

# SECURITIES BROKER DEALER PROFESSIONAL LIABILITY COVERAGE APPLICATION

## CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS

**NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES**

READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING

### GENERAL INFORMATION

1. Applicant's Name: \_\_\_\_\_  
Principal Contact: \_\_\_\_\_
2. Business Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Office Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Web Site Internet address: http:// \_\_\_\_\_
3. State of Domicile: \_\_\_\_\_  
Number of Branches \_\_\_\_\_ How many of these are Offices of Supervisory Jurisdiction \_\_\_\_\_  
Date the Applicant commenced operations: \_\_\_\_\_  
Do you use an electronic trading platform? \_\_\_\_\_. If no, how many one man operations do you currently have \_\_\_\_\_?
4. Organization:
  - a.) Type of Organization: Corporation:  LLC:  Partnership:  LLP:  Individual:  / Other: \_\_\_\_\_
  - b.) Parent company: Does the applicant have a parent? yes :  no:   
Parent Company Name \_\_\_\_\_ Address \_\_\_\_\_
  - c.) Subsidiaries, related companies: Describe below all the affiliated business organizations, including without any limitation subsidiaries, either fully or partially owned, controlled directly or indirectly, by the Applicant. List each affiliate's full name, its relationship to the Applicant, the nature of the business, and indicate whether coverage is sought for each and every affiliate.  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_  
Business address: \_\_\_\_\_  
CEO name: \_\_\_\_\_  
CCO name: \_\_\_\_\_

Nature of operations \_\_\_\_\_

Coverage Requested yes :  no:

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

Business address: \_\_\_\_\_

CEO name: \_\_\_\_\_

CCO name: \_\_\_\_\_

Nature of operations \_\_\_\_\_

Coverage Requested yes :  no:

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

Business address: \_\_\_\_\_

CEO name: \_\_\_\_\_

CCO name: \_\_\_\_\_

Nature of operations \_\_\_\_\_

Coverage Requested yes :  no:

(Under relationship: Please put either wholly owned, partially owned or commonly owned).

5. Provide all predecessor, merged or acquired organizations (which were not listed in 4c).

Name of entity and relationship: formation:	Date of transaction or that joined your organization:	Number of professional staff	Number of firm annual billings assigned to your organization:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. ANNUAL REVENUES: Revenues from all sources:

Year	Annual Total Gross Revenues (100%)	%Commission Revenues	% Fee Only Revenues
Last Year 20_____	\$ _____	% _____	% _____
Present Year 20_____	\$ _____	% _____	% _____
Projected for next Year 20_____	\$ _____	% _____	% _____

**SECTION I --BROKER DEALER SERVICES**

7. NUMBER OF REGISTERED REPRESENTATIVES

Year	Total Full-Time	Total Part-Time
Last Year 20_____		
Present Year 20_____		
Projected for next Year 20_____		

Provide below the details of all Principals, Partners and Offices that work solely on behalf of the Named Applicant.

Name of Registered Representatives	NASD Series Licenses	Professional Designations	Full Time or Part Time	Employee or Independent Contractor?	Investment advisor?	New York State
_____	_____	_____	FT: <input type="checkbox"/> Or PT: <input type="checkbox"/>	Employee: <input type="checkbox"/> or IC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
_____	_____	_____	FT: <input type="checkbox"/> Or PT: <input type="checkbox"/>	Employee: <input type="checkbox"/> or IC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
_____	_____	_____	FT: <input type="checkbox"/> Or PT: <input type="checkbox"/>	Employee: <input type="checkbox"/> or IC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
_____	_____	_____	FT: <input type="checkbox"/> Or PT: <input type="checkbox"/>	Employee: <input type="checkbox"/> or IC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
_____	_____	_____	FT: <input type="checkbox"/> Or PT: <input type="checkbox"/>	Employee: <input type="checkbox"/> or IC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
_____	_____	_____	FT: <input type="checkbox"/> Or PT: <input type="checkbox"/>	Employee: <input type="checkbox"/> or IC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Please also list on a separate sheet the names of all Registered Representatives who are employed (W2) and all Independent Contractors (1099) that work solely on behalf of the Named Applicant. Independent Contractors (1099) that provide services independent of the named applicant are not covered under policy and require separate applications or, if requested, may be added as additional insureds.

8. Please provide the details of the types of investments that in the past 12 months you have sold to clients, or about which you have provided advice to clients

%	Type Of Investments	%	Type Of Investments
<b>U.S. exchange traded securities:</b>		<b>Off-exchange securities:</b>	
_____	Equities-NASDAQ, NYSE	_____	Over the counter equities (pink sheets, OTCBB)
_____	American Depositary Receipts (ADS)	_____	Mutual fund shares
_____	Exchange Traded Funds (ETF)	_____	U.S. Government securities
_____	Structured products (including baskets of commodities)	_____	Municipal and state securities, including bonds, notes
_____	Closed-end funds	ATTACH DETAILS TO THIS APPLICATION TO REQUEST EXTRA COVERAGE FOR THE FOLLOWING INVESTMENT VEHICLES:	
_____	Options (including warrants)	_____	REITs—non-publicly traded
_____	Debt, including bonds and corporate debt	_____	Real Estate—direct investment
_____	REITs—publicly-traded	_____	Tangibles (gold, silver, collectibles, coins, etc., other than commodities)
_____	Other: Index Participation Shares, etc.	_____	Commercial paper
		_____	Corporate debt securities (other than listed above)
		_____	Promissory Notes (other than commercial paper)
		_____	Foreign issue securities (non-ADR, Reg. S)
		_____	Oil and Gas Partnerships

_____		_____	Other General or Limited Partnerships, including Real Estate Partnerships
_____	<b>Insurance-like investment vehicles &amp; securities:</b>	_____	Derivatives—other, including swaps
_____	Fixed annuities	_____	Mortgages, mortgage pools, mortgage backed securities
_____	Variable annuities	_____	Auction rate securities
_____	Variable life insurance	_____	Hedge Funds/Fund of Funds Hedge Funds
_____	Life insurance	_____	Futures contracts - intangibles
_____	Other	_____	Commodities futures
		_____	Commodities
		_____	Other private placements (Reg. D)

NOTE: TOTAL AMOUNT OF INVESTMENTS MUST EQUAL 100%

**SECTION II--INVESTMENT ADVISOR SERVICES**

9. Is there coverage desired for Investment Advisor Services? yes:  no:

NUMBER OF REGISTERED INVESTMENT ADVISORS- INDIVIDUALS OR ENTITIES:

Year	Total Full-Time	Total Part-Time
Last Year 20_____		
Present Year 20_____		
Projected for next Year 20_____		

Provide on a separate sheet the names of all registered investment advisors NOT LISTED IN QUESTION #7 for which coverage is desired.

10. Describe professional services (including broker-dealer services and investment advisor services, if this coverage is requested) by approximate percentage. Must equal 100%.

_____	%	Areas of Practice	_____	%	Areas of Practice
_____		Discretionary Asset Management - Individual (LPOA)	_____		Asset Monitoring (No LPOA to Direct Trades)
_____		Discretionary Asset Management - ERISA (under a Power of Attorney/Limited Power of Attorney, LPOA)	_____		Investment Management Consulting (No LPOA)
_____		Timing Services	_____		Third Party Pension Administration (not claims)
_____		Non-Discretionary Asset Management (LPOA with Prior Consent)	_____		Product Sales Not Based On Financial Plan
_____		Divorce Financial Consulting	_____		Tax Preparation
_____		Modular/Comprehensive Financial Plan Preparation/Advice	_____		Accounting Services Other Than Tax Preparation
_____		Product Sales Based On Financial Plan	_____		Referral To Third Party Asset Managers

11. Does the applicant receive commissions? Yes:  No:   
 If Yes, provide the details of the total commission income by percent. Must equal 100%

_____	%	Type Of Investments	_____	%	Type Of Investments
-------	---	---------------------	-------	---	---------------------

**U.S. exchange traded securities:**

- \_\_\_\_\_ Equities- NASDAQ, NYSE
- \_\_\_\_\_ American Depositary Receipts (ADS)
- \_\_\_\_\_ Exchange Traded Funds (ETF)
- \_\_\_\_\_ Structured products (including baskets of commodities)
- \_\_\_\_\_ Closed-end funds
- \_\_\_\_\_ Options (including warrants)
- \_\_\_\_\_ Debt, including bonds and corporate debt
- \_\_\_\_\_ REITs—publicly-traded
- \_\_\_\_\_ Other: Index Participation Shares, etc.

**Off-exchange securities:**

- \_\_\_\_\_ Over the counter equities (pink sheets, OTCBB)
- \_\_\_\_\_ Mutual fund shares
- \_\_\_\_\_ U.S. Government securities
- \_\_\_\_\_ Municipal and state securities, including bonds, notes
- \_\_\_\_\_ REITs—non-publicly traded
- \_\_\_\_\_ Real Estate—direct investment
- \_\_\_\_\_ Tangibles (gold, silver, collectibles, coins, etc., other than commodities)
- \_\_\_\_\_ Commercial paper
- \_\_\_\_\_ Corporate debt securities (other than listed above)
- \_\_\_\_\_ Promissory Notes (other than commercial paper)
- \_\_\_\_\_ Foreign issue securities (non-ADR, Reg. S)
- \_\_\_\_\_ Oil and Gas Partnerships
- \_\_\_\_\_ Other General or Limited Partnerships, including Real Estate Partnerships
- \_\_\_\_\_ Derivatives—other, including swaps
- \_\_\_\_\_ Mortgages, mortgage pools, mortgage backed securities
- \_\_\_\_\_ Auction rate securities
- \_\_\_\_\_ Hedge Funds/Fund of Funds Hedge Funds
- \_\_\_\_\_ Futures contracts - intangibles
- \_\_\_\_\_ Commodities futures
- \_\_\_\_\_ Commodities
- \_\_\_\_\_ Other private placements (Reg. D)

**Insurance-like investment vehicles & securities:**

- \_\_\_\_\_ Fixed annuities
- \_\_\_\_\_ Variable annuities
- \_\_\_\_\_ Variable life insurance
- \_\_\_\_\_ Life insurance
- \_\_\_\_\_ Other

12. As an advisor, does the applicant provide advice on, or recommend the use of alternative investments? Yes:  No:

If "Yes" provide the percentage of the total practice advice and/or portfolio use that the following alternative investments represent to the total advice and/or assets managed. Do not include investments that are used within a mutual fund.

%	Type Of Investments
	<b>ALTERNATIVE INVESTMENTS:</b>
_____	Over the counter equities (pink sheets, OTCBB)
_____	REITs—publicly traded, non-publicly traded
_____	Real Estate—direct investment
_____	Tangibles (gold, silver, collectibles, coins, etc., other than commodities)
_____	Municipal and state securities, including bonds, notes
_____	Commercial paper
_____	Corporate debt securities (other than listed above)
_____	Promissory Notes (other than commercial paper)
_____	Foreign issue securities (non-ADR, Reg. S)
_____	Oil and Gas Partnerships
_____	Other General or Limited Partnerships, including Real Estate Partnerships: _____
_____	Derivatives—other, including swaps
_____	Mortgages, mortgage pools, mortgage backed securities
_____	Auction rate securities
_____	Hedge Funds/Fund of Funds Hedge Funds
_____	Futures contracts - intangibles
_____	Commodities futures

- \_\_\_\_\_ Commodities
- \_\_\_\_\_ Other private placements (Reg. D)
- \_\_\_\_\_ NON-ALTERNATIVE, STANDARD INVESTMENTS (i.e., investments which are not exchange traded, not mutual funds, not U.S. government securities, and not insurance products.)
- \_\_\_\_\_ Total (must equal 100%)

13. Is any advisory client an investment company, REIT, mutual fund, limited partnership or private placement? Yes:  No:   
 If "Yes", ATTACH DETAILS TO THIS APPLICATION TO REQUEST EXTRA COVERAGE FOR THESE CLIENTS.

14. Does the applicant act as advisor or consultant for any Taft-Hartley, Union, or Governmental employee benefit plan? Yes:  No:   
 If "Yes", ATTACH DETAILS TO THIS APPLICATION TO REQUEST EXTRA COVERAGE FOR THESE CLIENTS.

15. Number of accounts and assets under management:

Year	Assets under management (AUM)	# of client accounts	% Fee Only Revenues	No. Registered Representatives
Last Year 20_____	\$ _____	_____	% _____	_____
Present Year 20_____	\$ _____	_____	% _____	_____
Projected for next Year 20_____	\$ _____	_____	% _____	_____

16. Does the applicant direct trades in client's custodial accounts? Yes:  No:   
 If "Yes" complete the following:

Does the Applicant:

Use a written Investment Policy Statement for other than ERISA accounts? Yes:  No:

) Have Limited Power of Attorney to direct trades in the client's account? If Yes: please answer: Yes:  No:

Applicant uses full discretion to trade without prior consent of the client. Yes:  No:

Applicant uses discretion to trade within an Investment Policy Statement or written parameters. Yes:  No:

Applicant declines to exercise discretion and obtains prior consent for each and every trade. Yes:  No:

Excluding advisory fees and authorized disbursement to an account with the same registration or the client, does the applicant have power to withdraw/disburse funds in the account? Yes:  No:

) Custodians:  Pershing  Ameritrade  Schwab  Fidelity  TD  FISERV  Assetmark  NATC  
 SSG  Other: \_\_\_\_\_

17. Types of Accounts:

TYPES OF ACCOUNTS	% of Fees	Number of Accounts	Market Asset Value	Largest Account Asset Value
Non-Discretionary ERISA Pension/Employee Benefit Plans	____%	_____	\$ _____	\$ _____
Non-Discretionary All Other Accounts	____%	_____	\$ _____	\$ _____
Investment Management Consulting Accounts (No Direct Management)	____%	_____	\$ _____	\$ _____
Referral to Third Party Money Manager Accounts (No Direct Management)	____%	_____	\$ _____	\$ _____
Discretionary ERISA Pension/Employee Benefit Plans	____%	_____	\$ _____	\$ _____
Discretionary All Other Accounts	____%	_____	\$ _____	\$ _____

	_____ %	_____	\$ _____	\$ _____
Total All Accounts	_____ %	_____	\$ _____	\$ _____

18. FORM ADV DISCLOSURES

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Is Form ADV Part I as filed and dated on the SEC IARD a current and accurate disclosure of <i>you</i> as of the date of this application? If not SEC IARD filed, provide complete Form ADV Part I in paper format.</li> </ul> | Yes : <input type="checkbox"/> No: <input type="checkbox"/><br>___Not IARD filed |
|--|--|
- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Is Form ADV Part II including schedules as filed and dated on the SEC IARD a current and accurate disclosure <i>you</i> as of the date of this application? If not SEC IARD filed, provide complete Form ADV Part II in paper format.</li> </ul> | Yes: <input type="checkbox"/> No: <input type="checkbox"/> ___Not IARD filed |
|---|--|
- |  |   |
|--|---|
| Does the applicant agree to notify <i>us</i> of any change to facts presented in the Application between the date of Application and the effective date of coverage? | Yes : <input type="checkbox"/> No: <input type="checkbox"/> |
|--|---|

19. RELATED INTERESTS

(a) Does the applicant:

- act as both an advisor and trustee to any client? Yes :  No:
- provide advice to clients to invest in any enterprise in which the applicant has an ownership interest? Yes :  No:
- provide advice to clients to invest in any enterprise in which another client an ownership interest? Yes :  No:
- act as an advisor to an organization in which the applicant has an ownership interest? Yes :  No:

(b) Does the applicant have an ownership or act as a director, officer, an employee or act in any position of control for any organization in which clients are solicited to invest? Yes :  No:

(c) Is any person proposed for insurance under this application an officer, director, officer, employee, or in a position of control for any organization or enterprise including all subsidiaries and affiliates which is also an advisory client? Yes :  No:

20. Do you use a Compliance Attorney, Specialist or Consultant? Yes :  No:   
 If "Yes" provide name of individual: \_\_\_\_\_

21. IF THE ANSWER TO ANY OF THE BELOW QUESTIONS IS "YES", YOU MUST PROVIDE DETAILS, INCLUDING A FORM U-4:

Has the applicant or any associated professional ever:

- Had a professional license or registration denied, suspended, revoked, nonrenewed or restricted? Yes :  No:
- Been formally reprimanded by any court, administrative or regulatory agency? Yes :  No:
- Had a complaint filed with any consumer agency, state securities department, insurance department or your broker-dealer, SEC, NASD, or other regulatory agency? Yes :  No:
- Been audited by the SEC, NASD, any state securities department, or other licensing or regulatory agency? If Yes, provide a copy of the audit letter and your response. Yes :  No:
- Been formally accused of violating any professional association's code of ethics? Yes :  No:
- Been convicted of a felony? Yes :  No:
- Been involved in or is aware of any fee disputes including suits? Yes :  No:
- Ever had a trading error loss in excess of \$5,000? If Yes, provide details including dates, amounts and by whom the loss was paid. If "Yes" provide details on a separate sheet. Yes :  No:

22. Is the applicant associated with, or consult with any Broker-Dealer, Investment Adviser or Investment Manager that does not use an independent third party as a custodian for investment funds. Yes :  No:   
 If "Yes" provide details on a separate sheet.

23. During the last three (3) years has the applicant or any affiliate been involved in, or presently considering or contemplating any merger, acquisition, divestiture or significant change in principal? Yes :  No:   
 If "Yes" provide details on a separate sheet.

24. List all additional professional liability insurance currently carried (e.g, group broker-dealer accountants, tax preparation, life agent).

Insurer	Limits of Liability	Deductible	Type of Insurance	Policy Period	Retroactive Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

25. Has any professional liability claim(s), complaint or proceeding been made against you or any person or organization proposed for this insurance or any predecessor organization? Yes:  No:   
 If "Yes" provide details on a separate sheet.

26. Is (are) any person(s) or organization(s) proposed for this insurance aware of any fact, error, omission, circumstance or situation, that might provide grounds for any claim under the proposed insurance? If "Yes" provide details on a separate sheet. Yes :  No:

Have you and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings? Yes:  No:   
 If "Yes" provide details on a separate sheet.

27. Has any insurer declined, cancelled or nonrenewed Professional Liability Insurance or any similar insurance on behalf of any person(s) or organization(s) proposed for this insurance? Yes:  No:   
 If Yes, provide details on a separate sheet.

28. REQUESTED DEDUCTIBLES AND LIMITS

<u>PER CLAIM/AGGREGATE LIMITS REQUESTED</u>		<u>DEDUCTIBLE REQUESTED*</u>	
<input type="checkbox"/> \$ 250,000/\$500,000	<input type="checkbox"/> \$ 1,000,000/\$2,000,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$ 500,000/\$1,000,000	<input type="checkbox"/> \$ 2,000,000/\$2,000,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$75,000
<input type="checkbox"/> \$ 1,000,000/\$1,000,000	<input type="checkbox"/> Higher Limits: _____	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$100,000
		<input type="checkbox"/> \$25,000	

29. Name of general counsel or outside law firm acting as general counsel: \_\_\_\_\_

Contact name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

30. Name of the applicants accounting firm: \_\_\_\_\_

Contact name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**NEW BUSINESS APPLICANTS ONLY:**

If the applicant is requesting prior acts coverage and has maintained continuous claims made coverage, attach proof of insurance (a certificate of insurance, copy of the policy or declarations page) for current coverage.



**Please attach the following additional materials**

- Securities Broker/Dealer's latest audited report, along with the latest 10-K filed with the SEC (if publicly traded).
- Four of the most recent focus reports.
- Written Policies and Procedures Manuals used for supervising activities of Registered Representatives and Registered Investment Advisors.
- Due Diligence Guidelines for Approving Investment Vehicles.
- Latest Regulatory Exam and Management Response.
- Current Form BD and updates.
- Current Form ADV Part I and updates.
- Current Form ADV Part II with applicable updates and Schedules.
- FINRA Reports for all Principals and Officers.
- List of Approved Products for Sale.
- A copy of any regulatory audits performed in the last three (3) years and responses.
- Balance Sheet and Income Statement (unaudited reports are acceptable).

If the applicant requesting prior acts coverage and has maintained continuous claims made coverage, attach proof of insurance (a certificate of insurance, copy of the policy declarations page) for current coverage.

REPRESENTATION: It is represented to **us**, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to the insurer.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for **ONLY THOSE CLAIMS FIRST MADE AGAINST YOU** while the policy is in force.

#### FRAUD PREVENTION - GENERAL WARNING

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application or any supplemental application, questionnaire or similar document containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO IDAHO APPLICANTS: 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.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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 MAINE APPLICANTS: It is a crime to 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 MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEVADA APPLICANTS:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**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 LOUISIANA 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 civil fines and criminal 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 claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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 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.

<b>Signature of Applicant</b>	<b>Date</b>	
<b>Print Name</b>	<b>Print Title</b>	<b>Firm/Company</b>

\*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR **THE COMPANY** TO AN INSURANCE AGREEMENT.

Agent: \_\_\_\_\_

Producer: \_\_\_\_\_

License Number: \_\_\_\_\_

**Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a supplemental sheet of paper.**

*Throughout this application the word "applicant" or "you" refers to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words "we", "us" and "our", refer to the insurance company to which this application is made.*

New York policyholders: This policy is written on a claims-made basis and unless otherwise states on the Declarations Page, contains no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated on the Declarations Page. This policy covers only claims actually made against the insured while the policy remains in effect and all coverage under the policy ceases upon the termination of the policy, except for the Automatic Extended Reporting Period coverage, unless the insured purchases Additional Extended Reporting Period coverage.

There may be coverage gaps that may arise upon expiration of such extended reporting period. During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and you can expect substantial increases, independent of overall rate level increases, until the claims-made relationship reaches maturity. The premium charged for the Additional Extended Reporting Period coverage is based on a percentage of the premium stated herein and provides a variety of additional time periods in which to report claims.

**WARNING – COLORADO, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA, VIRGINIA AND WASHINGTON RESIDENTS ONLY.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application or supplemental application, questionnaire or similar document 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 may be subject to fines and confinement in prison (for New York residents only: 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). (For Colorado residents only: Any insurance company or agent of an insurance company who knowingly provide 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 settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department Regulatory Authority Agencies). (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss is a crime punishable by fines or imprisonment, or both). (For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss 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). (For Washington residents only: 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).