

APPLICATION

MID-SIZE LAWYERS PROFESSIONAL LIABILITY INSURANCE

NOTICE: THIS IS AN APPLICATION FOR A POLICY, WHICH IF ISSUED, WILL BE ON A CLAIMS MADE AND REPORTED BASIS AND COVERS ONLY CLAIMS FIRST MADE AND REPORTED AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY AMOUNTS INCURRED AS CLAIM EXPENSES. PLEASE READ THIS POLICY CAREFULLY.

THE FIRM

1. The precise name of the applicant firm to be insured **(please attach a sample of the firm’s letterhead):**

_____ Inconsistencies between the firm’s letterhead and this application, including attorneys named, address, other offices, etc., should be explained on a separate sheet of your firm’s letterhead.

2. a. Has there been a change to the firm’s principal location or contact information? YES NO
If “Yes,” please provide the following information:

Street Address _____

City/Town _____ County _____ State ____ Zip _____

Phone (____) _____ Fax (____) _____

Email Address: _____

Web Site: _____

b. Applicant firm’s mailing address: (if different from that in 2.a.)

Street Address _____

City/Town _____ County _____ State ____ Zip _____

3. Does the firm practice from additional locations? YES NO
If “Yes,” please complete the Additional Locations Supplement.

4. When was the firm established? _____
(Month / Day / Year)

5. a. Coverage requested to be effective on: _____

b. Please select the Each Claim/Aggregate Limit you desire:

- | | |
|--|--|
| <input type="checkbox"/> \$ 100,000 / \$ 300,000 | <input type="checkbox"/> \$ 3,000,000 / \$ 3,000,000 |
| <input type="checkbox"/> \$ 250,000 / \$ 500,000 | <input type="checkbox"/> \$ 4,000,000 / \$ 4,000,000 |
| <input type="checkbox"/> \$ 500,000 / \$ 500,000 | <input type="checkbox"/> \$ 5,000,000 / \$ 5,000,000 |
| <input type="checkbox"/> \$ 500,000 / \$ 1,000,000 | <input type="checkbox"/> \$ 6,000,000 / \$ 6,000,000 |
| <input type="checkbox"/> \$ 1,000,000 / \$ 1,000,000 | <input type="checkbox"/> \$ 7,000,000 / \$ 7,000,000 |
| <input type="checkbox"/> \$ 1,000,000 / \$ 2,000,000 | <input type="checkbox"/> \$ 8,000,000 / \$ 8,000,000 |
| <input type="checkbox"/> \$ 2,000,000 / \$ 2,000,000 | <input type="checkbox"/> \$ 9,000,000 / \$ 9,000,000 |
| <input type="checkbox"/> \$ 2,000,000 / \$ 4,000,000 | <input type="checkbox"/> \$ 10,000,000 / \$ 10,000,000 |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

c. Please select the Retention you desire:

- \$ 25,000
 \$ 35,000
 \$ 50,000
 \$ 75,000
 \$ 100,000
 \$ 150,000
 \$ 250,000
 Other _____

6. a. Please provide the number of lawyers in your firm that currently are:

Owners/Partners/ Members/Officers	Associates/Employed Lawyers	Of Counsel	Independent Contractors	TOTAL

b. Total number of lawyers: Previous Year Two Years Ago

- c. Please provide a list of your firm's lawyers on a separate sheet. Include name, position in firm, year admitted to the bar, year joined your firm, and name of previous firm, if applicable.
- d. Please provide the number of non-lawyer employees utilized by the firm as:

Law Clerks/ Paralegals	Accountants/ Bookkeepers	Secretary/ Clerical	Investigators	Abstractors	Other (Runners, Receptionist, etc.)	TOTAL

All non-lawyer employees of the firm should be listed in the categories above, and are automatically covered at no additional charge.

FIRM FINANCIAL INFORMATION

7. Please supply the following information and the source financial documents listed below. For items a., b., and c., supply information for your latest completed fiscal year and the prior two fiscal years. For items d., e., and f., please supply the amount at year end.

	Latest Fiscal Year (ending __/__/____)	1 st Prior Fiscal Year (ending __/__/____)	2 nd Prior Fiscal Year (ending __/__/____)
a. Gross Revenues: Cash receipts from professional services, excluding expense reimbursements.			
b. Net Income: Total net income for distribution to active equity partners or shareholders.			
c. Total Debt (Net present value): The sum of long- and short-term debt to all creditors. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, list each obligation and its maturity date.)			
d. Lease Obligations (Net present value): Please include net present value for all leases – e.g., for real estate, furnishings, office equipment, etc. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, list all leases and show payment due by year for each.)			
e. Obligations to Former Partners/ Shareholders (Net present value): Total of all payment due to retired partners/shareholders or former partners/shareholders, for whatever reasons. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, please list obligations per year for each individual).			
f. Partner or Shareholder Equity: Total partner or shareholder equity.			

Please provide the firm's latest fiscal year financial statements (income statement and balance sheet), audited if available, with this application.

8. Over the past five (5) years, has there been a change in the firm's operations, such as a merger, the opening or closing of a branch office, or a significant shift in the firm's client base, or a shift of more than 25% of the firm's total billable hours from one Area of Practice to another? YES NO
If "Yes," please explain on a separate sheet of your firm's letterhead, or on page 8. of this application.
9. Is coverage desired for any predecessor firm (i.e. any prior entity that provided legal services (1) which has undergone dissolution, (2) whose financial assets and liabilities the applicant law firm is the majority successor in interest, and (3) from which the applicant law firm has retained 50% or more of the attorneys)? YES NO
If "Yes," please complete the Predecessor Firm Supplement available from your broker.

10. Does the firm advertise its practice (e.g. on TV, radio, by direct mail, or in the Yellow Pages other than by alphabetical listing)? YES NO
 If "Yes," attach copies of any such advertisement and/or written description of television or radio ads.

THE PRACTICE

11. Areas of Practice

a. Indicate percentages in **whole numbers** next to the type of law you practice, not the business of the clients you represent.
 b. All litigation should be coded under the "Litigation" section with the exception of "Admiralty/Marine", "Criminal", "Intellectual Property" and "Tax Litigation" which should be coded to their respective Area of Practice.

Admiralty/Marine – Defense	___%	Litigation	
Admiralty/Marine – Plaintiff	___%	<i>Class Action – Defense</i> ⁽⁶⁾	___%
Anti-Trust/Trade Regulation	___%	<i>Class Action – Plaintiff</i> ⁽⁶⁾	___%
Arbitrator/Mediator	___%	<i>General Commercial – Defense</i>	___%
Banking/Financial Institutions	___%	<i>General Commercial – Plaintiff</i>	___%
Bankruptcy	___%	<i>Insurance Defense</i> ⁽⁷⁾	___%
Business Transactions/Corporate Law		<i>Personal Injury/Prop Damage – Defense</i>	___%
<i>Administrative</i> ⁽¹⁾	___%	<i>Personal Injury/Prop Damage – Plaintiff</i> ⁽⁸⁾	___%
<i>Formation of Entities</i>	___%	<i>Workers' Compensation – Defense</i>	___%
<i>General Contract Negotiation</i>	___%	<i>Workers' Compensation – Plaintiff</i>	___%
<i>Mergers & Acquisitions</i>	___%	Lobbying	___%
<i>Secured Transactions</i> ⁽²⁾	___%	Local Govt/Municipal (not bonds)	___%
Civil Rights/Discrimination	___%	Natural Resources/Oil & Gas	___%
Collections ⁽³⁾	___%	Real Estate	
Construction (Building Contracts)	___%	<i>Abstracting/Title – Commercial</i> ⁽⁹⁾	___%
Consumer Claims (not class action)	___%	<i>Abstracting/Title – Residential</i> ⁽⁹⁾	___%
Criminal	___%	<i>Conveyance – Commercial</i> ⁽⁹⁾	___%
Entertainment ⁽⁴⁾	___%	<i>Conveyance – Residential</i> ⁽⁹⁾	___%
Environmental Law	___%	<i>Foreclosures and Loan Workouts</i>	___%
ERISA/Pension/Employee Benefits	___%	<i>Landlord/Tenant</i>	___%
Family Law		<i>Syndications/Limited Partnerships</i> ⁽⁹⁾	___%
<i>Adoption</i>	___%	<i>Zoning & Planning</i>	___%
<i>Divorce – marital assets < \$1,000,000</i>	___%	Securities (SEC, Blue Sky, Bonds) ⁽¹⁰⁾	___%
<i>Divorce – marital assets > \$1,000,000</i>	___%	Taxation	
<i>Elder Law</i>	___%	<i>Business</i> ⁽¹¹⁾	___%
<i>Guardianship/Juvenile</i>	___%	<i>Individual</i> ⁽¹¹⁾	___%
<i>Social Security</i>	___%	<i>Tax Litigation</i>	___%
Govt. Contracts/Claims	___%	<i>Opinions</i> ⁽¹¹⁾	___%
Healthcare – Regulatory Compliance	___%	Wills, Estate, Trust, Probate & Planning	
Immigration/Naturalization	___%	For assets < \$1,000,000	___%
Intellectual Property		For assets > \$1,000,000	___%
<i>Copyright/Trademark</i> ⁽⁵⁾	___%	Other (please describe):	___%
<i>IP Litigation</i> ⁽⁵⁾	___%	_____	
<i>Patent</i> ⁽⁵⁾	___%		
International Law	___%		
Labor/Employment – Management	___%	TOTAL	
Labor/Employment – Employee	___%		100%
Labor/Employment – Union	___%		

(1) Includes maintaining corporate minute books, preparing and filing routine company licenses, drafting corporate resolutions, etc.
 (2) Includes filings of and searches for UCC-1s; secured real property transactions to be coded under Real Estate.
 (3) If any, please complete the Collections Supplement; real estate foreclosures to be coded under Real Estate.
 (4) If any, please complete the Entertainment Supplement.
 (5) If any, please complete the Intellectual Property Supplement.
 (6) If any, please complete the Class Action Supplement. Mass torts should also be coded under Class Action.
 (7) If any, please complete the Insurance Defense Supplement.
 (8) If any, please complete the Plaintiff Litigation Supplement.
 (9) If any, please complete the Real Estate Supplement.
 (10) If any, please complete the Securities Supplement.
 (11) If any, please complete the Tax Shelter Supplement.

12. Within the past five (5) years, has the firm, or any attorney of the firm (regardless of what firm he or she was practicing with at the time):
- a. Provided legal services in any way related to a security or to securities transactions (whether or not consummated) which are or may be subject to the Securities Act of 1933, Securities Exchange Act of 1934, Investment Company Act of 1940, Public Utility Holding Company Act of 1935, Trust Indenture Act of 1939, Investment Advisor Act of 1940, any state blue sky or securities law, any other law related to any purchase, sale or offer to purchase or sell a security, or any rules or regulations related thereto? YES NO
If "Yes," please complete the Securities Supplement. (Note: "Securities" should not be indicated if your representation is limited to the issuance of securities to founders of a business entity as part of its routine formation.)
 - b. Provided legal services in any way related to intellectual property matters, including but not limited to intellectual property litigation, patent infringement counseling, domestic or foreign patent prosecution, patent searches or filings, or trademark or copyright registration or licensing matters? YES NO
If "Yes," please complete the Intellectual Property Supplement.
 - c. Acted in the capacity as SEC counsel, regulatory counsel, or general counsel of any Financial Institution, or rendered services as a director, officer, or committee member of, or held any equity interests in, any Financial Institution? YES NO
If "Yes," please complete the Financial Institutions Supplement.
 - d. Provided any legal services for entertainment clients (e.g. athletes, performers, publishers, authors or designers, etc.) or clients who are otherwise public figures? YES NO
If "Yes," please complete the Entertainment Supplement.
 - e. Been the subject of a grievance or complaint to a local or state bar association, licensing board or peer review committee, or been subject to any disciplinary proceedings, refused admission to practice, disbarred, suspended or formally reprimanded, or are there any such proceedings now in progress, for any reason other than non-payment of dues? YES NO
If "Yes" please complete the Disciplinary Proceedings Supplement.
- Note: Any matter noted in response to 12.e. should be reported to your existing carrier prior to policy expiration, as any claim that may develop from such matter will not be covered under any policy issued in connection with this Application.**

FIRM MANAGEMENT AND OVERSIGHT

13. a. Does the firm employ a full time non-lawyer administrator? YES NO
- b. Does the firm employ a Risk Control or Loss Prevention individual dedicated to establishing and implementing risk management policies and procedures for the firm or who otherwise assists the firm in avoiding malpractice claims? YES NO
If "No," please describe who is responsible for these matters on page 8.
- c. Does the firm have a written Risk Management Manual? YES NO
- d. Does the firm employ a peer review system to evaluate the performance of all practicing attorneys (including partners) within the firm? YES NO
- e. Does the firm require peer review of all significant or critical opinions or decisions by at least two other attorneys? YES NO
If "No," please describe on page 8. the firm's review process for significant or critical opinions or decisions.
- f. Do the firm partners meet regularly throughout the year? YES NO
If "No," please describe on page 8. the firm's review process for significant or critical opinions or decisions.
- g. Does the firm have an Executive or Management Committee with authority to over-rule even senior partners? YES NO
If "Yes", please describe the composition of the committee and the election/appointment process on page 8. and indicate how often the committee meets.
- h. Does the Executive or Management Committee have regularly scheduled meetings throughout the year?..... YES NO
If "Yes", please explain the regularity of these meetings on page 8.
- i. Does the firm have an attorney compensation plan containing criteria in addition to new business generation? YES NO
Please describe the firm compensation plan on page 8.
- j. Does the firm have a procedure for the election of officers and committee members? YES NO
If "Yes", please explain the election process on page 8, including term and rotation requirements.

INTERNAL PROCEDURES

- 14. a. What percentage of the firm's billings are past due over ninety (90) days? ____%
- b. Has the firm initiated lawsuits or arbitration procedures during the last two (2) years to enforce the collection of unpaid fees for the firm? YES NO
- c. If "Yes," how many? _____ How many of these remain open? _____
- d. Which of the following best describes your firm's practice regarding the filing of suit to collect unpaid fees:
 - i. Suits for fees are prohibited.....
 - ii. Suits for fees are permitted only with approval of the Management Committee, Managing Partner or other similar committee of the firm charged with oversight of such matters.....
 - iii. Suits for fees are permitted only after a complete review of the underlying work product for counterclaim potential or after the relevant statutes of limitation have expired.....
 - iv. Suits for fees may be brought by any attorney or partner of the firm OR the firm has no policies with respect to the filing of suits for collection of fees
- d. Does your firm have a policy for responding to client complaints regarding services rendered or fees? YES NO
If "Yes," please describe on page 8. how the firm responds to complaints.
- 15. a. Does your firm have procedures to generate terms of representation or engagement letters to clients? YES NO
- b. Does your firm notify prospective clients in writing when you decline to represent them in a matter? YES NO
- c. Does your firm notify clients in writing when your services are completed or when your attorney-client relationship is terminated? YES NO
If "No" to any part of Question 15, please describe your client engagement/termination procedures on page 8.
- 16. Does your firm have at least 2 independently maintained calendars, at least one of which is centralized and computerized, in which litigated and non-litigated matters are entered by separate individuals? YES NO
- 17. Does your firm employ a dedicated docket control clerk? YES NO
- 18. a. Does your firm have procedures for identifying and resolving potential or actual conflicts of interest? YES NO
- b. Do these procedures include cross-checking of conflicts between former, existing or potential clients of the firm and all individual attorneys before accepting new clients or new matters? YES NO
- c. Do these procedures include the use of a new client form or memo which is circulated to all attorneys? YES NO
- d. Is the firm's conflict of interest avoidance system automated, utilizing a computerized database? YES NO
- e. If your firm becomes aware of a conflict of interest, do you disclose it in writing to all parties involved? YES NO
- f. Is partner approval required before a new client is accepted? YES NO
If "No" to any part of Question 17., please describe your conflict control and client acceptance procedures on page 8.
- 19. Does your firm require second partner review of opinion letters and audit responses prior to issuance? YES NO
- 20. Does the firm refer legal work to attorneys outside of the applicant firm, retaining a portion of the fees? YES NO
If "Yes," please provide on a separate sheet of your firm's letterhead (i) the names of such attorneys, (ii) whether they have insurance coverage, (iii) the nature of the legal services provided, (iv) whether the firm obtains the written consent of its clients to such arrangement, and (v) the number of hours of legal work handled in such manner in the past twelve (12) months.

OUTSIDE INTERESTS

- 21. Does the firm have a written policy concerning an attorney's investment in client businesses? YES NO
If "No", please describe your firm's policy for these matters on page 8.
- 22. Within the past five (5) years:
 - a. Has any attorney of the firm or, to the best of your knowledge, has any former attorney while affiliated with the firm, served as director, officer or partner or in a fiduciary capacity for any current or former client? YES NO
If "Yes", please complete the Outside Interests Supplement.
 - b. Has any attorney of the firm (including members of such attorney's immediate family) had any ownership interest in any current or former client? YES NO
If "Yes", please complete the Outside Interests Supplement.
- 23. Does any single client represent 10% or more of the firm's total gross billings? YES NO
If "Yes", please complete the Outside Interests Supplement.
- 24. Does the firm have a written policy regarding investments by the firm's attorneys in client businesses? YES NO
If "No", please describe your firm's policy for these matters on page 8.
- 25. Has any attorney of the firm been engaged in any business enterprise, profession or occupation outside the practice of law (e.g. title agent, investment counselor, accountant, real estate agent,

insurance agent, financial planner, etc.) or been an employee of any business or organization other than the firm, within the past five (5) years? YES NO
 If "Yes," please describe such activities on page 8, and whether insurance coverage is or was maintained for such exposures.

INSURANCE COVERAGE HISTORY

26. During the past five (5) years, has any insurance carrier canceled or refused to renew the professional liability insurance policy covering the firm or any of the firm's attorney(s) (regardless of what firm he or she was practicing with at the time) for any reason other than the carrier's withdrawal from the market **(not applicable in Missouri)**? YES NO

If "Yes," please describe on page 8. Include the name of the carrier who canceled or non-renewed, the date and reason for the cancellation or non-renewal, and any comments you may wish to add.

27. a. Is your firm currently insured against lawyers professional liability claims? YES NO

b. If "Yes," does your firm's current policy have any endorsements that limit or exclude coverage other than an office sharing or prior acts exclusion endorsement? YES NO
 If "Yes," please attach a copy of the endorsement. If unavailable, please describe on page 8.

c. (i) Does your firm's current policy have a prior acts (retroactive date) exclusion? YES NO

(ii) If "Yes," what is the prior acts exclusion date? / /
 Please provide a copy of the endorsement. (Month/Day/Year)

28. a. (i) Has the firm ever purchased Extended Reporting Period (tail) coverage? YES NO

(ii) If "Yes," what is the effective date of the endorsement or coverage? / /
 (Month/Day/Year)

b. What is the length of the extended reporting period? years
 Please provide a copy of the endorsement.

29. Please complete the following regarding the firm's recent insurance history:

	Insurance Company	Limits per Claim/Aggregate	Retention/Deductible	# of Attorneys	Annual Premium	Policy Period From/To
Current Year						to
Previous Year 1						to
Previous Year 2						to
Previous Year 3						to

CLAIMS INFORMATION

30. After inquiry of all attorneys and employees of the firm, including all Of Counsel and Independent Contractor attorneys, is any such person aware of:

a. A professional liability claim made in the past five (5) years (or earlier, if the claim is still open) against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm? YES NO

b. An act or omission that might reasonably be expected to be the basis of a claim against him or her, the firm, any predecessor firm, any current attorney or employee of the firm, or against any former attorney or employee while affiliated with the firm? YES NO

If "Yes" to either 30.a. or b., please complete a Description of Claim or Incident Supplement available from your broker for each such claim, or act or omission.

Note: Applicant should notify Applicant's existing insurance carrier of all claims, and all acts and omissions that might reasonably be expected to be the basis of a claim or suit, prior to expiration of that carrier's policy. No coverage will exist under any policy of insurance issued in connection with this Application for any existing claim, or any claim based upon or arising out of, in whole or in part, any such act or omission, or any related act or omission. Any and all such claims, and any claims related thereto, shall be excluded from coverage under any policy issued in connection with this Application.

ADDITIONAL INFORMATION (If you need more space, please use a separate sheet of your firm's letterhead).

SIGNATURE AND REPRESENTATION

Applicant hereby represents after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. **Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.**

Further, Applicant understands and acknowledges that:

1. if a policy is issued, the Company will have relied upon, as representations: this Application, and any supplemental Applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof;
2. this Application will be the basis of the contract and will be incorporated by reference into and made a part of such policy; and
3. Applicant's failure to report to its current insurance company before the expiration of its current policy (a) any claim made against any insured during the current policy term, or (b) any act or omission of which Applicant or any of its attorneys or employees are aware that might reasonably be expected to be the basis of a claim, may create a lack of coverage. No coverage will exist under any policy of insurance issued in connection with this application for any claim brought prior to the issuance of such policy, or any claim brought after the issuance of such policy based upon or arising out of, in whole or in part, any such act or omission, or any related act or omission. Any and all such claims, and any claims related thereto, shall be excluded from coverage under any policy issued in connection with this application.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

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."

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 IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

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

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO 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: "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 AND 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 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 CLAIMS 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 of Applicant/Named Insured (please print):

Name and position of authorized representative completing this form:

SIGNATURE OF OFFICER OR PARTNER OF FIRM

DATE

PRINT NAME OF OFFICER OR PARTNER

POSITION

Application must be signed by a duly authorized proprietor, partner, member or officer of the firm.

REMINDER → Please attach a sample of your letterhead to this application.

TO BE COMPLETED BY YOUR AGENT OR BROKER

Agency / Broker: _____	Subproducer/Agency: _____
Agent's License ID No: _____	Mailing Address: _____
Customer Number: _____	City / State / Zip: _____
Mailing Address: _____	Phone: _____
City / State / Zip: _____	
Phone: _____	