

**ANV Global Services**

**Not For Profit Individual And Organization Management  
Liability Insurance Including Employment Practices Claims  
Coverage Application**

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

**NOTICE: THIS APPLICATION IS FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD" OR ANY DISCOVERY PERIOD AND REPORTED TO THE INSURER PURSUANT TO SECTION VIII OF THE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "COST OF DEFENSE," AND "COST OF DEFENSE" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

<b>PRODUCER</b>	<b>APPLICANT</b>
Name:	Name:
	DBA:
Address: _____	Address: _____
Telephone #:	Telephone #:
Fax #:	Fax #:
Email Address:	Email Address:
Web Address:	Web Address:
PRODUCER NAME:	PRIMARY CONTACT NAME:

**GENERAL INFORMATION**

1. State of incorporation:
2. Years of operations:
3. Nature of Business:
4. Is the Applicant a Not-for-Profit Non-Taxable Organization under the U.S. Internal Revenue code or State Revenue Code?  Yes  No  
  
If Yes please list the applicable Federal or State Revenue Code: \_\_\_\_\_
5. Number of Locations: Domestic (within the U.S., Canada and territories): \_\_\_\_\_ Foreign: \_\_\_\_\_

**COMPANY INFORMATION**

6. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here  
If not applicable, please check here

Name	Business of Type of Operation	Percentage of Ownership	Date Acquired or Created	Domestic or Foreign and County of Incorporation

Are you requesting coverage to be extended to all Subsidiaries?  Yes  No

If Yes, include complete list of Directors and Officers of each Subsidiary.

If No, include complete list of Directors and Officers of each Subsidiary for which coverage is requested.

If included as an attachment herein, check here .

7. Is the Applicant or any of its Subsidiaries involved in any joint ventures?  Yes  No
8. Are any subsidiaries or joint ventures not classified as a Not-For-Profit Non-Taxable entity?  Yes  No  
If Yes please attach details.
9. a. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past 18 months?  Yes  No
- b. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next 18 months?  Yes  No
10. Has the Applicant or any of its Subsidiaries been involved in any bankruptcy filings in the past 5 years?  
 Yes  No
- Does the Applicant or any of its Subsidiaries anticipate any bankruptcy filings within the next 18 months?  
 Yes  No

#### DIRECTORS AND OFFICERS INFORMATION

11. Attach a complete list of all Directors of the Applicant by name, affiliation, and date of nomination to the Board.
12. Has the Applicant experienced changes to its Board of Directors or to its Key Executives over the past year?  
 Yes  No  
If "Yes," please attach complete details.
13. Does the Applicant have the any of the following Committees? Please check all that apply.  
 Audit  Compensation  Nominating
14. Does the Board hold meetings more than 3 times per year?  Yes  No
15. Does the Applicant participate in a risk management program?  Yes  No
16. Are Board members elected?  Yes  No If "No," please attached complete details
17. Has the Applicant or any of its Subsidiaries had or will be having any non-taxable bond issuances?  
 Yes  No If "Yes," please attach complete details

**FINANCIAL INFORMATION**

18. Please provide the following Financial Information for the Applicant and its Subsidiaries.

**Information must be based on the most recent audited financials or interim financials if audited financials are not available.**

Based on Financial Statements Dated:	(Year/Month)
Total Assets	\$
Current Assets	\$
Total Liabilities	\$
Current Liabilities	\$
Fund Balance	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$
Cash Flow from Operations	\$

19. Has the Applicant or any of its Subsidiaries changed auditors in the past year?  Yes  No  N/A  
If Yes, please provide complete details.

20. What percentage of revenue does the Applicant or any of its Subsidiaries receive from government sources?  
 None  Less than 50%  50% to 75%  Greater than 75%

**EMPLOYMENT PRACTICES INFORMATION (If EPL coverage is not being sought, please skip this section)**

Please provide the following information regarding employees including directors and officers of the Applicant and all other entities applying for coverage:

21. Enter the TOTAL number of employees (by type) in the boxes below.  
*Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees (Non-Union if Domestic)*

**Number Employees in ALL STATES/JURISDICTIONS:**

	Domestic		Foreign
	Union	Non-Union	
Full Time			
Part Time			
Total Number of Independent Contractors			

22. Enter the number of employees (by type) in the **CALIFORINA ONLY** in the boxes below.  
*Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees (Non-Union if Domestic)*

	Domestic	
	Union	Non-Union
Full Time		
Part Time		
Total Number of Independent Contractors		

**Number of Employees located in DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY (collectively):**

	Domestic	
	Union	Non-Union
Full Time		
Part Time		
Total Number of Independent Contractors		

23. For the past 3 years, what has been the annual percentage turnover rate of employees and managers (all locations)?

	Year	%	Year	%	Year	%
<b>Employees</b>						
<b>Managers</b>						

**HEALTHCARE INSTITUTIONS INFORMATION (If not applicable, please skip this section)**

24. Nature of Business:

25. Does the Applicant contract with any third party to manage, operate, or administer its facility or operations?  
 Yes  No

26. Is any of the Applicant's or any of its Subsidiary's medical malpractice, HPL (Healthcare Professional Liability) exposure self-insured or insured by means of a funded trust, captive, subsidiary, or reciprocal risk sharing operation?  
 Yes  No

27. How many beds does the Applicant or any of its Subsidiaries operate?

28. Does the Applicant or any of its Subsidiaries employ:  Physicians  Independent Contractors  Both

29. Has the Applicant or any of its Subsidiaries voluntarily disclosed to any governmental entity or is it aware of any violations or potential violations of the following:

(a) Civil False Claims Act?  Yes  No

(b) Physician Ownership and Referral Act (The Stark Act)?  Yes  No

(c) Any similar law or regulation?  Yes  No

If "Yes" to any of the above 27(a) – (c), please attach complete details.

**EDUCATIONAL ORGANIZATION INFORMATION (If not applicable, please skip this section)**

30. Nature of Business:

31. Current enrollment: Current year \_\_\_\_\_ Prior Year \_\_\_\_\_

32. **Types of Employment (Please select all that apply):**

Full-Time Faculty/Instructors – Number: \_\_\_\_\_

Part-Time Faculty/Instructors – Number: \_\_\_\_\_

Administrative personnel (including principals, deans and provosts): \_\_\_\_\_

33. Have any campuses, schools or study programs (including music art or athletics) been closed, reduced or discontinued during:

(a) The past 24 months?  Yes  No

(b) The next 12 months?  Yes  No

If "Yes," to either of the above, 31(a) – (b), please attach complete details.

34. Date of last accreditation: \_\_\_\_\_ By which body? \_\_\_\_\_

35. Has any accreditation body threatened or taken any probationary or censure activity?  Yes  No  
 If Yes, please attach complete details.

36. What percentage of the Applicant's or any Subsidiary's classes are conducted via internet or website? \_\_\_\_\_%

**LABOR UNION ORGANIZATION INFORMATION (If not applicable, please skip this section)**

37. Local Number or Title: \_\_\_\_\_
38. International or National Affiliation \_\_\_\_\_
39. Number of members: \_\_\_\_\_
40. Is Individual Labor Leader coverage requested?  Yes  No

**HUMAN RESOURCES**

41. Does the Applicant have a Human Resources or Personnel Department?  Yes  No.
- If No, does the Applicant have other designated/qualified staff member(s) serving the equivalent function?  
 Yes  No
- For all No answers, how are these issues handled and by whom? Please attach complete details.
42. Does the Applicant have an Employee Handbook?  Yes  No
- If "Yes," is the Employment Handbook distributed to all employees or maintained on an Internet location informing employees of their employment rights?  Yes  No
43. Do employees certify that they have reviews the HR material and will comply with its Terms and Conditions?  
 Yes  No
44. Does the Employee Handbook address the following issues?
- |   |  |
|---|--|
| Prohibiting Discrimination                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prohibiting Sexual Harassment                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compliance with the Americans with Disabilities Act | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compliance with the 1991 Civil Rights Act           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Compliance with the Family Medical Leave Act        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee disciplinary actions                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Terminations and layoffs                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee appraisals / reviews                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Formal "at will" statement                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
45. Does the Applicant and any of its Subsidiaries conduct employee training with regards to discrimination and harassment?  Yes  No
- Management Training?  Yes  No
46. Is there a formalized process in place for reporting complaints/ harassment?  Yes  No
- If "Yes," do employees know this action will not result in a retaliatory action?  Yes  No
47. Has Legal Counsel reviewed the Employee Handbook?  Yes  No

48. Does the Applicant post its policies and procedures?  Yes  No
49. Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, Outside Counsel and/or the Legal Department?  Yes  No

If Yes, please provide complete details.

If No, please provide complete details on how these issues are handled.

50. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant or any of its Subsidiaries contemplate undergoing during the next 12 months any employee layoffs or early retirements (including ones resulting from any type of company restructuring or office, plant or store closing)?  Yes  No

If "Yes", please attach complete details.

- a. Have there been any structured layoffs in the past 24 months?  Yes  No  
If Yes, how many layoffs occurred \_\_\_\_\_ and what percentage of employees was affected? \_\_\_\_\_%
- b. Are there any structured layoffs currently in progress or anticipated within the next 24 months?  Yes  No  
If "Yes," what percentage of employees will be affected? \_\_\_\_\_%
- c. Did the Applicant or any of its Subsidiaries use Outside Counsel during the layoff procedure?  Yes  No
- d. Were severance packages offered in exchange for releases not to sue and will they be offered for future layoffs?  Yes  No  
  
If No, please attach complete details
- e. Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work?  Yes  No

### CLAIM REPORTING PROCEDURES

51. Within the Applicant and its Subsidiary's, where or to whom are lawsuits, administrative charges and demand letters reported? General Counsel:  Human Resources:  Risk Management:  Other:
52. Does the Applicant have a mechanism in place for its operating companies to immediately report lawsuits, administrative charges and demand letter to a corporate office of General Counsel, Human Resources or Risk Management?  Yes  No
53. Name of Risk Manager and/or General Counsel (or equivalent position) and number of years in current position:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Years in Current Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CLAIMS HISTORY INFORMATION

54. Please provide on a separate attachment full details on all inquiries, investigations, grievance filings or other administrative hearings previously filed against the applicant during the last five years or currently before any local, state or federal agency governing employer responsibility to employees. (If none, check here )

55. Please provide on a separate attachment full details on all customer/client lawsuits previously filed against the applicant during the last three years. (If none, check here )
56. Has there been, or is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Applicant, its Subsidiaries, or any individual or other entity proposed for insurance arising out of: (1) any director, officer, employee or entity liability matter, including securities matters and/or employment matters; or (2) any matter claimed against any person proposed for insurance in his or her capacity under the proposed policy?  Yes  No

If Yes, attach complete details.

57. Does the Applicant, its Subsidiaries, or any director, officer or employee of the Applicant know of any act, error or omission, which might give rise to a claim(s) under the proposed policy?  Yes  No

If Yes, attach complete details.

58. Has the Applicant, any of its Subsidiaries or any director and/or officer:  
 Been involved in any antitrust, copyright or patent litigation?  Yes  No
- Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law?  Yes  No
- Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation?  Yes  No
- Been involved in any representative actions, class actions, or derivative suits?  Yes  No
- Been charged in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law?  Yes  No

**IF ANY OF THE ANSWERS TO QUESTION 55 ARE “YES,” ATTACH COMPLETE DETAILS**

**IT IS AGREED THAT WITH RESPECT TO QUESTIONS 51 THROUGH 55, IF SUCH CLAIM(S), SUIT(S), INVESTIGATION(S), ACTION(S), PROCEEDING(S), INQUIRY, VIOLATION, KNOWLEDGE, INFORMATION OR INVOLVEMENT EXISTS, THEN SUCH CLAIM(S), SUIT(S), INVESTIGATION(S), ACTION(S), PROCEEDING(S) OR INQUIRY AND ANY CLAIM, ACTION, SUIT, INVESTIGATIONS, PROCEEDING OR INQUIRY ARISING THEREFROM OR ARISING FROM SUCH VIOLATION, KNOWLEDGE, INFORMATION OR INVOLVEMENT IS EXCLUDED FROM THE PROPOSED COVERAGE.**

**FIDUCIARY COVERAGE (If Fiduciary coverage is not being sought, please skip this section)**

59. General Sponsor Organization Information:

a. Sponsor Organization:	
b. Sponsor Organization Address:	
c. Total Revenues of the Sponsor Organization:	
d. Total Assets of All Plans:	

60. List of **Plans** for which coverage is requested:

Full name of <b>Plans</b> to be covered	Total assets (market value)	Number of <b>Plan</b> participants	Type of <b>Plan</b> (W = welfare benefit) (DC = defined contribution) (DB = defined benefit) (Other = please describe)	Does the <b>Plan</b> invest in employer securities? (Y/N)	Is the <b>Plan</b> a stock option plan? (Y/N)

(List any additional **Plans** on an attachment. If there is an attachment, check here )

61. Are assets managed by an investment manager as defined in ERISA?  Yes  No

If No, or if only some assets are invested by an investment manager as defined in ERISA, please provide details on an attachment.

If there is an attachment, check here .

62. How often is the performance of the plans' investment managers reviewed?

At least semi-annually  Less than semi-annually

63. How often do the fiduciaries establish or amend the investment manager's guidelines and goals for the plans?

At least annually  Less than annually (please describe)

64. Is any plan a multi-employer or multiple employer plan?  Yes  No

(If Yes, list and identify the types of plans on an attachment. If there is an attachment, check here )

65. Does any plan employ outside investment, actuarial, legal, administrative or benefits consulting services?

Yes  No.

If Yes, indicate the name of each such service provider and the plans for which services are provided.

If there is an attachment, check here )

66. Does any plan hold any contract with a guaranteed return (including Guaranteed Investment Contracts (GICs) or Guaranteed Annuity Contracts (GACs)) with an insurer or bank that is in receivership or undergoing rehabilitation or liquidation?  Yes  No.

(If "Yes," please attach complete details for each such plan, including plan name, name of contract provider, the market value of each contract and the date that each such contract expires.

If there is an attachment, check here )

67. In the past 24 months has there been, or, in the next 12 months is there anticipated, any amendment that has resulted in or is expected to result in any reduction of benefits, including but not limited to an increase in participants' share of costs?  Yes  No.

(If Yes, identify the plans and attach a description of the amendments.

If there is an attachment, check here )



68. Has any plan (or portion of a plan) been spun off (sold), transferred, or terminated or is any such transaction contemplated?  Yes  No.

(If Yes, attach the following information for such plans: date (or anticipated date) of spin-off 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.)

**Question 69 applies only to defined benefit plans. If there are no defined benefit plans, please skip to question 67.**

69. (a) Are all defined benefit plans 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, as attested to by an actuary?  Yes  No.

(If No, attach complete details.)

(b) Are there any overdue employer contributions for any plan, or has any plan requested or contemplated filing a request for a waiver of contributions?  Yes  No.

(If Yes, attach complete details, including the plan name and the amount of any overdue employer contributions for each such plan.)

(c) Is any plan a cash balance plan, or is any conversion to a cash balance plan being considered?  Yes  No.

If "Yes," attach complete details, including copies of any descriptive literature distributed to plan participants, and descriptions of any grandfather provisions.

70. Has there been, or is there now pending, any claim(s) against any proposed insured arising out of any plan?  Yes  No.

(If Yes, attach complete details.)

71. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a **Claim** under the proposed policy?  Yes  No.

(If Yes, attach complete details.)

72. Has there been or is there pending any inquiry or investigation, or any violation of ERISA or any similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, to which a **Plan** is subject?  Yes  No.

(If Yes, attach complete details.)

**CURRENT COVERAGE**

73. Current insurance (if none, most recent). If included as an attachment herein check here  (Attached).

	D&O Insurance	EPL Insurance	Fiduciary Insurance
(a) Name of insurance company	_____	_____	_____
(b) Limit of Liability	_____	_____	_____
(c) Self-insured retention	_____	_____	_____
(d) Policy expiration date	_____	_____	_____
(e) Premium (indicate one year or more)	_____	_____	_____
(f) Continuity Date	_____	_____	_____

74. Has any insurance carrier refused, canceled or non-renewed any Directors, Officer or Employment Practices insurance coverage\*?  Yes  No

**\*MISSOURI APPLICANTS NEED NOT REPLY**

If Yes, attach complete details including when and reason(s).

**MATERIALS REQUESTED**

75. Attach copies of the following for the Applicant and, to the extent available, each of its Subsidiaries:
- Latest annual report or audited Financial Statement.
  - Employee Handbook
  - EEO-1 Report if applicable
  - 5500
  - Latest CPA management letter along with the Applicant's responses to any recommendations made therein.

## **NOTICE TO APPLICANT – PLEASE READ CAREFULLY.**

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE **APPLICANT** TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THIS APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE **APPLICANT** WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND INSURANCE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE POLICY PERIOD, OR ANY DISCOVERY PERIOD;
- (II) THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY **COSTS OF DEFENSE** AND, IN SUCH EVENT, THE UNDERWRITER WILL NOT BE RESPONSIBLE FOR THE CONTINUED **COSTS OF DEFENSE** OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND
- (III) **COSTS OF DEFENSE** WILL BE APPLIED AGAINST THE RETENTION.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUHTORITIES.

**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 ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT 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 THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**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 AND 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 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 (\$5,000) 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/SHE 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 (365:15-10, 36 §3613.1).

**NOTICE TO OREGON 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 MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION 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.

**NOTICE TO VERMONT APPLICANT:** 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTE: A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED BY THE CHAIRMAN OF THE BOARD AND PRESIDENT AND DATED. IF THE CHAIRMAN OF THE BOARD AND PRESIDENT ARE THE SAME INDIVIDUAL, PLEASE HAVE THE APPLICATION SIGNED BY THE CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER OR GENERAL COUNSEL IN LIEU OF THE PRESIDENT.**

**NOTE: ANY PERSON SIGNING THIS APPLICATION ACKNOWLEDGES, IS AWARE AND AGREES THAT THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY COSTS OF DEFENSE AND, TO THE EXTENT THAT THE LIMIT OF LIABILITY OF THE POLICY IS EXCEEDED THE INSURER SHALL NOT BE LIABLE FOR COSTS OF DEFENSE, THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT, AND THAT COSTS OF DEFENSE SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION.**

APPLICANT:		
BY: (President, Chairman, or CEO:)	TITLE:	DATE:

REQUIRED INFORMATION

PRODUCED BY (Insurance Agent or Broker:) Please print and sign name
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FIRM NAME:	
TAXPAYER ID OR SOCIAL SECURITY NO.:	PRODUCER LICENSE NO.:
ADDRESS (No., Street, City, State, and Zip:)	
EMAIL ADDRESS:	

SUBMITTED BY (Firm):	TAXPAYER ID OR SOCIAL SECURITY NO.:	PRODUCER LICENSE NO.:
ADDRESS (No., Street, City, State, and Zip:)		