



ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.
199 Water Street, New York, NY 10038 • Tel. (646) 794-0500 • Fax (646) 794-0611

TECHTONIC//5.0
TECHNOLOGY, MISCELLANEOUS PROFESSIONAL LIABILITY, PRIVACY
LIABILITY AND NETWORK RISK INSURANCE
INSURANCE APPLICATION

THIS IS AN APPLICATION FOR A TECHNOLOGY, MISCELLANEOUS PROFESSIONAL LIABILITY,
PRIVACY LIABILITY AND NETWORK RISK INSURANCE POLICY.

SUBJECT TO ITS TERMS, THE PROPOSED POLICY PROVIDES COVERAGE FOR CLAIMS FIRST MADE
DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. THE
APPLICABLE LIMITS OF INSURANCE AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE
REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES.

- This Application must be completed in full.
If additional space is required for a response, include such response in an attachment to this
Application, clearly identifying the question for which a response is being provided.
Whenever used in this Application, the terms "Applicant," "You" or "Your Company" shall mean
the organization proposed as the Named Insured and any Subsidiaries thereof, and their respective
directors, officers, trustees, governors and employees.
We treat all Applications as confidential.

1. COVERAGE REQUESTED

Please check all those coverages being requested by the Applicant.

- Technology Errors & Omissions Liability (Insuring Agreement A)
Privacy Liability (Insuring Agreement B)
Network Security Liability (Insuring Agreement C)
Media and Intellectual Property Liability (Insuring Agreement D)
Miscellaneous Professional Services Liability (Insuring Agreement E)

2. INSURANCE INFORMATION

Does the Applicant currently have the following insurance coverage in place?

- Technology Errors and Omissions Liability Yes No
Privacy Liability Yes No
Network Security Liability Yes No
Media and Intellectual Property Liability Yes No
Miscellaneous Professional Services Liability Yes No

If "Yes" to Technology Errors and Omissions Liability, please provide the following (attach a separate sheet
if more than one Policy):

Carrier: [ ] Limit: [ ]
Deductible: [ ] Premium: [ ]
Retro Date: [ ] Expiration Date: [ ]

If "Yes" to Privacy Liability, please provide the following (attach a separate sheet if more than one Policy):

Carrier:  Limit:   
Deductible:  Premium:   
Retro Date:  Expiration Date:

If "Yes" to Network Security Liability, please provide the following (attach a separate sheet if more than one Policy):

Carrier:  Limit:   
Deductible:  Premium:   
Retro Date:  Expiration Date:

If "Yes" to Media and Intellectual Property Liability, please provide the following (attach a separate sheet if more than one Policy):

Carrier:  Limit:   
Deductible:  Premium:   
Retro Date:  Expiration Date:

If "Yes" to Miscellaneous Professional Services Liability, please provide the following (attach a separate sheet if more than one Policy):

Carrier:  Limit:   
Deductible:  Premium:   
Retro Date:  Expiration Date:

**3. GENERAL INFORMATION**

(a) Applicant's Name:

Officer of the Applicant designated to receive all notices from the Insurer:

Name:  Title:   
Phone Number:  Email Address:

(b) Principal Address:

Street:   
City:  State:  Zip Code:

(c) State of Incorporation (if different from state identified in b. above):

(d) Year Organization Established:

(e) Current Number of Employees:

(f) Website Addresses:

If any of these websites have a password protected or member/subscriber area, please provide temporary passwords and ID's lasting no longer than two weeks from the date of this Application:

(g) Does the Applicant organization have a Parent Entity? Yes  No

If "Yes," please provide details in a separate attachment (name, address, contact person).

- (h) Is the Applicant currently or in the next 12 months planning to be involved in, or has the Applicant in the past 24 months been involved in a merger, acquisition or divestment (whether or not such transaction was actually completed)? Yes  No   
 If "Yes," please provide details in a separate attachment.

- (i) Please provide the following revenue information:

	Prior Year	Current Year	Next Year (est.)
Use Fiscal Year basis			
Total Revenue (\$'s)	<input type="text"/>	<input type="text"/>	<input type="text"/>

- (j) Risk Manager's Name:

Mailing Address:

Phone Number:

Email Address:

- (k) Are you a public company, or a public reporting company under the Securities Exchange Act of 1934?

Yes  No

- (l) Describe the Applicant's primary business operations:

- (m) Technology-Related Business Description (please select all that apply):

	% of Revenue
<input type="checkbox"/> Pre-Packaged Software Company	<input type="text"/>
<input type="checkbox"/> Application Service Provider (ASP)	<input type="text"/>
<input type="checkbox"/> Software & Services	<input type="text"/>
<input type="checkbox"/> IT Consultant	<input type="text"/>
<input type="checkbox"/> Data Processor, Data Storage	<input type="text"/>
<input type="checkbox"/> Technology Services (installation, training, integration, advice)	<input type="text"/>
<input type="checkbox"/> Internet Technology Services (e-Commerce, online business)	<input type="text"/>
<input type="checkbox"/> Other Technology Services: <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Information Services: <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>
	100%

- (n) Non-Technology Business Description (please describe your services):

- (o) Please indicate the percentage of Your annual revenues derived from the following industries/sectors.

Industry or Business Sector	Percentage of Annual Revenues (%)
Defense, Military, Aerospace	<input type="text"/>
Fire, Security or other Emergency	<input type="text"/>
Financial Services	<input type="text"/>
Games (other than Gambling)	<input type="text"/>
Gambling	<input type="text"/>
Healthcare, Medical	<input type="text"/>
Information Security, Privacy	<input type="text"/>
Manufacturing, Industrial Processing	<input type="text"/>

Media, Entertainment (Music, TV, etc.)		
Personal Computers, Home Computer Systems		
Pollution, Environmental		
Public Entities, Municipalities (other than Defense)		
Retail		
Utilities		
Other:		
Other:		

**4. CONTRACTS AND AGREEMENTS**

- (a) List the Applicant’s five largest client contracts (in terms of revenue produced) in the last three (3) years. Include the name of party contracting with, a description of the product or services provided by Applicant under such contract, the estimated total contract value (revenue received by Applicant), and the duration of each contract.

Client Name	Products and/or Services	Total Contract Value	Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- (b) Indicate the Applicant’s average client contract value (revenue received by Applicant) and contract duration:

Average Value

Average Duration

- (c) Does the Applicant require written contracts for all services provided to clients? Yes  No   
If “No,” please explain what Your procedures are in a separate attachment.

- (d) Are all contracts and agreements approved by counsel (in-house or external)? Yes  No

- (e) Are contract modifications and amendments approved by counsel (in-house or external)?  
Yes  No

- (f) Are all contract modifications and amendments made in writing and signed by both parties?  
Yes  No

- (g) Does the Application require clients to provide written acknowledgement or acceptance of:  
(i) pre-defined milestones under its contracts or agreements?

Yes  No

- (ii) final completion of contract terms?

Yes  No

- (h) Does the Applicant employ a contract administrator or the functional equivalent?

Yes  No

If “Yes,” please indicate name and title, briefly describe their function:

**5. QUALITY CONTROL**

(a) Are the following processes/procedures employed by the Applicant (check all that apply)?

- Written Client Complaint Resolution Procedures
- Formal Client Evaluation and Acceptance Procedures
- Post-Implementation Evaluation of Review Process
- Written Contract Management Procedure
- Written Record Retention Policy
- Written Functional Specification Requirements
- Alpha or Beta Testing
- Pre-Release Testing for Malicious Code and Security Flaws
- IT Consulting/Development Work Approval Procedure
- TQM, CMM, Six Sigma or other Standardized Process Improvement Methodology

(b) If checked above, please summarize Applicant's procedure for testing products prior to release (Beta Testing):

(c) If checked above, please summarize Applicant's procedure for testing products for malicious code and security flaws prior to release:

(d) If checked above, please summarize Applicant's procedure for customer complaint resolution, including a description of the escalation process:

(e) If checked above, please summarize Applicant's procedure for approving IT Consulting/Development work performed for customers:

## 6. INDEPENDENT CONTRACTORS AND VENDORS

(a) What percentage of Your services are performed by independent contractors? %

(b) Please describe Your usage of independent contractors in connection with the services or products proposed for coverage under the Policy:

(c) Do You require a written contract for each independent contractor?  
Yes  No

If "No," please explain in a separate attachment.

(d) Do You require a written contract for each vendor?  
Yes  No

If "No," please explain in a separate attachment.

(e) Do You require independent contractors and vendors to provide proof of:

- (i) E&O Insurance? Yes  No
- (ii) Network Security Insurance? Yes  No

If "Yes," to either, at what Limits of Liability? \$

If "No," to either, please explain in a separate attachment.

(f) Do You have a vendor or VAR Certification process, which is conducted in advance of entering into an agreement with them? Yes  No

If "Yes," please summarize Applicant's procedure:

(g) Do you have a process to evaluate and improve the technical competence of independent contractors in advance of entering into an agreement with them? Yes  No

If "Yes," please summarize Applicant's procedure:

- (h) As part of your evaluation process of independent contractors, do You conduct:
- (i) background checks? Yes  No
  - (ii) drug testing? Yes  No
  - (iii) reference checks? Yes  No

**7. PRIVACY AND HOW YOU MANAGE IT**

- (a) Please quantify (by number of individual records) the Personally Identifiable Information (PII)\* the Applicant currently stores within its Network. (If unable to provide an exact number, please provide a best estimate, and describe the methodology at arriving at this estimate.)

Number:

Methodology:

\* Personally Identifiable Information is information from which an individual may be uniquely and reliably identified, including, but not limited to an individual's name, address, telephone number, in combination with their social security number, account relationships, account numbers, passwords, PIN numbers, credit or debit card numbers, biometric information, Nonpublic Personal Information as defined by Gramm-Leach Bliley Act of 1999, or Personal Health Information ("PHI") as defined by the Health Insurance Portability Act of 1996 ("HIPAA").

- (b) Describe how the Applicant stores PII within its Network.

- (c) Within the last three years, has any proposed Insured ever been the subject of a complaint involving a privacy violation by a business customer, a consumer, or a government agency?

Yes  No

Explain the nature of the complaint and the outcome:

- (d) Do You have a third party endorsement or certification of your privacy process and practices?

Yes  No

Name privacy endorsement (ie, TRUSTe, eTrust) and date of last assessment:

- (e) Complete the table below to explain the nature of the 3<sup>rd</sup> party data Your company accesses or hosts when servicing clients?

Nature of 3 <sup>rd</sup> party data	<u>Accessed</u> by Applicant while performing services	Data <u>Hosted</u> by the Applicant
Business Client / Financial related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal Client / Financial related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal / HR related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal / Health related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company / IP related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Government related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company / Sales related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company / Product design related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company / Accounting related	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consumer related (ie, e-commerce data)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other: x	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(f) Do You require users to actively acknowledge and accept your Privacy Policy?

Yes  No

(g) Has Your Privacy Policy been reviewed by an attorney? Yes  No

(h) Do You annually assess your compliance processes and employee practices against any regulatory data protection standards (such as HIPAA, GLB, and state provisions like CA1386)?

Yes  No

(i) Do You have specific privacy provisions in Your Sub-Contracting Agreements?

Yes  No

Please provide a copy of the most recent standard Sub-Contractor Agreement used by You.

**8. NETWORK SECURITY AND HOW YOU MANAGE IT**

**Please have a senior IT member (such as CIO or Chief Security Officer) complete this section.**

(a) Do You utilize and regularly review results of automated data auditing which continually monitors, records, analyzes, and reports on Your database activity?

Yes  No

(b) Have You retained a third party to conduct an audit of Your network security process and practices?

Yes  No

If "Yes," please provide the name of security audit firm and the date of last assessment:

(c) Please indicate the security maturity of Your organization below. Please write "N/A" if it is not applicable to Your business.

Security Controls	Phase of implementation		
	Not Started	In Progress	Complete and implemented
ISO 17799 procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIPAA procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GLB procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information security response plan formalized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assigned one person or group responsible for IT security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(d) List the brand of Your Firewall Technologies:

(e) List the brand of Your Intrusion Detection or Intrusion Protection Technologies:

(f) List the brand of Your data encryption technologies:

(g) Please describe any other IT security measures (such as IDS/IPS; Data Leakage Tools, etc.) already implemented:

(h) Are Wireless Access Points (WAPs) available within the Applicant's environment?  
Yes  No

If "Yes," explain the role that WAPs serve within the Applicant organization:

Describe any security mechanisms currently in place for WAPs:

- (i) Please describe any security mechanisms in place for laptops (such as whole disc encryption):
- (j) Please describe any security mechanisms in place for backups including any encryption strategies:
- (k) Do You encrypt all company confidential information as well as personally sensitive data?  
 Yes  No
- (l) Within the last three years, have You ever had an improper network security breach by an employee?  
 Never  1-3 times  more than 3  more than 10   
 Please describe the result or impact of the breach:
- (m) Do You have physical security measures in place to control and monitor human access to Your main servers and sensitive information?  
 Yes  No   
 Please list measures:
- (n) Within the last three years, have You experienced a network security breach that resulted from the unauthorized access of a third party (ie, "hacker")?  
 Yes  No   
 If "Yes," please explain the cause, date of occurrence, damage to client, and remedial actions to prevent the same occurrence.
- (o) Indicate the acceptable unplanned down time of Your computer system based on Your customers' needs.  
 Less than 1 hour  Less than 12 hours  Less than 24 hours   
 Not important
- (p) How long does it take You to restore Your operations after a computer attack or unplanned system outage?  
 Less than 1 hour  Less than 12 hours  Less than 24 hours   
 Not important

**9. ERRORS AND OMISSIONS**

- (a) Within the last three years have You recalled any product from the market?  
 Yes  No   
 If "Yes," explain (number of customers effected, cost to You, describe circumstances):
- (b) Within the last three years have You given a refund for any of Your products or services, which refund was offered to multiple customers?  
 Yes  No   
 If "Yes," explain (number of customers effected, cost to You, describe circumstances):
- (c) Product/Service Discontinuance



(1) Has the Applicant discontinued any product in the last three (3) years?

Yes  No

If "Yes," has the Applicant continued to provide maintenance/service after the discontinuance?

Yes  No

(2) Has the Applicant discontinued any service in the last three (3) years? Yes  No

**10. MEDIA (COMPLETE ONLY IF YOUR ARE APPLYING FOR THIS COVERAGE.)**

(a) How many externally facing websites do you manage (ie, websites for customers, partners, or investors)?

1-3

4-7

More than 7

(b) Describe the function of these externally facing websites (check all that apply):

**Basic Informational:** just information and content about what you do

**Content aggregation:** content from different 3<sup>rd</sup> party sources

**Interactive:** visitors can interact with the site for customer service, informational requests, etc.

**e-Commerce:** for the buying / selling of goods and services

**Transactional:** banking transactions to include the trading of securities

(c) Does the Applicant have a formal and active review process to screen matter, including online content and content provided by third parties, for the following offenses prior to dissemination, publication, broadcast, or distribution (check all that apply)?

Privacy Violations Yes  No

Defamation Yes  No

Trademark Infringement Yes  No

Copyright Infringement Yes  No

Other

(d) Check the Intellectual Property ("IP") protections employed in the Applicant's business:

IP Controls	Not Started	In Progress	Complete and Regularly in use
IP protection within Employee Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IP protection within Non-Disclosure Agreements (NDA) with all 3 <sup>rd</sup> parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Art Searches by legal professional (internal or external)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquisition of all necessary IP rights via licenses, releases, or consents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual training of employees regarding patent, copyright, and trademark issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquire written permission of internet sites You link to or frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(e) Do You require independent contractors and vendors or others who provide You with copyrightable materials to do the following:

(i) assign or license to You their rights to any copyrightable materials, in writing?

- Yes  No
- (ii) warrant that their work does not violate the IP rights of others?  
 Yes  No
- (iii) indemnify and hold you harmless should an IP infringement claim be made against You involving their work?  
 Yes  No

(f) Do You sell, distribute or develop software bound by an open source license?  
 Yes  No

- (g) Do You have written policies or procedures in place for:
- (i) auditing Your use of software licenses?  
 Yes  No
- (ii) determining if open source code is used during Your software development efforts?  
 Yes  No
- (iii) avoiding copyright infringement with regard to software or computer code?  
 Yes  No

If “No,” to any of the above, please briefly describe Your procedures in a separate attachment.

**11. ACTUAL OR POTENTIAL CLAIMS**

- (a) During the last five years, have any Claims, suits or regulatory proceedings been brought against any party proposed for coverage? Yes  No
- (b) Has any Claim, suit or regulatory proceeding brought against any party proposed for coverage ever resulted in a loss (including both indemnity payments and defense expenses) in excess of \$25,000?  
 Yes  No
- (c) During the last five years, has any party proposed for coverage given notice to any previous insurance carrier of any fact, circumstance, situation, error or omission which could give rise to a Claim, suit or regulatory proceeding against any party proposed for coverage?  
 Yes  No
- (d) Is any party proposed for coverage, aware of any fact, circumstance, situation, error or omission which could give rise to a Claim, suit or regulatory proceeding?  
 Yes  No
- (e) Has any party proposed for coverage been investigated and/or cited by any regulatory agency for violations arising out of any proposed insured’s or Your Company’s activities or services?  
 Yes  No

**WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE INSURER, IT IS AGREED THAT ANY MATTER REQUIRED TO BE DISCLOSED IN RESPONSE TO THE ABOVE QUESTIONS, AND ANY CLAIM ARISING FROM OR RELATED TO SUCH MATTER, IS EXCLUDED FROM ALL PROPOSED INSURANCE.**

**12. ADDITIONAL APPLICATION MATERIALS**

At the discretion of the Insurer, and as is relevant to the requested coverage(s), the following materials may be required.

- Any specific Claim or Potential Claim information.
- The most recent fiscal year-end and interim financial statements.
- The latest edition of the Applicant’s Internet and Network Security Policy.
- The latest edition of the Applicant’s Privacy Policy.

- A copy of Your standard Customer Agreement.
- A copy of Your standard Sub-Contractor Agreement.

### 13. NOTICES TO APPLICANT

The Undersigned warrants that, to the best of his or her knowledge and belief, the statements set forth herein are true and accurate. The Insurer will have relied upon this Application in issuing any policy. The Insurer is hereby authorized to make any investigations and inquiry in connection with the information, statements and disclosures provided in this Application.

The signing of the Application does not bind the Undersigned to purchase the insurance, nor does review of this Application bind the Insurer to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. This Application shall be attached and will become 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.

The Undersigned declares that the person(s) and entity(ies) proposed for this insurance understand that:

- The Policy shall apply only to Claims made during the Policy Period or Extended Reporting Period (if applicable);
- The Limit of Liability referenced in the Policy shall be reduced by, and may be completely exhausted by, the payment of Defense Expenses. In such event, the Insurer shall not be liable for the payment of Defense Expenses, or bear the responsibility of defending or continuing to defend any Claim, or be liable for the amount of any judgment or settlement, to the extent that such costs exceed the Limit of Liability referenced in the Policy; and
- Defense Expenses that are incurred shall be applied against the Retention amount.

### 14. MATERIAL CHANGE

The Undersigned declares that if any occurrence or event takes place prior to the effective date of the insurance for which this Application is being made, which may render inaccurate, untrue, or incomplete any statement made in this Application or any attachment thereto, such occurrence or event will immediately be reported in writing to the Insurer. The Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

### 15. FRAUD WARNINGS

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. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

**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 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."

**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 MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY OR 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."

**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 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" (365:15-1-10, 36 §3613.1).

**NOTICE TO 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) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**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 RHODE ISLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE

INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

**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 VERMONT APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

**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 APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE 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 ALL OTHER 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 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.”

NAME (PLEASE PRINT): \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_