Reset

Admiral Insurance Company

ExecSuite® Proposal Form

CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

- Complete the sections of this Proposal Form for each Coverage Requested as indicated below.
- Provide details to all "Yes" answers, when applicable, by attachment whether or not prior coverage was in place.

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the **Policy**. This Proposal Form is to be completed with respect to the entire **Insured Entity**. **Insured Entity** as used herein is defined to include the **Named Insured** and any **Subsidiaries**.

Name of **Named Insured**

Primary Location Street Address | Suite

City | County | State | Zip Code

Website Address (if applicable) | Federal Employer Identification Number (FEIN)

Name and title of the officer of the **Named Insured** designated to receive any and all notices from the **Insurer**.

E-mail Address | Telephone Number | Fax Number

The contact information provided will be used for internal purposes and will not be sold to any third party.

☐ The mailing address is the same as the primary location. If not, provide mailing address:

Mailing Street Address | Suite

City | State | Zip Code

Coverage and Limit Requested

Indicate Coverage and Limit Requested:

Directors, Officers and Corporate Liability Insurance Coverage: ☐ Yes ☐ No Limit Requested: $

Employment Practices Liability Insurance Coverage: ☐ Yes ☐ No Limit Requested: $

Fiduciary Liability Insurance Coverage: ☐ Yes ☐ No Limit Requested: $

Indicate the Type of Limit Requested:

Shared Limit of Liability for multiple **Coverage Sections**: ☐

Separate Limit of Liability for each **Coverage Section**: ☐

Combination of Shared and Separate Limits (provide details): ☐

Current Insurance Information

1. Provide the following information regarding the **Insured Entity's** most recent insurance policies. If "None", so state.

Type of Coverage		Carrier	Expiration Date	Limit	Deductible	Premium
Directors and Officers Liability:	☐ None			$	$	$
Employment Practices Liability:	☐ None			$	$	$
Fiduciary Liability:	☐ None			$	$	$
Cyber Liability/Data Breach:	☐ None			$	$	$

2. Within the last 3 years, has any **Claim** been made or has notice been given under any of the above listed policies or similar insurance? ☐ Yes ☐ No

3. Within the last 3 years, have any of the above listed policies or similar insurance for the **Insured Entity** been cancelled or non-renewed? (NOT APPLICABLE IN MISSOURI) ☐ Yes ☐ No

General Information

4. (a) Form of organization:
❑ Cooperative ❑ Corporation ❑ Joint Venture*
❑ Limited Liability Corporation ❑ Nonprofit ❑ Partnership*
❑ Sole Proprietorship / Individual ❑ Other:_____

*If a Joint Venture or Partnership, provide participation or ownership structure details by attachment.

(b) Type of organization:
❑ Manufacturing / Production ❑ Public Administration ❑ Retail Trade
❑ Service Industry ❑ Web Based ❑ Wholesale Distributing

5. The **Named Insured** has been in continuous operation since: _____

6. (a) What is the **Insured Entity's** primary Standard Industrial Classification ("SIC") Code? _____

(b) Describe the **Insured Entity's** nature of operations: _____

_____

7. Is the **Named Insured** or any **Subsidiary** publicly held or a public reporting company under the Securities Exchange Act of 1934? ❑ Yes ❑ No

8. Provide the following financial information with respect to the **Insured Entity**:

Assets (000):	$	Annual Revenues (000):	$	Cash:	$
Equity (000):	$	Net Income / Loss (000):	$	Period Ending:	/ /

IF "YES" TO ANY PART OF QUESTION 9. OF THIS SECTION, PROVIDE DETAILS BY ATTACHMENT.

9. Answer each of the following questions with respect to the **Insured Entity's** recent 18-month history and expectations for the next 12 months:

	Last 18 months	Next 12 months
(a) filing a petition for protection under the bankruptcy code?	❑ Yes ❑ No	❑ Yes ❑ No
(b) any change (resignations, departures, retirements, etc.) in the position of the Chairman of the Board, President, Chief Executive Officer, Chief Financial Officer or Managing Partner (or equivalent position)?	❑ Yes ❑ No	❑ Yes ❑ No
(c) raised or raising funds by any venture capital, private placement or private offering of any equity or debt securities?	❑ Yes ❑ No	❑ Yes ❑ No
(d) any public sale of equity or debt securities and/or the filing of any registration statement or similar disclosure for an offering or sale of securities?	❑ Yes ❑ No	❑ Yes ❑ No
(e) any plant, facility, branch or office closings, or layoffs?	❑ Yes ❑ No	❑ Yes ❑ No
(f) any consolidation, divestment, acquisition, tender offer or merger?	❑ Yes ❑ No	❑ Yes ❑ No
(g) suspension by the secretary of state or state agency for failure to pay taxes?	❑ Yes ❑ No	❑ Yes ❑ No
(h) violation of any debt or loan covenants?	❑ Yes ❑ No	❑ Yes ❑ No

10. Provide the following information on all **Subsidiaries** of the **Insured Entity**. If "None", so state. ❑ None

Subsidiary Name	Nature of Business	Percent* Owned by Insured Entity	Date Created or Acquired	Domestic / Foreign	Nonprofit
		%			❑ Yes ❑ No
		%			❑ Yes ❑ No
		%			❑ Yes ❑ No

*If **Subsidiary** is less than 100 percent owned, provide details of all other owners, by attachment.

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED HERE OR BY ATTACHMENT.

Loss History Information

11. During the last 5 years, has any **Insured**, including any **Subsidiary**, received any written demands for monetary or non-monetary relief, been involved in, or had any knowledge of any civil or criminal action, administrative proceeding or arbitration, regulatory proceeding or investigation, including both domestic or foreign equivalents, involving:

    (a) any current or former employee or third party alleging discrimination, harassment, wrongful discharge and/or any wrongful employment act? ❑ Yes ❑ No

    (b) the Equal Employment Opportunity Commission or any similar state or local agency? ❑ Yes ❑ No

    (c) the National Labor Relations Board? ❑ Yes ❑ No

    (d) actual or alleged violations of any wage and hour law, including but not limited to, the Fair Labor Standards Act? ❑ Yes ❑ No

    (e) the U.S. Immigration and Customs Enforcement Agency? ❑ Yes ❑ No

    (f) the Department of Justice, U.S. Department of Labor, Pension Benefit Guarantee Corporation, Securities and Exchange Commission, Internal Revenue Service or any similar state or local agency? ❑ Yes ❑ No

    (g) any intellectual property disputes, including Copyright, Patent, or Trademark Laws? ❑ Yes ❑ No

    (h) any security law or regulation, anti-trust or fair trade law, the Foreign Corrupt Practices Act or Office of Federal Contract Compliance Programs? ❑ Yes ❑ No

12. During the last 5 years has any **Insured**, including any **Subsidiary**, been involved in any lawsuit not disclosed above? ❑ Yes ❑ No

IF "YES" TO ANY PART OF QUESTIONS 11. OR 12. OF THIS SECTION, PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION BY ATTACHMENT:

(a) Date Allegation First Made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's Fees (h) Remedial Action Taken

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 11. OR 12. OF THIS SECTION.

Directors, Officers and Corporate Liability Section

- Complete the Directors, Officers and Corporate Liability section of the Proposal Form only if requesting this coverage.
- Provide a copy of the most recent interim and annual financial statements (audited, if available).
- List of Board of Directors and Senior Executive Officers, including external affiliations.

13. Is the **Insured Entity** engaged in any of the following activities? If "None", so state. ❑ None

❑ Activities that fall under The Investment Company Act of 1940
❑ Captive Insurance Company Operations
❑ Franchising
❑ General Partnership Operations
❑ Insurance Company Operations
❑ Joint Venture(s)

14. (a) Total number of shares or units outstanding: _____

    (b) Total shareholders, unit holders, or members of record: _____

15. List all shareholders, unit holders or members with 10% or more interest in the **Named Insured** and/or the **Insured Entity**:

Name	Percent Ownership	Director/Officer	Family*
	%	❑ Yes ❑ No	❑ Yes ❑ No
	%	❑ Yes ❑ No	❑ Yes ❑ No
	%	❑ Yes ❑ No	❑ Yes ❑ No
	%	❑ Yes ❑ No	❑ Yes ❑ No

*Is the shareholder listed related by family to another shareholder, director or officer of any **Insured Entity**.

16. Is any **Insured** aware of any fact, circumstance or situation involving any **Insureds** that might reasonably be expected to result in a **Claim** as defined in the Directors, Officers and Corporate Liability Insurance Coverage Section? ❑ Yes ❑ No

IF "YES" TO QUESTION 16. PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION BY ATTACHMENT:

(a) Date Allegation First Made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's Fees (h) Remedial Action Taken

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 16.

Employment Practices Liability Section

➢ Complete the Employment Practices Liability Section of the Proposal Form only if requesting this coverage.

17. Complete the table:

	Current Year	Previous Year
(a) Total number of full-time employees in the U.S.:		
(b) Total number of part-time employees in the U.S.:		
(c) Total number of independent contractors in the U.S.:		
(d) Total number of leased, seasonal, temporary, volunteers and interns in the U.S.:		
(e) Regarding the above totals, number of employees located in California:		
(f) Total number of employees located outside the U.S.:		

18. What percentage of the **Insured Entity's Employees** currently earn more than $100,000? _____ %

19. Provide the following information on all plants, facilities, branches or offices. If "None", so state. ❑ None

Location	Nature of Business	Number of Employees outside California	Number of Employees in California

20. What percentage of the **Insured Entity's** employees are "exempt" at each location? _____ %

21. Does the **Insured Entity** consult with an attorney regarding how overtime is calculated and how they define "exempt" employees for each location? ❑ Yes ❑ No

22. Does the **Insured Entity** currently employ a full-time Human Resources professional? ❑ Yes ❑ No

23. Indicate which formal written policies and procedures have been implemented. If "None", so state. ❑ None

- ❑ Employee Handbook / Manual
- ❑ Adherence to Employment "at-will" relationship with all **Employees**
- ❑ Anti-Discrimination Equal Employment Opportunity Policy
- ❑ Anti-Harassment Policy, including Sexual Harassment
- ❑ Data Breach Notification/Data Security Policy
- ❑ Adherence to Genetic Information Nondiscrimination Act
- ❑ Social Media Policy
- ❑ I-9 Verification

Employers with more than 50 Employees
- ❑ Family Medical Leave Act

California Employers Only
- ❑ California Family Rights Act

24. Does the **Insured Entity** (details to "Yes" or "No" answers are not required by attachment):
   (a) have outside employment counsel review each proposed **Employee** termination? ❑ Yes ❑ No
   (b) periodically have its employment policies and procedures reviewed by outside employment counsel and distributed to all **Employees**? ❑ Yes ❑ No
   (c) have a written procedure for notification and handling of employment related grievances, disputes, notifications, or claims? ❑ Yes ❑ No

25. Is any **Insured** aware of any fact, circumstance or situation involving any **Insureds** that might reasonably be expected to result in a **Claim** as defined in the Employment Practices Liability Insurance Coverage Section, including but not limited to, situations involving:
   (a) threats by any current or former employee or third party to take legal or other action against any **Insured**, or a demand or request by any current or former employee for monetary or non-monetary relief, arising out of any alleged discrimination, harassment, wrongful termination, constructive discharge, or other **Wrongful Acts**? ❑ Yes ❑ No
   (b) knowledge that any current or former employee is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Acts**? ❑ Yes ❑ No
   (c) complaints or accusations by other employees or third parties that a current or former employee is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Acts**? ❑ Yes ❑ No
   (d) warnings, reprimands, or other disciplinary measures taken against any current or former employee for acts of discrimination, harassment, or other **Wrongful Acts**? ❑ Yes ❑ No

IF "YES" TO ANY PART OF QUESTION 25. PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION BY ATTACHMENT:

(a) Date Allegation First Made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's Fees (h) Remedial Action Taken

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 25.

Fiduciary Liability Section

- Complete the Fiduciary Liability section of the Proposal Form only if requesting this coverage.
- Provide a copy of the most recent public accountant's audit report or IRS Form 5500 for each **Employee Benefit Plan**.

26. Provide the following information regarding each employee welfare benefit plan, employee pension benefit plan or pension plan, as defined by **ERISA**, (hereinafter referred to as **Employee Benefit Plans**) which the **Insured Entity** maintains or to which it contributes.

Name of Plan	Type of Plan*	Name of Plan Sponsor	Number of Plan Participants	Fair Market Value of Plan Assets (000's)
				$
				$
				$

*Type of Plan: (DB)=Defined Benefit; (DC)=Defined Contribution; (ESOP)=Employee Stock Ownership Plan; (WB)=Health & Welfare Benefit; (MEP)=Multi Employer Plan or Multiple Employer Plan; (O)=Other

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR EMPLOYEE BENEFIT PLANS UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED HERE OR BY ATTACHMENT.

27. Has any employee pension benefit plan or pension plan invested in securities of the **Insured Entity**? ❑ Yes ❑ No
If "Yes", provide the following details by attachment: number of shares; cost of shares to the plan; fair market value of shares.

28. Has any employee pension benefit plan or pension plan invested in more than 10 percent of any entity (other than the **Insured Entity** or a pooled investment vehicle such as a mutual fund)? ❑ Yes ❑ No
If "Yes", provide name of entity and amount of investment.

29. Has any **Employee Benefit Plan** loaned or pledged any **Employee Benefit Plan** assets to any party-in-interest (including the **Insured Entity**)? ❑ Yes ❑ No

30. Are any defined benefit plans underfunded by more than 20 percent? ❑ Yes ❑ No

31. 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", provide plan name and amount of overdue contributions by attachment.

32. Within the last 3 years, has there been, or is there currently under consideration, any restructuring, termination or other similar transaction of any **Employee Benefit Plan**? ❑ Yes ❑ No
If "Yes", provide details of the transaction by attachment.

33. If any of the following questions are answered "No", provide details by attachment.
   (a) Are all **Employee Benefit Plans** compliant with the Health Insurance Portability and Accountability Act ("HIPAA") and the Patient Protection and Affordable Care Act ("PPACA") or Affordable Care Act ("ACA")? ❑ Yes ❑ No
   (b) Does the plan sponsor comply with the summary plan description requirements under **ERISA** for all **Employee Benefit Plans**? ❑ Yes ❑ No
   (c) Do all employee pension benefit plans or pension plans have a written investment policy? ❑ Yes ❑ No
   (d) Are all employee pension benefit plan or pension plan assets managed by a third party investment manager? ❑ Yes ❑ No
   (e) Do the fiduciaries review the investment guidelines used by the investment managers at least annually? ❑ Yes ❑ No
   (f) Is the "fair market value" of all employee pension benefit plan or pension plan assets calculated at least annually? ❑ Yes ❑ No

34. Is any **Insured** aware of any fact, circumstance or situation involving any **Insureds** that might reasonably be expected to result in a **Claim** as defined in the Fiduciary Liability Insurance Coverage Section? ❑ Yes ❑ No

IF "YES" TO QUESTION 34. PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION BY ATTACHMENT:

(a) Date Allegation First Made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's Fees (h) Remedial Action Taken

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 34.

Producer Information

Submitted by (Agency Name)	Dated
Agent's Name (Individual's Name)	Agent's License Number

Please Read Carefully

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any information submitted herewith are their material representations and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the **Policy** inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any **Policy**, if issued, will be in reliance upon the truth of such representations, provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Insured Person** shall be imputed to any other **Insured Person**. If any person or persons knew as of the **Policy** inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, and such statements materially affect either the acceptance of the risk or the hazard assumed by the **Insurer** under this **Policy**, then this **Policy** shall not apply as to that person or persons. However, if the President, Chief Executive Officer, Chief Financial Officer or Managing Partner of the **Insured Entity** knew as of the **Policy** inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, and such statements materially affect either the acceptance of the risk or the hazard assumed by the **Insurer** under this **Policy**, then this **Policy** shall not apply as to that person or persons and the **Insured Entity**;
- the information contained in this Proposal Form shall not be used by the **Insureds** as notice as provided for in section VII. of the Common Policy Terms and Conditions Section of this **Policy**;
- this Proposal Form has been completed as respects the entire **Insured Entity**;
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

Dated	President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (Signature)
	President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (Print Name)
	Title
Dated	Human Resources Manager, or equivalent position (Signature)

This Admiral Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:
Monitor Liability Managers, 233 S. Wacker Drive, Suite 3900
Chicago, IL 60606

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 NEW MEXICO, 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 APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO APPLICANTS OF OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, 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 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 APPLICANTS OF FLORIDA: 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 ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, AND RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO OREGON 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 MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES.

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.