation date on current policy or, if none, date of first E&O policy: _____

62. Has the Applicant had any Professional Liability Insurance declined, cancelled or non-renewed within the past three years? Yes No

If "Yes," please attach complete details.

REQUESTED COVERAGE

63. Effective Date Requested: _____

Coverage Part	Coverage Desired	Limit
Professional Services, Technology and Media Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Network Security and Privacy Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Privacy Breach Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Business Income Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Contingent Business Income Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Digital Asset Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cyber Extortion Threat	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

64. Self-Insured Retention Desired (each claim): \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Other \$ _____

65. Additional coverage requests – Please describe _____

CLAIMS EXPERIENCE

66. Have any claims, suits or proceedings (including without limitation: any shareholder action or derivative suit; or any civil, criminal, or regulatory action, or any complaint, investigation or proceeding related thereto) been made during the past five years against: (a) the Applicant; (b) its predecessors in business; (c) any subsidiary or affiliate of the Applicant; (d) any other entity proposed for coverage; or (e) any past or present principal, partner, managing member, director, officer, employee, leased employee or independent contractor of the Applicant, its predecessors in business, any subsidiary or affiliate of the Applicant or any other entity proposed for coverage?

Yes No

67. Has Applicant had any computer or data security incidents during the past five (5) years, including any unauthorized access, intrusion, breach, compromise or use of the Applicant's computer systems, including theft of money, proprietary information, or confidential customer information, denial of service, electronic vandalism or sabotage, computer virus or other computer incidents? Yes No

If Yes, please describe:

68. Over the past five years, has the Applicant experienced a security breach that required notification of customers or other third parties? Yes No

If Yes, please describe:

69. Is the Applicant (after diligent inquiry of each principal, partner, managing member, director or officer) aware of any fact, circumstance, incident, situation, or accident (including without limitation: any shareholder action or derivative suit; or any civil, criminal, or regulatory action, or any complaint, investigation or proceeding related thereto) that may result in a claim being made against: (a) the Applicant; (b) its predecessors in business; (c) any subsidiary or affiliate of the Applicant; (d) any other entity proposed for coverage; or (e) any past or present principal, partner, managing member, director, officer, employee, leased employee or independent contractor of the Applicant, its predecessors in business, any subsidiary or affiliate of the Applicant or any other entity proposed for coverage? Yes No

70. Has the Applicant or any individual or entity proposed for coverage ever been the subject of a reprimand, or a disciplinary or criminal action by any federal, state or local authority, professional association or state licensing board? Yes No

71. Has the Applicant or any individual or entity proposed for coverage been involved during the past five years in any disputes with respect to fees or other compensation which may be due for professional services rendered? Yes No

72. Is the Applicant or any individual or entity proposed for coverage aware of any actual or alleged deficiencies, errors or omissions in work performed by the Applicant or by others for whom the Applicant is legally responsible? Yes No

If the response to any of the questions in the Claims Experience section is "Yes," please attach complete details.

NOTE: It is agreed that any claim or lawsuit against the Applicant, or any principal, partner, managing member, director, officer or employee of the Applicant, or any other proposed insured, arising from any fact, circumstance, act, error or omission disclosed or required to be disclosed in response to Questions 66, 67, 68, 69, 70, 71 or 72 is hereby expressly excluded from coverage under the proposed insurance policy.

73. Has the Applicant reported the matters listed in Questions 66 - 72 to its current or former insurance carrier? Yes No N/A

NOTICE – PLEASE READ CAREFULLY

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after diligent inquiry of each principal, partner, managing member, director, officer and employee of the Firm, the statements in this Application are true and complete and will be relied upon by the Insurer in issuing any policy. The undersigned agrees that if the information provided in this Application changes between the time this Application is executed and the time the proposed insurance policy is bound or coverage is commenced, the Applicant will immediately notify the Insurer in writing of such changes, and that the Insurer may withdraw or modify any outstanding quotations or agreements to bind the insurance. The undersigned hereby authorizes

the Insurer to make any inquiry in connection with the information, statements and disclosures provided in this Application and further authorizes the release of claim information from any prior insurer to the Insurer.

The undersigned declares that all individuals and entities proposed for this insurance understand and accept that the policy applied for provides coverage for only those claims that are first made against the Insured and reported in writing to the Insurer during the policy period or any extended reporting period (if applicable) and that the limits of liability contained in the policy will include both Damages and Claim Expenses.

The signing of this Application does not bind the Insurer to offer nor the undersigned to purchase the insurance, but it is agreed this Application shall be the basis of the insurance and shall be considered physically attached to and become part of the Policy should a Policy be bound and issued. All attachments and information submitted to or obtained by the Insurer in connection with this Application are hereby incorporated by reference into this Application and made a part hereof.

FRAUD NOTIFICATION

- Arkansas** 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.
- Colorado** 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.
- District of Columbia** 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.
- Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Hawaii** Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- Idaho** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.
- Indiana** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- Kentucky** 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.
- Louisiana** 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.
- Maine** 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.
- Maryland** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Minnesota** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New York	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.
Ohio	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.
Oklahoma	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.
Pennsylvania	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.
Rhode Island	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.
Tennessee	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.
Virginia	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.
Washington	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.
West Virginia	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.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Date (Mo./Day/Yr.)

Applicant Signature

Print or Type Name

Title



ENDURANCE PREMIER PROFESSIONAL LIABILITY AND NETWORK RISK INSURANCE SUPPLEMENTAL APPLICATION FOR HEALTHCARE PRIVACY AND SECURITY COVERAGE

This is an Application for a claims made and reported policy. Please read the entire Application carefully before signing. Please answer all questions.

Please describe in detail the nature of your organization:

Healthcare Service Providers	% of Revenues
Managed Care Organization (HMO/PPO)	
Hospital – Individual or Community	
Hospital System	
Hospital – Teaching/University	
Long Term Care – Individual or Community	
Long Term Care – System	

Doctor's Office	
Dentist's Office – Individual	
Dentist's Office – System	
SurgiCenter	
X-Ray/Imaging Center	
Outpatient Facility	
Blood Bank	
Sperm Bank	
Medi-Spa	
Hospice	
Other (please describe):	

Associated Service Providers	
Records Management Services	
Billing/Accounting Services	
Collection Services	
Other Medical Related Services (please describe):	

1. Please list the approximate number of patients treated in the past calendar year: _____
2. Please list the approximate number of Personal Health Information (PHI) records handled in the past calendar year: _____
3. Is your facility associated with a university?: Yes No
 If yes, are your systems and networks managed independently of the university network? Yes No
4. Are social security numbers currently used as patient and/or employee identifiers? Yes No
5. Please identify the assigned HIPAA Privacy Officer and the number of additional staff working under this individual:
 HIPAA Privacy Officer: _____
 No. additional staff: _____

6. Does your organization have established paper file and Electronic Health Record (EHR) retention protocols in place? Yes No

If so, how long are records currently maintained?

7. Does your organization have established paper file and EHR destruction guidelines once established record retention period(s) have been exceeded? Yes No

If so, how are these records destroyed? _____

8. Please list specific brand names of software used to manage or process your patients' clinical, financial and EHR information:

Management of Mobile Devices

9. Is personal medical information permitted on hospital-provided laptop computers and other handheld devices? Yes No

10. Does your organization permit employees to use their own smartphones and/or tablets to handle work-related email and documents (e.g. BYOD)? Yes No

If so, what technical controls are employed to maintain the security of PHI? _____

Data Encryption

11. Are encryption technologies employed:

- a. on data at rest in databases and corporate networks? Yes No
b. in email transmissions (internal and external)? Yes No
c. on wireless networks? Yes No
d. on laptop computers, smartphones and tablets? Yes No
e. on employee-owned devices (if applicable)? Yes No
f. on mobile storage devices including external hard drives and USB flash drives? Yes No

NOTICE – PLEASE READ CAREFULLY

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after diligent inquiry of each principal, partner, managing member, director, officer and employee of the Firm, the statements in this Application are true and complete and will be relied upon by the Insurer in issuing any policy. The undersigned agrees that if the information provided in this Application changes between the time this Application is executed and the time the proposed insurance policy is bound or coverage is commenced, the Applicant will immediately notify the Insurer in writing of such changes, and that the Insurer may withdraw or modify any outstanding quotations or agreements to bind the insurance. The undersigned hereby authorizes the Insurer to make any inquiry in connection with the information, statements and disclosures provided in this Application and further authorizes the release of claim information from any prior insurer to the Insurer.

The undersigned declares that all individuals and entities proposed for this insurance understand and accept that the policy applied for provides coverage for only those claims that are first made against the Insured and reported in writing to the Insurer during the policy period or any extended reporting period (if applicable) and that the limits of liability contained in the policy will include both Damages and Claim Expenses.

The signing of this Application does not bind the Insurer to offer nor the undersigned to purchase the insurance, but it is agreed this Application shall be the basis of the insurance and shall be considered physically attached to and become part of the Policy should a Policy be bound and issued. All attachments and information submitted to or obtained by the Insurer in connection with this Application are hereby incorporated by reference into this Application and made a part hereof.

FRAUD NOTIFICATION

Arkansas	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.
Colorado	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.
District of Columbia	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.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Hawaii	Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	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.
Louisiana	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.
Maine	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.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New York	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.
Ohio	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.
Oklahoma	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.
Pennsylvania	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.

- Rhode Island** 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.
- Tennessee** 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.
- Virginia** 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.
- Washington** 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.
- West Virginia** 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.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Date (Mo./Day/Yr.)

Applicant Signature

Print or Type Name

Title