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Rockhill Insurance Company
 Plaza Insurance Company

**APPLICATION FOR
 PRIVATE CORPORATIONS MANAGEMENT LIABILITY INSURANCE
 INCLUDING EMPLOYMENT PRACTICES LIABILITY COVERAGE**

NOTICE: THIS APPLICATION IS FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD" OR ANY DISCOVERY PERIOD AND REPORTED TO THE INSURER PURSUANT TO SECTION VII OF THE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "COST OF DEFENSE," AND "COST OF DEFENSE" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

Section A. GENERAL INFORMATION

1. Name of Applicant: _____
2. DBA: _____
3. Address of Named Applicant: _____

4. State of Incorporation: _____
5. Years of Operation: _____
6. Type of Business Entity: _____
7. Nature of Business: _____
8. Primary CICS Code(s): _____
9. Number of Locations: Domestic (within the U.S., Canada and territories): ____
 Foreign: ____
10. Name of Parent Corporation (if not Applicant): _____
 If not applicable, please check here .
 Address of Parent Corporation: _____

Section B. COMPANY INFORMATION

1. Stock Ownership
 - a. Total number of voting shares outstanding: ____
 - b. Total number of voting shareholders: ____
 - c. Total number of voting shares owned by its Directors and Officers whether directly and beneficially: ____

- d. Does any shareholder, other than those counted in c. above, own five percent (5%) or more of the voting shares directly or beneficially?
 Yes No
 If "Yes," please designate name and percentage of holdings as an attachment
- e. Is any of the stock held by the Employee Stock Ownership Plan? Yes No
 If "Yes," what is the percentage? _____% Is it leveraged? Yes No
- f. Does the Applicant or any of its subsidiary's have a portion of its private company debt purchased by the public? Yes No
 If "Yes," please provide the amount: \$ _____
 If "Yes," please provide the Debt Rating: _____

2. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here .
- If not applicable, please check here .

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Domestic or Foreign and Country of Incorporation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you requesting coverage to be extended to all Subsidiaries? Yes No

If "Yes," include complete list of Directors and Officers of each Subsidiary.

If "No," include complete list of Directors and Officers of each Subsidiary for which coverage is requested.

If included as an attachment herein, check here .

3. Is the Applicant or any of its Subsidiaries involved in any joint ventures, general partnerships or limited partnerships? Yes No
4. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past 24 months?
 Yes No
5. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next 12 months? Yes No
 If "Yes," have these plans been approved by any of the following? Please check all that apply.
 Board of Directors Shareholders
6. Does the Applicant or any of its Subsidiaries anticipate any registration of securities under the Securities Act of 1933 within the next year? Yes No
 If "Yes," attach details and submit any offering materials if available, including the Offering Size and Use of Proceeds.
7. Has the Applicant or any of its Subsidiaries had any private placement or other offering of securities within the last 12 months, or anticipate having any private placements or other offering of securities within the next 12 months? Yes No
8. Does the Applicant or any of its Subsidiaries anticipate purchasing the securities of a "publicly traded entity" in a transaction, which would result in such entity becoming an Affiliate or Subsidiary or the Applicant?
 Yes No If "Yes," please provide complete details.

Section C . DIRECTORS AND OFFICERS INFORMATION

1. Attach a complete list of all Directors of the Applicant by name, affiliation, and date of nomination to the Board.
2. Has the Applicant experienced changes to its Board of Directors or to its Key Executives over the past year?
 Yes No
 If "Yes," please attach complete details.
3. Does the Applicant have the any of the following Committees? Please check all that apply.
 Audit Compensation Nominating
4. Does the Applicant's charter or by-laws contain indemnification provisions? Yes No

Section D. 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.

1. 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 or <input type="checkbox"/> Net Loss	\$
Cashflow from Operations	\$

2. Has the Applicant or any of its Subsidiaries changed auditors in the past year? Yes No N/A
 If "Yes," please provide complete details.

Section E. EMPLOYMENT PRACTICES INFORMATION (If EPL coverage is not being sought please skip this section)

Please provide the following information regarding employees including directors and officers of the Applicant and all other entities applying for coverage:

1. Enter the TOTAL number of employees (by type) in the boxes below.
Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees (Non-Union if Domestic)

Number Employees in ALL STATES/JURISDICTIONS:

	Domestic		Foreign
	Union	Non-Union	
Full Time			
Part Time			

Total Number of Independent Contractors	
---	--

2. Enter the number of employees (by type) in the specified jurisdictions ONLY in the boxes below.
Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees (Non-Union if Domestic)

Number of Employees located in CALIFORNIA ONLY:

	Domestic	
	Union	Non-Union
Full Time		
Part Time		

Total Number of Independent Contractors	
---	--

Number of Employees located in DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY (collectively):

	Domestic	
	Union	Non-Union
Full Time		
Part Time		

Total Number of Independent Contractors	
---	--

3. For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?
- | | | | | | | | | | |
|-----------|------|---|---|------|---|---|------|---|---|
| Domestic: | Year | , | % | Year | , | % | Year | , | % |
| Foreign: | Year | , | % | Year | , | % | Year | , | % |

Section F. HUMAN RESOURCES

- Does the Applicant have a Human Resources or Personnel Department? Yes No.
If "No," does the Applicant have other designated/qualified staff member(s) serving the equivalent function? Yes No For all "No" answers, how are these issues handled and by whom? Please attach complete details.
- Does the Applicant have a Employee Handbook? Yes No
If "Yes," is the Employment Handbook distributed to all employees or maintained on an Internet location informing employees of their employment rights? Yes No
- Does the Employee Handbook address the following issues?

Prohibiting Discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prohibiting Sexual Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance with the Americans with Disabilities Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance with the 1991 Civil Rights Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance with the Family Medical Leave Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee disciplinary actions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terminations and layoffs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee appraisals / reviews	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal "at will" statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Does the Applicant and any of its Subsidiaries conduct employee training with regards to discrimination and harassment? Yes No
- Is there a formalized process in place for reporting complaints/ harassment? Yes No
If "Yes," do employees know this action will not result in a retaliatory action? Yes No
- Has Legal Counsel reviewed the Employee Handbook? Yes No
- Does the Applicant post its policies and procedures? Yes No
- Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, Outside Counsel and/or the Legal Department? Yes No

If "Yes," please provide complete details.

If "No," please provide complete details on how these issues are handled.

9. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant or any of its Subsidiaries contemplate undergoing during the next 12 months any employee layoffs or early retirements (including ones resulting from any type of company restructuring or office, plant or store closing)? Yes No

If "Yes", please attach complete details.

- a. Have there been any structured layoffs in the past 24 months? Yes No

If "Yes," what percentage of employees?

- b. Did the Applicant or any of its Subsidiaries use Outside Counsel during the lay off procedure? Yes No

- c. Were severance packages offered in exchange for releases not to sue and will they be offered for future layoffs? Yes No

If "No", please attach complete details

- d. Please provide the number of layoffs that have occurred or are about to occur. _____

- e. Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work? Yes No

Section H. CLAIM REPORTING PROCEDURES

1. Within the Applicant and its Subsidiary's, where or to whom are lawsuits, administrative charges and demand letters reported?

General Counsel: _____ Human Resources: _____ Risk Management: _____ Other: _____

3. Does the Applicant have a mechanism in place for its operating companies to immediately report lawsuits, administrative charges and demand letter to a corporate office of General Counsel, Human Resources or Risk Management? Yes No

3. Name of Risk Manager and/or General Counsel (or equivalent position) and number of years in current position:

Name: _____ Title: _____ Years in Current Position: _____

E-mail Address: _____ Phone Number: _____

Section I. CLAIMS HISTORY INFORMATION (RENEWAL APPLICANTS MAY SKIP THIS SECTION)

1. Please provide on a separate attachment full details on all inquiries, investigations, grievance filings or other administrative hearings previously filed against the applicant during the last five years or currently before any local, state or federal agency governing employer responsibility to employees. (If none, check here .)
2. Please provide on a separate attachment full details on all customer/client lawsuits previously filed against the applicant during the last three years. (If none, check here .)
3. Has there been, or is there now pending any claim(s), suit(s), investigation(s) or action(s) against the Applicant, its Subsidiaries, or any individual or other entity proposed for insurance arising out of: (1) any director, officer, employee or entity liability matter, including securities matters and/or employment matters; or (2) any matter claimed against any person proposed for insurance in his or her capacity under the proposed policy? Yes No (If "Yes," attach complete details.)

4. Does the Applicant, its Subsidiaries, or any director, officer or employee of the Applicant know of any act, error or omission, which might give rise to a claim(s) under the proposed policy? Yes No (If "Yes," attach complete details.)
5. Has the Applicant, any of its Subsidiaries or any director and/or officer:
- a. Been involved in any antitrust, copyright or patent litigation? Yes No
 - b. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state antitrust or fair trade law? Yes No
 - c. Been charged in any civil or criminal action or administrative proceeding with a violation of any federal or state securities law or regulation? Yes No
 - d. Been involved in any representative actions, class actions, or derivative suits? Yes No
 - e. Been charged in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law? Yes No

IF ANY OF THE ABOVE, 5(a) – 5(e), IS "YES," ATTACH COMPLETE DETAILS

It is agreed that with respect to Questions 1 through 5(e) above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim, action, suit, investigations, proceeding or inquiry arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

Section J - FIDUCIARY COVERAGE: (If Fiduciary coverage is not being sought please skip this section)

- (a) **Sponsor Organization:** _____
- (b) Address: _____
- (c) Total revenues of the **Sponsor Organization:** \$ _____
- (d) Total assets of all plans: \$ _____

1. List of **Plans** for which coverage is requested:

Full name of Plans to be covered	Total assets (market value)	Number of Plan participants	Type of Plan (W = welfare benefit) (DC = defined contribution) (DB = defined benefit) (Other = please describe)	Does the Plan invest in employer securities? (Y/N)	Is the Plan a stock option plan? (Y/N)

(List any additional **Plans** on an attachment. If there is an attachment, check here)

2. Are assets managed by an investment manager as defined in ERISA? Yes No
If "No," or if only some assets are invested by an investment manager as defined in ERISA, please provide details on an attachment. (If there is an attachment, check here)
3. How often is the performance of the plans' investment managers reviewed?

At least semi-annually Less than semi-annually (please describe)

4. How often do the fiduciaries establish or amend the investment manager's guidelines and goals for the plans?
 At least annually Less than annually (please describe)
5. Is any plan a multiemployer or multiple employer plan? Yes No
(If "Yes," list and identify the types of plans on an attachment. If there is an attachment, check here)
6. Does any plan employ outside investment, actuarial, legal, administrative or benefits consulting services?
 Yes No. (If "Yes," indicate the name of each such service provider and the plans for which services are provided. If there is an attachment, check here)
7. Does any plan hold any contract with a guaranteed return (including Guaranteed Investment Contracts (GICs) or Guaranteed Annuity Contracts (GACs)) with an insurer or bank that is in receivership or undergoing rehabilitation or liquidation? Yes No. (If "Yes," please attach complete details for each such plan, including plan name, name of contract provider, the market value of each contract and the date that each such contract expires. If there is an attachment, check here)
8. In the past 24 months has there been, or, in the next 12 months is there anticipated, any amendment that has resulted in or is expected to result in any reduction of benefits, including but not limited to an increase in participants' share of costs? Yes No. (If "Yes," identify the plans and attach a description of the amendments. If there is an attachment, check here)
9. Has any plan (or portion of a plan) been spun off (sold), transferred, or terminated or is any such transaction contemplated? Yes No. (If "Yes," attach the following information for such plans: date (or anticipated date) of spin-off sale or termination; whether assets have been fully distributed or reverted to a party other than the plan participants; and name of annuity provider, if benefits have been secured by annuities.)

Question 10 applies only to defined benefit plans. If there are no defined benefit plans, please skip to question 14.

- 10.
- (a) Are all defined benefit plans adequately funded in accordance with ERISA or any applicable similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, as attested to by an actuary? Yes No. (If "No," attach complete details.)
- (b) 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," attach complete details, including the plan name and the amount of any overdue employer contributions for each such plan.)
- (c) Is any plan a cash balance plan, or is any conversion to a cash balance plan being considered? Yes No. (If "Yes," attach complete details, including copies of any descriptive literature distributed to plan participants, and descriptions of any grandfather provisions.)
11. Has there been, or is there now pending, any claim(s) against any proposed insured arising out of any plan?
 Yes No. (If "Yes," attach complete details.)
12. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a **Claim** under the proposed policy? Yes No. (If "Yes," attach complete details.)
13. Has there been or is there pending any inquiry or investigation, or any violation of ERISA or any similar common or statutory law of the United States, Canada or any state or other jurisdiction anywhere in the world, to which a **Plan** is subject? Yes No. (If "Yes," attach complete details.)

Section K. CURRENT COVERAGE

1. Current insurance (if none, most recent). If included as an attachment herein check here (Attached).

	D&O Insurance	EPL Insurance	Fiduciary Insurance
(a) Name of insurance company	_____	_____	_____
(b) Limit of Liability	_____	_____	_____
(c) Self-insured retention	_____	_____	_____
(d) Policy expiration date	_____	_____	_____
(e) Premium (indicate one year or more)	_____	_____	_____
(f) Continuity Date	_____	_____	_____

2. Has any insurance carrier refused, canceled or non-renewed any Directors, Officer or Employment Practices insurance coverage*? Yes No ***MISSOURI APPLICANTS NEED NOT REPLY**

If "Yes," attach complete details including when and reason(s).

3. Attach copies of the following for the Applicant and, to the extent available, each of its Subsidiaries:

- a. Latest annual report or audited Financial Statement.
- b. Employee Handbook
- c. EEO-1 Report if applicable
- d. 5500
- e. Latest CPA management letter along with the Applicant's responses to any recommendations made therein

NOTICE TO APPLICANT – PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE **APPLICANT** TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THIS APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE **APPLICANT** WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND INSURANCE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD;
- (II) THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "DEFENSE EXPENSES," AND, IN SUCH EVENT, THE UNDERWRITER WILL NOT BE RESPONSIBLE FOR THE CONTINUED "DEFENSE EXPENSES" OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND
- (III) "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND 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.

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 AUHTORITIES.

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 ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

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 AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 (365:15-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION 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.

NOTICE TO VERMONT APPLICANT: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL 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 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 (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED BY THE CHAIRMAN OF THE BOARD AND PRESIDENT AND DATED. IF THE CHAIRMAN OF THE BOARD AND PRESIDENT ARE THE SAME INDIVIDUAL, PLEASE HAVE THE APPLICATION SIGNED BY THE CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER OR GENERAL COUNSEL IN LIEU OF THE PRESIDENT.

APPLICANT:		
BY: (President, Chairman, or CEO:)	TITLE:	DATE:

REQUIRED INFORMATION

PRODUCED BY (Insurance Agent or Broker:) Please print and sign name
--

FIRM NAME:	
TAXPAYER ID OR SOCIAL SECURITY NO.:	PRODUCER LICENSE NO.:
ADDRESS (No., Street, City, State, and Zip:)	
EMAIL ADDRESS:	

SUBMITTED BY (Firm):	TAXPAYER ID OR SOCIAL SECURITY NO.:	PRODUCER LICENSE NO.:
ADDRESS (No., Street, City, State, and ZIP:)		