

CORPORATE EXPRESSION LIABILITY APPLICATION



**UNDERWRITING MANAGER:
MEDIA/PROFESSIONAL INSURANCE**

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WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION:

DEFINITIONS –

The word **Applicant** in this application refers individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in Item 1. above, with respect to acts within the scope of their employment.

SELF-INSURED RETENTION –

The coverage the **Applicant** is applying for includes a Self-Insured Retention applying to each loss and to any combination of damages and claim expense.

CLAIM EXPENSE WITHIN THE LIMIT –

The policy form for which the **Applicant** is applying contains a provision that reduces the policy limit stated in the policy by the amount of claim expense paid by the Insurer.

APPLICATION FORMS PART OF POLICY –

The submission of this application does not obligate the **Applicant** to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the **Applicant's** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers, which may have affected the Insurer's decision to offer or bind coverage, could result in the offer being retracted or coverage being voided.

INSTRUCTIONS:

The purpose of this application is not only to provide the Insurer with underwriting and rating information, but also to help make certain the **Applicant** and the Insurer have a common understanding about what the policy, if issued, will cover and what it will not. Thank you for taking the time to provide complete and accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on the **Applicant's** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the **Applicant**.
4. Please also provide:
 - A. A recent brochure or similar material describing activities or services;
 - B. The **Applicant's** most recent financial statement or annual report;
 - C. Copies of standard contracts the **Applicant** enters into with clients, ad agencies, customers and/or various providers of intellectual property; and
 - D. Any other forms or materials, which will provide the underwriter with information about the activities or services the **Applicant** performs.

I. APPLICANT(S):

1. Named Insured (including DBAs):

Street Address:

City, State, Zip Code:

Telephone Number:

2. Are there other entities for which coverage is desired, including any subsidiaries of the Named Insured? Yes No
 If Yes, please attach a list of entities for which coverage is desired.

NOTE: Coverage is not afforded to any entity not scheduled in this section of the application and not specifically named as an Insured on the policy.

3. Date **Applicant** was established: _____

4. Is **Applicant** wholly or partially owned or controlled by any other entity(ies) not previously listed in Question 1. or 2.? Yes No
 If Yes, please provide details. Yes No

5. Within the past five years has **Applicant**:

- A. Changed name? Yes No
- B. Changed ownership structure? Yes No
- C. Purchased or acquired another entity? Yes No
- D. Merged or consolidated operations with another entity? Yes No

If any of 5.A. – 5.D. are answered Yes, please attach a summary of relevant transactions.

6. Describe the nature of **Applicant's** business; including the types of products or services the **Applicant** provides, please attach a summary if necessary:

7. Provide the number of:

The **Applicant's** Principals, Officers and Partners _____
 The **Applicant's** employees _____
 The **Applicant's** independent contractors _____

II. FINANCIAL INFORMATION:

1. A. Estimated total gross revenues of the **Applicant**, please attach financials:

	<u>Past 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
U.S. Operations	\$	\$	\$
Non-U.S. Operations	\$	\$	\$
Total	\$	\$	\$

B. Estimated breakdown of total revenues reported in Question A. above:

	<u>Past 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Sale of tangible products	\$	\$	\$
Sales of services	\$	\$	\$
Sale of media content or other intellectual property	\$	\$	\$
Cyberliability activities	\$	\$	\$
Other (specify)	\$	\$	\$
Total	\$	\$	\$

C. Estimated total gross advertising expenditures by the **Applicant**:

	<u>Past 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross advertising expenditures (U.S.)	\$	\$	\$
Gross advertising expenditures (non-U.S.)	\$	\$	\$
Total	\$	\$	\$

2. Provide the approximate percentage of advertising expenditures in the following media:

Radio _____% Magazines _____%
 Television _____% Catalog/mail order _____%
 Newspapers _____% Internet _____%
 Other - please specify: _____%

III. ADVERTISING:

1. List advertising agency(ies) used and attach a copy of the standard advertising agency contract:
2. Please check the appropriate box for each of the following:
 - A. Does **Applicant** operate an in-house advertising agency? Yes No
 - B. Are written hold harmless or indemnity agreements required from advertising agencies? Yes No
 - C. Are advertising agencies required to provide evidence of insurance as respects such hold harmless or indemnity agreements? Yes No
 - D. If employees make creative contributions to advertising, are written releases obtained from them? Yes No
3. Has **Applicant** been cited by any regulatory agency for violations arising out of its advertising activities? Yes No
If Yes, please explain, attach summary if necessary:
4. Name, address and phone number of law firm consulted with respect to media law issues, including content review, editorial procedures and compliant handling:
Years of experience in media law: _____
5. If independent contractors are used in connection with the **Applicant's** advertising activities (in addition to the advertising agencies described above), describe the activities or services they perform, how often the **Applicant** uses them, and provide sample agreements utilized with those parties.

IV. CYBERLIABILITY CONTENT:

1. Please provide all Internet website address(es):
2. What steps were taken to insure that the **Applicant's** domain name(s) does/do not infringe on the intellectual property of others?
3. Is the **Applicant** aware of any potential or actual disputes over the **Applicant's** domain name(s) or domain names under the **Applicant's** control? Yes No If Yes, please explain:
4. Please indicate if the **Applicant's** operations involve the following (check all that apply):

<input type="checkbox"/> Internet access services	<input type="checkbox"/> Search engines
<input type="checkbox"/> Web Page development/design/maintenance	<input type="checkbox"/> Security consulting
<input type="checkbox"/> Web Hosting	<input type="checkbox"/> Online music capabilities
<input type="checkbox"/> Bulletin boards/chat/forums	<input type="checkbox"/> E-commerce
<input type="checkbox"/> Application service provider	<input type="checkbox"/> Software development
<input type="checkbox"/> Internet content provider	<input type="checkbox"/> Blogs/Blogging
5. **INFORMATION GATHERING:**
 - A. Does the **Applicant** collect user specific information (e.g. from site visitors)? Yes No
 - B. Does the **Applicant** share, sell or give this information to outside parties? Yes No
If Yes, is user permission obtained? Yes No
 - C. Does the **Applicant** employ a privacy disclosure statement on its website(s)? Yes No
 - D. Does the **Applicant** perform privacy audits to make sure it is are in compliance with the privacy policy as set out in the **Applicant's** privacy disclosure statement? Yes No
 - (1) If Yes, who performs the audit?
 - (2) How frequently are the audits performed?
 - (3) What actions have been taken to correct any unfavorable results?
6. **WEB-BASED CONTENT:**
 - A. Indicate type of content (check all that apply):

<input type="checkbox"/> Video games	<input type="checkbox"/> Movies/Movie clips
<input type="checkbox"/> Health/Medical	<input type="checkbox"/> Database
<input type="checkbox"/> Archived documents/records	<input type="checkbox"/> Music/sound clips
<input type="checkbox"/> Adult/mature audience	<input type="checkbox"/> Directed at children under the age of 13
<input type="checkbox"/> Self-help/Self-improvement	

- B. (1) Advise percentage of the following:
- (a) Original content created by the **Applicant** _____%
 - (b) Original content created by others (third parties) for the **Applicant** _____%
 - (c) Previously published, released or archived content to be republished by the **Applicant** and/or retrievable by the **Applicant** _____%
- (2) Name the content providers referenced in Section IV.6.B.(1)(b) & (c).
Please attach a copy of the **Applicant's** standard contract/licensing agreement used with third parties supplying content.
- (3) Who evaluates the **Applicant's** intellectual property procedures (use of copyrighted/trademarked material)?
Please attach that person's bio, which outlines their experience.
- (4) Have releases and consents been obtained and documented from performers, models, persons and/or other subjects appearing in images? Yes No Please attach a copy of the **Applicant's** standard release form.
- (5) Has the **Applicant** obtained and documented the rights to use intellectual property (including copyright and trademark) for the following content?
- | | Yes | No | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|
| (a) Music | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Streaming content | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Downloadable content | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Software, including games | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Previously published, released or archived content | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Original content created by third parties for the Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) User Generated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- (6) Does the **Applicant** pay licensing fees to licensing organizations (e.g. ASCAP, BMI, SESAC or other)?
 Yes No
- C. (1) Are bulletin boards, chat rooms and/or forums/discussion groups monitored? Yes No
- (2) If they are monitored please describe your procedures.
- D. Describe the **Applicant's** policies and procedures for removing controversial or potentially defamatory or infringing material (**Applicant's** "take down" policy):
- E. Does the **Applicant** ever frame content of others without written permission? Yes No
- F. Does the **Applicant** ever deep link (link to any page of another website deeper than its homepage)? Yes No

V. CYBERSECURITY MEASURES:

1. Describe the security measures used to prevent unauthorized access to the following:
(please attach summary if necessary)
 - A. The **Applicant's** premises and facilities:
 - B. The **Applicant's** computer systems/servers entrusted to others:
 - C. The **Applicant's** computer systems/servers entrusted to employees:
 - D. The **Applicant's** computer systems/servers located on the **Applicant's** premises:
 - E. Computer systems/services of others in the **Applicant's** care, custody and/or control:
2. Describe the security measures used by the **Applicant** to protect confidentiality and integrity of data, please attach summary if necessary:
3. Advise technology the **Applicant** uses for:
 - A. Encryption:
 - B. Authentication:
 - C. Anti-virus:
4. Does the **Applicant** perform security audits? Yes No
 - A. If Yes, who performs the audit?
 - B. How frequently are the audits performed?
 - C. What actions have been taken to correct any unfavorable results?

5. A. Does the **Applicant** have a formal, documented security policy? Yes No
 B. Does the **Applicant** document that all employees have read and understand the **Applicant's** security policy?
 Yes No
6. In the last two years, has the **Applicant** experienced any security breaches? Yes No
 If Yes, please explain and identify the steps taken to prevent future security breaches, attach summary if necessary:
7. Backup of the **Applicant's** computer systems and data:
 A. How often are backups performed?
 B. Are backups stored off site? Yes No

VI. PRODUCTS AND INTELLECTUAL PROPERTY:

1. Please provide an attachment describing all of the **Applicant's** intellectual property and merchandising activities. This should identify the nature of the intellectual property (copyrights, trademark, etc.), when it was filed (if applicable), in which countries and whether it was granted or pending.

A. THIRD PARTIES:

- (1) Is the **Applicant** the sole owner of all rights in the intellectual property described? Yes No

If No, please provide details of:

- (a) Liens or other security interests:
 (b) Joint ownerships:
 (c) Licenses:
 (d) Related patents:

- (2) Has the **Applicant** ever been involved in a legal dispute concerning the **Applicant's** own or third party intellectual property, products or agreements? Yes No If Yes, please provide full details:

- (3) Have any of the **Applicant's** design patent applications been rejected? Yes No

If Yes, please provide full details, attach summary if necessary:

B. PRODUCTS BASED ON THE APPLICANT'S DESIGN PATENTS:

- (1) Please attach an overview of the **Applicant's** products, the countries in which they are sold, and the revenue generated from the sales.
- (2) Please provide details regarding the design patent searches carried out on these products, and attach the results to this application.
- (3) Is the **Applicant** currently manufacturing, marketing, importing, keeping, selling or disposing of the above products? Yes No
- (4) Does the **Applicant** intend to sell any of the above products into new countries? Yes No
 If Yes, please advise which products and where, and give an estimate of the revenue associated with the sales.
- (5) Please provide a list of the **Applicant's** main competitors:

VII. INTELLECTUAL PROPERTY RISK MANAGEMENT:

1. Does the **Applicant** have an internal legal department devoted to reviewing copyright, trademark, design patent and other intellectual property issues? Yes No
2. What safeguards does the **Applicant** employ to avoid intellectual property claims or reduce these exposures?
3. Does the **Applicant** use written contracts or agreements related to the activities or services that will be provided?
 Yes No
- A. Do the **Applicant's** contracts contain hold harmless or indemnity agreements for the benefit of:
- (1) the **Applicant**? Yes No
 (2) the other parties? Yes No
 (3) both parties on a mutually beneficial basis? Yes No

B. Do the **Applicant's** contracts contain:

- (1) Guarantees or warranties? Yes No
(2) Disclaimers to the **Applicant's** benefit? Yes No

4. Has a law firm experienced in the **Applicant's** field reviewed the **Applicant's**:

- A. Contracts? Yes No
B. Procedures? Yes No
C. Content? Yes No

5. Please provide the name and address of the law firm consulted with respect to the **Applicant's** intellectual property rights:

6. Does the **Applicant** have written procedures to safeguard against infringing the patents or copyrights of others?
 Yes No

7. Has the **Applicant** established a written procedure to handle allegations of infringement by other rights holders?
 Yes No

8. Are all new hires vetted to ensure they do not misappropriate intellectual property from their former employers?
 Yes No

9. Are written agreements in place to prevent departing staff from revealing confidential information of others held by the **Applicant**? Yes No

10. Does the **Applicant** enter into written agreements with all subcontractors, consultants, joint venturers and affiliated companies that may create intellectual property for the **Applicant**? Yes No

11. Does the **Applicant** have an employee or department that is responsible for handling intellectual property matters?
 Yes No

12. Does the **Applicant** have a written and standardized policy for conducting patent searches? Yes No

13. Does the **Applicant** require all employees to sign confidentiality and intellectual property agreements? Yes No

VIII. CLAIMS EXPERIENCE:

1. Have any claims, suits or proceedings been made during the past five years against the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, sales persons or employees? Yes No

If Yes, complete a Supplemental Claim Information Form for each.

THE POLICY FOR WHICH THE APPLICANT IS APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS, SUITS OR PROCEEDINGS MADE AGAINST THE APPLICANT BEFORE THE INCEPTION DATE OF THE POLICY OR ANY SUBSEQUENT CLAIMS, SUITS OR PROCEEDINGS ARISING THEREFROM.

2. Is the **Applicant** aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against the **Applicant** or any of the persons or entities described in Section VIII.1. above? Yes No If Yes, please explain, attach a summary if necessary:

THE POLICY FOR WHICH THE APPLICANT IS APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS THAT CAN REASONABLY BE EXPECTED TO ARISE FROM ANY ACTUAL OR ALLEGED FACT, CIRCUMSTANCE, SITUATION, ERROR OR OMISSION KNOWN TO THE APPLICANT BEFORE THE INCEPTION DATE OF THE POLICY.

3. Has the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? Yes No

If Yes, please explain, attach a summary if necessary:

IX. PRIOR OR CURRENT COVERAGE:

1. A. Provide the following information for similar insurance, if any, carried during the last five years:

<u>Company</u>	<u>Limit</u>	<u>Deductible/SIR</u>	<u>Premium</u>	<u>Policy Term</u>
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B. Advise current retroactive date:
(Please attach current declarations page.)

2. A. Provide the following information for Commercial General Liability coverage currently in force:

Company

Limit

Policy Period

- B. Does the policy referenced above include coverage for Products/Completed Operations Hazards? Yes No
- C. Does the policy referenced above include coverage for Personal Injury and Advertising Injury? Yes No
- D. Does the policy referenced above include coverage for design patent infringement and other intellectual property disputes? Yes No

X. POLICY LIMIT/SELF-INSURED RETENTION:

1. Advise Policy Limit and Self-Insured Retention options for which the **Applicant** desires proposals:

Policy Limit

Self-Insured Retention

XI. REPRESENTATIONS:

By signing this application, the **Applicant** agrees that:

- 1. The statements and answers given in the application and any attachments to it are accurate and complete;
- 2. The statements and answers the **Applicant** furnishes to the Insurer are representations the **Applicant** makes to the Insurer on behalf of all persons and entities proposed for coverage;
- 3. Those representations are a material inducement to the Insurer to provide a proposal for insurance;
- 4. Any policy the Insurer issues will be issued in reliance upon those representations;
- 5. The **Applicant** will report to the Insurer immediately, in writing, any material change in the **Applicant's** activities, services, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
- 6. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

WARNING

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 MAY BE PUNISHABLE BY FINES AND CONFINEMENT IN PRISON.

Name (please type or print)

Name (signature of authorized representative)

Title

Date

TO BE COMPLETED BY PRODUCER(S) ONLY:

RETAIL PRODUCER:

Producer Name:
City, State:
Telephone No.:

WHOLESALE PRODUCER:

Producer Name:
City, State:
Telephone No.:

NOTE: AGENT/BROKER IS RESPONSIBLE FOR COLLECTION AND FILING OF ANY SURPLUS LINES TAXES AND FEES THAT MAY APPLY.

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 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 CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF 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 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 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.

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.