



Member Companies of American International Group, Inc.

Name of Insurance Company To Which Application is Made

Name of Insurance Company to which Application is made (herein called the "Insurer"*)

AIG ProTech® Modular Edition® ^{eg} Renewal Application^s

NOTICE: THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF THE POLICY IS ISSUED, SOME COVERAGES WILL BE ON A CLAIMS-MADE AND REPORTED BASIS. THIS RENEWAL APPLICATION CAN ONLY BE USED IF YOU PREVIOUSLY COMPLETED A STANDARD APPLICATION PRIOR TO THIS APPLICATION.

"You," "Your" or "Applicant" refer individually and collectively to the Applicant, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(s), proposed for this insurance. Some sections of the Application may not apply to You. If this is the case, please mark "not applicable" (N/A). In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer.

"Prior Application" means the standard AIG Protech Modular Edition Application that You completed on _____, and which You are renewing and updating with Your answers in this Renewal Application.

Before continuing, please attach copies of:

1. Current financial statements (_____, annual report, audit, 10K, pro-forma, etc.).
2. Updated Loss runs from prior carriers for the last 5 years.

| | | | |
|--|--------------|-------------------------|--|
| I. GENERAL INFORMATION | | | |
| Full Name of Applicant: | | _____ | |
| Since the Prior Application have You acquired, formed, or divested any subsidiaries? If Yes, please attach a description of the organizational change, including the date the transaction took place, and a description of the subsidiary. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Check here <input type="checkbox"/> if there are no changes to the General Information below that You provided in the Prior Application; otherwise please update the applicable information. | | | |
| Mailing Address: | | _____ | |
| Phone: | _____ | No of Employees: | _____ |
| Risk Manager/Contact: | _____ | Contact E-Mail Address: | _____ |
| Applicant Home Page: | http://_____ | | |
| Business Description: | | _____ | |
| Broker: | _____ | Broker Phone Number: | _____ |
| II. CONTRACT AND REVENUE INFORMATION | | | |
| (Fiscal year basis) | Prior Year | Current Year | Projected Next Year |
| Total U.S. Revenue | \$ _____ | \$ _____ | \$ _____ |
| Total Non-U.S. Revenue | \$ _____ | _____ | \$ _____ |

* If this blank is not completed "Insurer" shall mean have the insurer that issues the policy to the Applicant based on this Application.

| CONTRACT INFORMATION: | | | |
|--|-------------------|-------------------------|---------------------------------------|
| 1. List Your largest project since the Prior Application date: | | | |
| Customer: | Size: (\$) | Length: (months) | Services or Products Provided: |
| | \$ _____ | _____ | _____ |
| 2. List each of Your contracts that are thirty (30) days or more past for customer acceptance (attach separate sheet if necessary) | | | |
| Customer: | Size: (\$) | Length: (days) | Services or Products Provided: |
| | \$ _____ | _____ | _____ |
| PROFESSIONAL SERVICE ALLOCATION Estimate Your total annual projected worldwide revenue for the next fiscal year for the activities listed below: | | | |
| Technology Services -- Hardware, Peripheral Equipment, and Components | | | Projected Annual Revenues |
| Manufacturing (development and sales, except telecommunications equipment) | | | \$ _____ |
| Installation, integration, and maintenance of hardware | | | \$ _____ |
| Technology Services -- Software Development and Computer Related Services | | | |
| Pre-Packaged Software Development and Sales | | | \$ _____ |
| Sales of Pre-Packaged Software of Others | | | \$ _____ |
| ERM, CRM, ERP, Supply Chain or similar software or products | | | \$ _____ |
| Custom Software Development | | | \$ _____ |
| Installation, Integration and Maintenance | | | \$ _____ |
| Systems Analysis and Design | | | \$ _____ |
| Software Consulting and Training | | | \$ _____ |
| Website Design | | | \$ _____ |
| Data Processing Services, including maintenance and support | | | \$ _____ |
| Other, please describe: _____ | | | \$ _____ |
| Internet Professional Services | | | |
| Application Service Provider (ASP Services) | | | \$ _____ |
| Domain Name Registration Services | | | \$ _____ |
| e-Commerce Transaction Services | | | \$ _____ |
| Electronic Exchange and Auction Services | | | \$ _____ |
| Internet Hosting Services | | | \$ _____ |
| Internet Media Services | | | \$ _____ |
| Internet Service Provider (ISP Services) | | | \$ _____ |
| Managed and Network Security Services | | | \$ _____ |
| Public Key Infrastructure Services | | | \$ _____ |
| Search Engine Services | | | \$ _____ |
| Web Portal Services | | | \$ _____ |
| Other, please describe: _____ | | | \$ _____ |
| Telecommunications Services | | | |
| Telecommunication Services: | | | \$ _____ |
| Telecommunication Equipment, Hardware or Products: | | | \$ _____ |
| Media Services | | | |
| Development and licensing of materials to others: | | | \$ _____ |
| Additional Sources of Revenue | | | |
| Other professional services, please describe: _____ | | | \$ _____ |
| Intellectual Property licensing fees (not otherwise included above) | | | \$ _____ |
| Other, please describe: _____ | | | \$ _____ |
| TOTAL: | | | |

2. Please indicate the principal applications or industries(s) for **Your** products or services and estimated annual worldwide revenue for the next fiscal year (including subsidiaries):

| <i>Industries/Application</i> | <i>% of Annual Revenues</i> | <i>Industries/Application</i> | <i>% of Annual Revenues</i> |
|---------------------------------|-----------------------------|--------------------------------------|-----------------------------|
| Aerospace/Defense | _____ % | Fire, Security or other Emergency | _____ % |
| Financial Services | _____ % | Games/Entertainment/Gambling | _____ % |
| Healthcare/Medical | _____ % | Manufacturing/Industrial/Processing | _____ % |
| Personal Use/Consumers/Home Use | _____ % | Pollution/Environmental | _____ % |
| Power & Utility Industries | _____ % | Public Entities (other than Defense) | _____ % |
| Security and/or Privacy | _____ % | Other, please describe: | _____ % |
| Retailing | _____ % | | _____ % |

3. Have **You** discontinued any product or service since the **Prior Application date**? Yes No
 If "yes," have **You** continued to provide service/maintenance after the discontinuance? Yes No

4. Have **You** recalled any product or service since the **Prior Application date**? Yes No

5. Please indicate the percentage of products and services **You** provide to the following customers:

| <i>Customer type</i> | <i>% of Products and Services</i> |
|--|-----------------------------------|
| Consumers (individuals) | _____ % |
| Business entities (corporations, partnerships, LLCs, etc.) | _____ % |
| U.S. Federal government entities | _____ % |
| U.S. State and local governmental entities | _____ % |
| Foreign governmental entities | _____ % |

III. DESIRED COVERAGES

Check here if **You** are requesting the same coverage as **Your** prior AIG ProTech insurance policy, or indicate below the insurance type and terms that **You** are seeking coverage for pursuant to this Application (hereinafter the term "**Insurance Sought**" refers to that policy providing coverage for the insurance coverage(s) checked by **You**):

| | | | | | |
|---|---|--|-----------------------------------|------------------------------------|--|
| Professional Liability: | | Media Liability: | | Network Security: | |
| <input type="checkbox"/> Technology Errors & Omissions | <input type="checkbox"/> Internet Media | <input type="checkbox"/> Security Liability | | | |
| <input type="checkbox"/> Software Copyright Infringement | <input type="checkbox"/> Media Liability (online and offline) | <input type="checkbox"/> Cyber-Extortion | | | |
| <input type="checkbox"/> Telecommunications E&O | <input type="checkbox"/> Media Services for others | <input type="checkbox"/> Business Interruption (1st party) | | | |
| <input type="checkbox"/> Internet Professional Liability | | <input type="checkbox"/> Asset Protection (1st Party) | | | |
| <input type="checkbox"/> Miscellaneous Professional Liability Describe: _____ | | | | | |
| Aggregate Limit Requested: \$ _____ | Retention Options: | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | |
| | | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> Other \$ | | |

IV. CONTRACTS AND LICENSING AGREEMENTS

| | |
|--|---|
| 1. Do You require professional services contracts with all customers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What percentage of Your client contracts are in writing? | <input type="checkbox"/> < 65% <input type="checkbox"/> 65-90% <input type="checkbox"/> 90% |
| 2. Have Your standard professional services contracts changed since the Prior Application date ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes: | |
| A. Have the changes been approved by qualified legal counsel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Please attach a copy of Your revised standard professional services contracts | |
| 3. Do You employ a contract administrator or equivalent position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are all modifications to Your standard professional service contracts made in writing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| 5. Does legal counsel approval any deviations to Your professional service contracts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

V. SUBCONTRACTOR AND VENDOR MANAGEMENT

| | |
|--|---|
| 1. What percentage of Your services are provided by: Independent Contractors ____ % Temporary Workers ____ % | |
| 2. Do You subcontract any of the following: | |
| <input type="checkbox"/> Software Development | <input type="checkbox"/> Service, Support or Maintenance |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Other (describe: ____) |
| 3. Have You revised Your standard contract provided to independent contractors? If Yes, attach a copy of Your standard contract. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 4. What percentage of independent contractors have written contracts with You ? | <input type="checkbox"/> < 65% <input type="checkbox"/> 65-90% <input type="checkbox"/> 90% |
| 5. Do You require independent contractors and vendors to provide proof of: (check all that apply) | |
| <input type="checkbox"/> Errors & Omissions insurance <input type="checkbox"/> Network Security insurance <input type="checkbox"/> Other (describe: ____) | |

VI. QUALITY CONTROL & CUSTOMER SUPPORT

| | |
|--|---|
| 1. Are the following part of Your quality control procedures? (check all that apply) | |
| <input type="checkbox"/> Written Customer Complaint Resolution Procedures | <input type="checkbox"/> Formal Customer Evaluation and Acceptance Procedures |
| <input type="checkbox"/> TQM/CMM/Six Sigma or other standardized process improvement methodology | <input type="checkbox"/> Post-Implementation Evaluation or Review Process |
| <input type="checkbox"/> Written Functional Specification Requirements | <input type="checkbox"/> Vendor or VAR Certification Process |
| <input type="checkbox"/> Written Document Retention Plan | <input type="checkbox"/> Alpha or Beta Testing |
| <input type="checkbox"/> Written Contract Management Plan | <input type="checkbox"/> Pre-release testing for malicious code or security flaws |
| 2. Does Your customer support program include? (check all that apply) | |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Website Support | <input type="checkbox"/> In-house Repairs |
| Telephone Support: <input type="checkbox"/> Toll Free Number <input type="checkbox"/> 24/7 <input type="checkbox"/> Business-hours only <input type="checkbox"/> Other (describe: ____) | |

VII. MEDIA & SOFTWARE COPYRIGHT

| | |
|---|---|
| <i>Complete this section if You are applying for Internet Media, Media Liability, Media Services, or Software Copyright Infringement coverage</i> | |
| 1. Since the Prior Application date, have You been given notice of Your potential infringement of another party's intellectual property (IP) rights, including without limitation, copyright or trademark infringement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," attach a copy of each and every such notice of potential infringement. | |
| 2. Do You have a review process in place to screen material, including but not limited to digitized content, for the following offenses prior to any dissemination, publication, broadcast, utterance, or distribution? (check all that apply) | |
| <input type="checkbox"/> Copyright Infringement | <input type="checkbox"/> Trademark Infringement |
| <input type="checkbox"/> Libel or Slander | <input type="checkbox"/> Privacy Violations |
| <input type="checkbox"/> Domain Name Infringement | <input type="checkbox"/> Violation of rights of publicity |
| Are reviews conducted by, or under the supervision of, a qualified attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Do Your Intellectual Property (IP) protection or compliance procedures include the following: | |
| A. periodic IP audit done by legal/business staff or outside counsel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. training of employees regarding copyright & trademark issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. periodic legal review of applicable privacy laws? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. acquisition of all necessary IP rights via licenses, releases or consents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| E. providing materials to employees explaining the ownership rights in IP created by Your employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. trademark searches by employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. trademark searches by professional search firm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. copyright searches by employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. copyright searches by professional search firm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do You require contractors, vendors or others whom provide You with copyrightable N/A <input type="checkbox"/> material to: | |
| A. assign or license You their rights to any copyrightable material, in writing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. warrant that their work does not violate another party's IP rights? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. indemnify You should an IP infringement claim be made against You ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. hold You harmless should an IP infringement claim be made against You ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does Your website include chatrooms, bulletin boards or otherwise allow users to post or upload content? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes,": | |
| A. Is such content reviewed prior to publication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Do You have a procedure to review content after publication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Do You have a procedure to remove infringing, libelous, or otherwise controversial materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do You comply with the safe harbor provisions of Section 512 of the DMCA? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| If "Yes," is Your compliance with the DMCA regularly reviewed by an attorney? | |
| <i>Complete questions 7. and 8. only if You are applying for Software Copyright Infringement.</i> | |
| 7. Do You sell, distribute or develop software bound by an open source license? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do You have written policies or procedures in place for: | |
| A. auditing Your use of software licenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. determining if open source code is used during Your software development efforts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. avoiding copyright infringement with regard to software/computer code? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

VIII. NETWORK SECURITY COVERAGE

*Complete this section only if **You** are applying for any of the following coverages: Network Security Liability, Business Interruption, Information Asset or Cyber-extortion.*

| | |
|--|--|
| 1. Do You outsource any part of Your Internet, network or computer system functions to others (<i>check all that apply below</i>)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hosting Facility: _____ | Server Maintenance: _____ |
| Firewall Maintenance: _____ | Intrusion Detection: _____ |
| Managed Security: _____ | Intrusion Detection: _____ |
| 2. Do You provide written warranties or indemnification concerning failures of Your computer system and information security? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. What kind of electronic data of third parties do You store on Your computer system?: | |
| <input type="checkbox"/> money | <input type="checkbox"/> securities |
| <input type="checkbox"/> trade secrets | <input type="checkbox"/> employee information |
| <input type="checkbox"/> customer information | <input type="checkbox"/> business partner information |
| <input type="checkbox"/> credit card information | <input type="checkbox"/> intellectual property assets |
| 4. Do You have a virus protection program in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| If "Yes," please identify the software used: _____ | |
| 5. Do You have a firewall in place? If "Yes," please identify the firewall used: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do You enforce a software update process, including updating patches and anti-virus software? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do You have a process for managing computer accounts, including removing computer users in a timely fashion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do Your access control procedures address access to critical and sensitive computer systems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do You have physical security controls in place to control access to Your computer systems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Do You have an information security incident response plan in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. How long does it take to restore Your operations after a computer attack or other loss/corruption of data? <input type="checkbox"/> 12 hrs or less <input type="checkbox"/> 13 to 24 hrs <input type="checkbox"/> more than 24 hrs | |
| 12. Do You have a person or group responsible for information security? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Do You use standard configurations for firewalls, routers, and operating systems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Do You have a program in place to periodically test security controls? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," have You undergone any information security evaluation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," please identify the type of evaluation, when it last took place, and whether You were found to be in compliance: _____ | |
| 15. Since the Prior Application date, have You experienced a failure or breach of Your computer system's security that caused loss in excess of \$25,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," explain: _____ | |
| 16. Since the Prior Application date, have You experienced an interruption or suspension of Your computer system for any reason (not including downtime for planned maintenance), which exceeded 4 hours? | |
| If "Yes," explain: _____ | |

XI. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY **APPLICANT** WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

XII. LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER

REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE **APPLICANT** OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS AND NEW MEXICO 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 AUTHORITIES.

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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA 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 MAINE 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 NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

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 (365:15-1-10, 36 §3613.1).

NOTICE TO 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 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.

NOTICE TO 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Signed _____
(Duly authorized representative, by and on behalf of the **Applicant**)

Date _____

Title _____
(must be signed by an authorized officer)

Organization: _____
(organization's seal)