

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH HUDSON INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE LIABILITY COVERAGE PART SECTIONS OF PRIVATE DEFENDER PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE DISCOVERY PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

### I. APPLICATION INSTRUCTIONS

1. Whenever used in this **Application**, the term "Applicant" shall mean the **Company** and all **Subsidiaries**, whether used in the singular or plural.
2. The terms used herein in boldfaced type shall have the meanings as defined in the Policy, whether used in the singular or plural.
3. The **Application** must be signed by an executive officer.
4. All **Applicants** are required to complete the General Information section, and **Application** sections 1 and 6. **Application** sections 2-5 should be completed only to the extent Applicant is applying for the respective coverage section.
5. If more space is needed to answer a question, please attach a separate sheet of paper.
6. This **Application** and all attachments shall form a part of the Policy if issued and shall be held in the strictest of confidence.

### II. GENERAL COMPANY INFORMATION

1. a) Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
State of Incorporation: \_\_\_\_\_  
The named Applicant has been in continuous business since: \_\_\_\_\_
- b) Individual authorized to receive notice and information regarding the proposed Policy;  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
- c) Website address: \_\_\_\_\_
- d) Industrial Classification Code (SIC): \_\_\_\_\_
- e) List of **Subsidiaries** requested to be included under this proposed insurance policy (include name, years in business and identify nature of operations):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please attach additional list of **Subsidiaries**, (if necessary)

f) Nature of Applicant's business:

\_\_\_\_\_

g) Please complete the following information for the current year:

Total employees: \_\_\_\_\_ Annual revenues: \_\_\_\_\_ Total assets: \_\_\_\_\_

h) Does the Applicant perform any professional services for a fee?  Yes  No

If "Yes", please attach an explanation.

i) Has the Applicant given notice of any claim, circumstance or potential claim to any insurer under any of the coverages to which this application relates?  Yes  No

If "Yes", please attach a full explanation of the claim, circumstance or potential claim.

**2. Current Insurance**

D&O (Directors & Officers Liability)

Carrier(s) \_\_\_\_\_

Limit \_\_\_\_\_

Premium \_\_\_\_\_

Expiration \_\_\_\_\_

Fiduciary Liability

Carrier(s) \_\_\_\_\_

Limit \_\_\_\_\_

Premium \_\_\_\_\_

Expiration \_\_\_\_\_

EPL (Employment Practices Liability)

Carrier(s) \_\_\_\_\_

Limit \_\_\_\_\_

Premium \_\_\_\_\_

Expiration \_\_\_\_\_

Crime

Carrier(s) \_\_\_\_\_

Limit \_\_\_\_\_

Premium \_\_\_\_\_

Expiration \_\_\_\_\_

3. Have any of the Applicant's D&O or EPL carriers indicated an intent not to offer renewal terms?  Yes  No If "Yes" please attach details.

(Note: Not applicable to Missouri Applicants)

**FINANCIAL INFORMATION**

Please provide the following financial information for the Applicant and its **Subsidiaries**. Information must be based on the most recent audited financials or interim financials if audited financials are not available.

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

Based on Financial Statements Dated:	_____ (Year/Month)
Total Assets	\$
Total Liabilities	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income <input type="checkbox"/> Net Loss	\$
Cash flow fro operations	\$
Long Term Debt	\$

b. Has the Applicant or any of its **Subsidiaries** changed auditors in the past 3 years?

Yes  No

- c. Is the Applicant or any of its **Subsidiaries** currently in default of any debt, creditor or contractual obligation or in violation of any debt covenant or agreement?  Yes  No  
If "Yes" attach an explanation to the Application including a statement on your plan to address such issues.

Based on the Applicant's current business trends and the current terms of its debt obligations how confident is the Applicant that it can maintain compliance over the next 12 months with its debt covenants and obligations?

\_\_\_\_\_

\_\_\_\_\_

- d. Is the Applicant's most recent audit qualified as a "Going Concern" or does the Applicant anticipate such a qualification in its next audit?  Yes  No  
If "Yes", please attach an explanation that includes whether the Application has sufficient financing for the next 12 months and current available or pending sources of financing.
- e. Have the **Company's** auditors identified "material weakness" in the Applicant's internal accounting controls?  Yes  No  
If "Yes" please attach a full explanation and the Applicant's plan to remediate such weaknesses (including any CPA management letter and the response thereto)
- f. Has the Applicant changed outside auditors in the last three (3) years?  Yes  No
- g. Has the Applicant submitted a notice of any actual or potential claim under any policy of insurance offering Directors and Officers Liability, Employment Practices Liability, Fiduciary Liability or Crime coverage in the past 24 months?  Yes  No  
If "Yes", please attach full details of such activity including the names of the partner involved, date, nature allegations, current status and any actual or pending resolution (if any)

**DIRECTORS AND OFFICERS LIABILITY INFORMATION**

**1) Applicant Ownership**

- (a) Total number of voting shares outstanding? \_\_\_\_\_
- (b) Total number of voting shareholders: \_\_\_\_\_
- (c) Percent of voting shares owned directly or beneficially by the Applicant's directors and officers: \_\_\_\_\_%
- (d) Identify any direct or beneficial holders of 5% or more of the Applicant's voting shares:  
\_\_\_\_\_  
\_\_\_\_\_
- (e) Does the Applicant have any preferred stock outstanding?  Yes  No If "Yes" please identify the securities, the ownership thereof and detail any capital raised thereby in the past 12 months.

- 2) Does the Applicant act as general partner or partnership manager?**  Yes  No

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If "Yes", please identify and describe such activity in an attachment

3) Does the Applicant participate in any joint ventures?  Yes  No

If "Yes", please attach a list of such entities, the nature of business and the percent of ownership held by Applicant for each.

4) In the next 12 months (or during the past 18 months) is the Applicant currently contemplating or anticipating any (or has the Applicant completed or been in the process of completing)

(a) merger or consolidation with or acquisition of another entity whose consolidated assets exceeded 25% of the Applicant's consolidated assets?  Yes  No

(b) sale, distribution or divestiture of any assets or stock in an amount exceeding 25% of the Applicant's consolidated assets?  Yes  No

(c) registration for a public offering of securities?  Yes  No

(d) private placement of securities?  Yes  No

(e) reorganization, restructuring or arrangement with creditors under federal or state law?  Yes  No

(f) Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs?  Yes  No

(g) Writedowns, charges or restatements of Financials?  Yes  No

If the Applicant answered "Yes" to any part of Question 4, please attach an explanation.

5) Have there been any changes in the Board of Directors or Senior Management of the Applicant within the past 12 months for reasons other than death or retirement? Are any changes currently anticipated within the next 12 months?  
 Yes  No If "Yes", please attach explanation.

6) Are there currently outstanding loans to any director or officer?  Yes  No

7) Has the Applicant or any person proposed for coverage been the subject of, or been involved in, any of the following during the past five years:

(a) Anti-trust, copyright or patent litigation?  Yes  No

(b) Civil, criminal or administrative or regulatory proceeding alleging violation of any federal or state laws?  Yes  No

(c) Any other criminal proceeding or investigation?  Yes  No

(d) Any action for suspension or revocation of a license or for any professional disciplinary sanction?  Yes  No

(e) Any allegedly illegal discriminatory practices?  Yes  No

(f) Any class action or derivative suit?  Yes  No

If the Applicant answered "Yes" to any of the above questions, attach a full description of the details including but not limited to name and date of action or proceeding, parties names, summary allegations and resolution.

**EMPLOYMENT PRACTICES LIABILITY INFORMATION**

1) Total number of employees: Full Time / Part Time

Current Year: Full time	Part Time
1 year ago: Full Time	Part Time

Breakdown by State:

State	Total Employees
California	
Texas	
Florida	

2) How many employees have been terminated during the past 12 months? \_\_\_\_\_

3) Has the Applicant had any plant, facility, branch or office closing, consolidations or layoffs within the past 12 months?  Yes  No  
 If "Yes" please attach a full description of the details.

4) Does the Applicant anticipate any plant, facility, branch or office closing, consolidations or layoffs with the next 24 months?  Yes  No  
 If "Yes" please attach a full description of the details.

5) Does the Applicant:  
 (a) Have a full-time human resources coordinator?  Yes  No  
 If "no", who performs this function? \_\_\_\_\_

(b) Use an employment application for all employment applicants?  Yes  No  
 (for Applicants with over 1000 total employees, please attach a copy of this application)

(c) Have a written policy with respect to sexual harassment?  Yes  No  
 (for Applicants with over 1000 total employees, please attach a copy of this policy)

(d) Have written annual evaluations for employees?  Yes  No

(e) Have a written policy with respect to progressive discipline for employees?  Yes  No

- (f) Have a written policy for Family Medical Leave?  Yes  No
- (g) Have a written human resources manual or equivalent written guidelines?  
 (for Applicants with over 1000 total employees, please attach a copy of this manual.)  Yes  No
- (h) Review all terminations with human resources and/or in-house or outside counsel?  Yes  No
- 6) During the past 3 years, has any Applicant in any capacity, been involved in any matter that has been the subject of:
- a) formal notice or proceeding including an investigation by the EEOC, NLRB or other similar administrative proceeding for wrongful termination, employment related discrimination, sexual harassment or retaliatory treatment against employees?  Yes  No
- b) Employment-related civil suit brought by a third party?  Yes  No
- If "Yes" please attach a full description of the details.

**FIDUCIARY LIABILITY INFORMATION**

Please list the names and types of Applicant's employee benefits plan(s) for which coverage is requested. (Do not include health and welfare plans)

Defined Contribution (DC), Defined Benefit (DB), Employee Stock Ownership (ESOP)

Plan Name	Plan Type: DC, DB, ESOP	Number of Participants	Total Plan Assets	Funding Status (%)

- 1) Does the Applicant handle any investment decisions in-house?  
 If "yes" then by whom? \_\_\_\_\_  Yes  No
- 2) In the past two (2) years, has the Applicant merged, terminated, or suspended any plans(s)?  Yes  No

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If yes, please attach details.

- 3) In the next 12 months, does the Applicant plan to merge, terminate, or suspend any plans(s)?  Yes  No  
If yes, please attach details.
- 4) Do all of the plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended?  Yes  No
- 5) Are the plans reviewed at least annually to assure that there are no violations of any plan trust agreements, prohibited transactions or party in interest rules?  Yes  No
- 6) Does the **Company** have any delinquent contributions to any plan?  Yes  No  
If yes, please provide details on a separate page.
- 7) Has the **Company**, any plan, or plan fiduciary been accused or found guilty of a breach of fiduciary duty or violation of ERISA?  Yes  No
- 8) Have any plan been investigated by the DOL, IRS or any other regulatory agency in the past 2 years?  Yes  No

**ESOP Plans only (if applicable):**

- 9) Percent of the Parent Company and its subsidiaries' common equity shares owned directly or beneficially by the ESOP? \_\_\_\_\_
- 10) How often is the ESOP stock valued? \_\_\_\_\_  
and by whom? \_\_\_\_\_
- 11) Please identify who holds the voting rights for the stock held by the ESOP? \_\_\_\_\_  
Please identify such person's relationship with the Parent Company: \_\_\_\_\_
- 12) Have the assets of any ESOP been pledged as collateral for any financing arrangement.  Yes  No

**CRIME INFORMATION**

Total Number of domestic Employees: \_\_\_\_\_

Total Number of Foreign Employees: \_\_\_\_\_

Total Number of Locations: \_\_\_\_\_

Does the Applicant:

1) Allow the employees who reconcile the monthly bank statements to also sign checks or handle deposits?  Yes  No

2) Does an independent CPA provide a Management Letter to the Applicant?  Yes  No

If "Yes", please attach the most recent copy and management's response to the letter.

3) How often does the Applicant perform a physical inventory check of stock and equipment? \_\_\_\_\_

Who performs these reconciliations? \_\_\_\_\_

4) Does the Applicant perform pre-employment reference checks for all its potential employees?  Yes  No

If "No", please attach an explanation.

5). Does the Applicant:  
a) Maintain a list of authorized vendors?  Yes  No

b) Have a procedure in place to verify the existence and ownership of new vendors prior to adding them to the authorized master vendor list?  Yes  No

c) Allow the same individual who verifies the existence of vendors to also have the authority to edit the authorized master vendor list?  Yes  No

d) Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing payment?  Yes  No

6) List all employee theft, forgery, computer fraud or other crime losses discovered by the Applicant in the last 5 years, itemizing each loss separately. Include date of loss, description and total amount of loss. (Attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**PRIOR KNOWLEDGE:**

**Question 8 need not be answered if this is a Hudson Insurance Group renewal.**

Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a **Claim** which may fall within the scope of the proposed insurance?  Yes  No

If "Yes", provide complete details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.**

THE UNDERSIGNED AUTHORIZED DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCED, THE COMPANY WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER FULLY RESERVES ITS RIGHTS WITH RESPECT TO THE UNDERWRITING ACCEPTANCE OR DENIAL OF SUCH CHANGES, INCLUDING THE RIGHT TO MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

THE UNDERSIGNED AUTHORIZED DIRECTOR OR OFFICER DECLARES ON BEHALF OF THE COMPANY, AND ITS DIRECTORS AND EXECUTIVE OFFICERS, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, THE STATEMENTS SET FORTH HEREIN AND ATTACHED HERETO ARE TRUE AND THAT THE COMPANY HAS MADE REASONABLE GOOD FAITH EFFORTS TO OBTAIN SUFFICIENT INFORMATION TO ACCURATELY COMPLETE THIS APPLICATION.

IT IS AGREED THAT THE STATEMENTS IN THIS APPLICATION OR IN ANY MATERIALS SUBMITTED HERewith ARE REPRESENTATIONS OF THE COMPANY AND ITS DIRECTORS AND EXECUTIVE OFFICERS. THESE REPRESENTATIONS SHALL BE DEEMED MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURER UNDER THE POLICY, WHICH, IF ISSUED, WILL BE ISSUED IN RELIANCE UPON THE TRUTH THEREOF.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED BY TWO OF THE FOLLOWING INDIVIDUALS WHO IS AUTHORIZED TO SIGN ON BEHALF OF ALL ASSURED INCLUDING THE COMPANY AND ANY PERSONS FOR WHOM THE INSURANCE IS TO BE PROVIDED: **CEO AND CFO.**

**WARNING**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

**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."

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

**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."

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**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 OREGON 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 MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS."

**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 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 TEXAS 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 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."

**NOTICE TO 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO WEST VIRGINIA:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE BENEFIT OF 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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND

**Hudson Insurance Group**  
**100 William Street**  
**New York, NY 10038**

**Private Defender**

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.”

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: This Application must be signed by the President, CFO and/or CEO of the Applicant acting as the authorized agent of the persons and entity(ies) proposed for this insurance.**

**If this Application is completed in Florida, please provide the Insurance Agent’s name and license number as designated. If this Application is completed in Iowa, please provide the Insurance Agent’s name only.**

PRODUCER (Insurance Agent or Broker)	INSURANCE AGENCY OR BROKERAGE
INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.	AGENT OR BROKER LICENSE NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	
E-MAIL ADDRESS OF AGENT OR BROKER	
SUBMITTED BY (Insurance Agency)	INSURANCE AGENCY TAXPAYER I.D. OR SOCIAL SECURITY NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	