



Name of Insurance Company to which application is made

APPLICATION FOR THE HARTFORD PRIVATE EQUITY CHOICE SM POLICY

NOTICE: THIS IS A CLAMS-MADE AND REPORTED POLICY. COVERAGE IS LIMITED TO CLAIMS FIRST MADE WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE INSURER AS SOON AS PRACTICABLE AFTER ANY NOTICE MANAGER LEARNS OF THEM, BUT IN NO EVENT LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY, OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE. COVERAGE IS SUBJECT TO A RETENTION. THE INSURED'S PAYMENT OF DEFENSE COSTS ERODES THE RETENTION. THE INSURER'S PAYMENT OF DEFENSE COSTS (AS WELL AS PAYMENT OF SETTLEMENTS OR AWARDS) REDUCES THE AVAILABLE LIMIT OF LIABILITY. THE POLICY DOES NOT OBLIGATE THE INSURER TO DEFEND ANY INSURED, BUT SUBJECT TO ITS TERMS AND CONDITIONS, DOES OBLIGATE THE INSURER TO REIMBURSE FOR DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY AND DISCUSS IT WITH YOUR AGENT OR BROKER.

1. GENERAL INFORMATION

a) Name of Applicant:

b) Address:

c) Nature of Business:

d) Date of Incorporation:

e) State of Incorporation:

f) Internet Address:

g) NAIC Code:

(h) Type of Private Equity:

____ Private Equity
____ Venture Funds
____ Mezzanine Financing

____ LBO Fund(s)
____ Fund of Funds
____ Other

(please explain)

2. COVERAGE REQUESTED

Proposed Effective Date: _____

Coverage Parts and Features Requested with desired Limit (Indicate with 'x')

Private Equity Fund Management

Limit: _____

- and Professional Liability
- Private Equity Employment Practices Liability
 Insuring Agreement A - Portfolio Company Employment Claims
 (Automatic Coverage)
 Insuring Agreement B - Employment Practices Liability and Third Party Liability
 (Elective Coverage)
 Limit: _____
- Private Equity Fiduciary Liability
 Limit: _____

3. COMPANY INFORMATION

- a) Total Revenues as of current fiscal year end: \$ _____
- b) Total Assets as of current fiscal year end: \$ _____
- c) Total Employees current fiscal yr. end: _____
- d) Total number of locations: _____
- e) Has the Applicant experienced within the past twenty four months or does the Applicant expect any of the following events within the next twenty four months: (if yes, please provide details; attach separate sheet if necessary)
 - acquisition of any other entity larger than 25% of the total assets of the Applicant? ___ Yes ___ No
 - merger with any other entity? ___ Yes ___ No
 - any restructuring or legal or financial reorganization or filing for bankruptcy? ___ Yes ___ No
 - any write-downs, restatement(s) of financial reports, charges, or the sale, distribution or divestiture of any assets? ___ Yes ___ No
 - any downsizing, layoffs, reduction in force, plant or office closings ? ___ Yes ___ No
- f) Has the Applicant, or anyone for whom insurance is intended, been involved in: (if yes, please provide details; attach separate sheet if necessary)
 - any antitrust, copyright or patent litigation? ___ Yes ___ No
 - any civil or criminal action or administrative proceeding alleging a violation of any federal or state security law or regulation? ___ Yes ___ No
 - any representative actions, class actions, or derivative suits? ___ Yes ___ No
 - any inspection by a regulatory authority? ___ Yes ___ No
 - any criminal investigation, action or administrative proceeding regardless of whether any wrong doing is alleged therein? ___ Yes ___ No

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Latest CPA letter to management and any written response thereto
 Most recent audited Financial Statement or Annual Report and CPA opinion
 Other Information deemed necessary by the Underwriter

**4. PRIVATE EQUITY FUND MANAGEMENT AND PROFESSIONAL LIABILITY COVERAGE PART
 (Complete Only if this Coverage Part is requested)**

1. Insured Entity Information:

a) List all entities proposed for coverage (the "Insured Entities"):

Insured Entity	Fund/General Partner/ Investment Manager/ Other	Formation Date	Total Committed Capital	Contributed Capital	Number of Limited Partners	Number of Portfolio Companies

b) Describe the Insured Entities' primary investment focus (e.g., venture capital, mezzanine financing, LBO, fund of funds or hedge fund) and target industry(ies).

If applicable, has the investment focus changed for subsequent funds? ___Yes ___No

c) Is there an Advisory, Investment or Review Committee that should be considered for coverage? ___Yes ___No

d) Does any Insured Entity perform professional services for organizations other than Insured Entities or Portfolio Companies? ___Yes ___No

e) Is any Insured Entity considering the formation and solicitation of funds for a new private equity fund in the next twelve months? ___Yes ___No

If yes, indicate the type of fund and the offering size being considered.

2. Portfolio Company Information:

a) Identify any individuals proposed to be insureds under this Policy ("Insured Persons") who are directors, officers or employees of a Portfolio Company ("Portfolio Company Capacity") or who otherwise participate in the daily operations of a Portfolio Company and describe the nature of such activity:

b) Has any Insured Entity or Insured Person recommended the dismissal of or any other adverse employment-related action to be taken against any member of a Portfolio Company's management? ___Yes ___No

c) Does the Insured Entity observe trading "blackout" periods or "trading windows" relating to Portfolio Company securities? ___Yes ___No If yes, how is this activity monitored?

d) Does the Insured Entity have a written insider trading policy that prohibits trading in securities on the basis of non-public information with respect to the Portfolio Companies? ___Yes ___No if yes, please attach a copy.

e) Are records created or maintained on the decision-making process and/or rationale leading to the Insured Entities' and/or Insured Persons' selling or distributing of Portfolio Company securities? ___Yes ___No

f) Are any Insured Persons who are serving in a Portfolio Company Capacity responsible for decision-making relating to any sale or distribution of such Portfolio Company's securities? ___Yes ___No

g) Are Portfolio Companies required to carry Directors and Officers and/or General Partners Liability Insurance or similar insurance? ___Yes ___No If yes, please attach a schedule of such insurance including the name of the insurance carrier and policy limits.

h) With respect to the distribution to limited partners of any Portfolio Company securities, does the Insured Entity or do any Insured Persons provide advice or make recommendation to such limited partners regarding further trading in such distributed securities? ___Yes ___No

i) Have there been any changes in executive officers or directors of a Portfolio Company during the past year or are any expected within the next year? ___Yes ___No

j) Is the Applicant currently considering a private or public offering of any securities of a Portfolio Company within the next year? ___Yes ___No

- k) Is the Applicant aware that a Portfolio Company is currently or has at any time over the last year been in breach or violation of any debt covenant or loan agreement or any other material contractual obligation?
 Yes No If yes, please provide details (attach separate sheet if necessary)
- l) Has the Applicant made distributions to its limited partners in the form of a Portfolio Company's securities?
 No Yes
- m) Has any Portfolio Company filed for bankruptcy during the prior eighteen months or is any Portfolio Company considering filing for bankruptcy protection during the next eighteen months?
 Yes No

PLEASE PROVIDE THE FOLLOWING INFORMATION:

5. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART (Complete Only if this Coverage Part is Requested)

a) For the current and previous years, please list the following Employee information

Year		
Total Employees		
Full Time		
Part Time		
Independent Contractors		

b) Please also list the following for the most recent two years

Year		
Involuntary Terminations:		
Resignations:		
Retirees:		
Layoffs:		

c) Please list the number of employees in the following salary ranges (including any bonus and commissions):

\$50,000 or less	\$50,000 - \$100,000	\$100,000 - \$250,000	Over \$250,000

- d) Are the following policies or procedures contained in the employee handbook? If no handbook, are they distributed to each employee and/or posted?
 - Sexual Harassment Yes No
 - Discrimination Yes No
 - Equal Employment Opportunity Yes No
 - Americans with Disabilities Act Yes No
 - "Employment-At-Will" wording? Yes No
- e) Does each employee sign acknowledgement of these procedures? Yes No
- f) Does the Applicant have written procedures for:
 - Discipline Yes No
 - Termination Yes No
 - Performance Evaluations Yes No
 - Employment Related Disputes Yes No
- g) Has legal counsel approved the aforementioned policies? Yes No
- h) Are employee performance evaluations conducted on an annual basis? Yes No
- i) Are exit interviews mandatory? Yes No
- j) Does the Applicant Maintain Personnel Files for all Employees? Yes No
- k) Has the applicant experienced any complaints charges or hearings involving any of the following:

Title VII of the Civil Rights Act of 1964 Yes No
 Age Discrimination in Employment Act Yes No
 The Americans with Disabilities Act Yes No
 The Equal Employment Opportunity Commission Yes No
 The Family and Medical Leave Act Yes No
 Any State or Local Government agency as respects Employment Practices Liability. Yes No

If the answer is yes to any part of question I), please provide details
 (attach separate sheet if necessary)

l) Does the Applicant have a Human Resources Department? Yes No
 If not, who handles Human Resource functions? _____
 Who handles Human Resource functions at locations other than your principal place of business?

Who has the authority to hire and terminate employees? _____

m) If the Applicant had any downsizing, layoffs, reduction in force, plant or office closings, please answer the following questions:

Was/is severance available to all employees? Yes No If no, please provide details _____

Were/are the employees required to sign a release for the severance package? Yes No

Did any employees refuse to sign the release? Yes No If yes, how many? ____

Complete Only if Third Party Liability is Requested:

- a) Does the Applicant have written procedures describing conduct when working with third parties including anti-discrimination and/or anti-harassment statements? Yes _____ No _____
- b) Does the Applicant have written procedures for responding to complaints, discrimination or harassment by third parties? Yes _____ No _____
- c) What percentage of the Applicant's employees deal with the general public, work at customer locations or perform a majority of their functions off-site? _____%
- d) Has there been any loss history from the Applicant receiving any complaints from a non-employee?
 Yes _____ No _____
 If yes, please provide complete listing, with number, defense and/or settlement costs.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Employee Handbook
 Employment Application
 EEO-1 Report if the total number of employees is over 100.

6. FIDUCIARY LIABILITY COVERAGE PART (Complete Only if this Coverage Part is Requested)

a) For each plan to be covered, please list the following:

PLAN NAME	PLAN TYPE*	# OF PARTICIPANTS	PLAN ASSETS (CURRENT YEAR)	PLAN STATUS**
			\$	
			\$	
			\$	

* Plan Type: Defined Benefit (DB), Defined Contribution (DC), Welfare (W), Employee Stock Ownership (ESOP) or Other (O).

** Plan Status: Active (A), Merged (M), Terminated (T) or Frozen (F).

- b) Does the plan conform to ERISA? ___Yes ___No
- c) Has the Applicant, any plan, or plan fiduciary been accused or found guilty of a breach of fiduciary duty or violation of ERISA? ___Yes ___No
- d) Does any plan hold or provide the option to invest in the securities of the Applicant or any subsidiary? If yes, please list the percentage that the securities comprise that plan's total assets. ___Yes ___No
- e) During the past 2 years have there been, or during the next year do you anticipate any reduction in benefits? ___Yes ___No
- f) Have any plan been investigated by the DOL, IRS or any other regulatory agency in the past 2 years? ___Yes ___No
- g) Has the IRS threatened to withdraw the tax-exempt status of a plan? ___Yes ___No

If there is an adverse response to any question above, please provide details (attach separate sheet if necessary.)

PLEASE PROVIDE THE FOLLOWING INFORMATION:
 Plan Audit or Form 5500 for all Pension and Welfare plans to be covered by this policy when Plan Participants exceed 100.

7. PREVIOUS INSURANCE:

Please provide the following details regarding the Applicant's current insurance programs:

<u>PRODUCT</u>	<u>INSURER</u>	<u>LIMIT</u>	<u>SIR</u>	<u>PERIOD FROM/TO</u>	<u>PREMIUM</u>
Private Equity Fund and Management Liability	_____	_____	_____	_____	_____
EPL	_____	_____	_____	_____	_____
Fiduciary	_____	_____	_____	_____	_____

8. PRIOR KNOWLEDGE (RENEWAL APPLICANTS: Question 8. need not be answered).

Does anyone for whom insurance is being applied have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a claim that may fall within the scope of coverage of the proposed insurance? ___Yes ___No

If yes, provide complete details.

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH ERROR, MISSTATEMENT, MISLEADING STATEMENT, ACT, OMISSION, NEGLIGENCE, BREACH OF DUTY OR OTHER MATTER OF WHICH THERE IS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE UNDER THE INSURANCE BEING APPLIED FOR.

9. LOSS HISTORY (RENEWAL APPLICANTS: Question 9. need not be answered). If yes, provide complete details.

- a) Provide details of any actual or potential claims reported under prior insurance for which this policy would provide coverage (if none, so state).
- b) Has any Insurer cancelled or refused to renew any Directors and Officers, Employment Practices, Fiduciary, , or similar insurance within the past 3 years? ___Yes ___No

Applicable to Liability Coverage Parts Only:

- c) Are there any pending claims or demands against the Applicant or anyone for whom this insurance is intended that may fall within the scope of coverage afforded by any similar insurance presently or previously in effect? ___Yes ___No

- d) Has anyone for whom this insurance is intended given notice under the provisions of any other previous or current similar insurance policy of any facts or circumstances, which may give, rise to a claim being made against the Applicant and/or anyone for whom this insurance is intended?
___Yes ___No

REGARDING THESE QUESTIONS C & D, IT IS AGREED THAT IF ANY SUCH CLAIMS, DEMANDS OR NOTICES EXIST, ANY CLAIM BASED UPON, ARISING FROM OR IN ANY WAY RELATED TO SUCH MATTERS SHALL BE EXCLUDED FROM THE INSURANCE BEING APPLIED FOR. THE INFORMATION PROVIDED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES **NOT** CONSTITUTE NOTICE TO THE COMPANY OF A CLAIM OR POTENTIAL CLAIM UNDER ANY POLICY. IF YOU INTEND TO NOTICE A CLAIM OR POTENTIAL CLAIM FOR POSSIBLE COVERAGE, PLEASE COMPLY WITH THE NOTICE OF CLAIM CONDITIONS/PROVISIONS FOUND IN YOUR POLICY, BY SENDING WRITTEN NOTICE OF SUCH TO: (Insert the address and phone number of the local The Hartford office.)

FRAUD WARNING STATEMENTS

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.

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.

DISTRICT OF COLUMBIA APPLICANTS: 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."

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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

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.

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.

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.

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

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.

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.

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."

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.

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.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

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.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

TENNESSEE 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.

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.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME IN CERTAIN JURISDICTIONS.

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."

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.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE

INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE CURRENT POLICY PERIOD, WHICHEVER IS LATER.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION MUST BE SIGNED BY THE CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER OR THE PRESIDENT OF THE APPLICANT.

SIGNATURE _____

TITLE: _____ DATE _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

(Enter the address and phone number of the local The Hartford office.)

Required applicants in Florida, Iowa & New Hampshire

NAME OF BROKER _____ BROKER LICENSE NO. _____

ADDRESS _____

BROKER SIGNATURE *(Required: New Hampshire only)* _____