**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH HUDSON INSURANCE COMPANY**

**(THE “INSURER”)**

**NOTICE: THE LIABILITY COVERAGE PART SECTIONS OF THE NOT-FOR-PROFIT DEFENDER POLICY 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 INSURER BE LIABLE FOR “DEFENSE COSTS” OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIAIBLITY. 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 the CEO and CFO.
4. All Applicants are required to complete Sections I, II, III, VII and VIII. **Application** sections IV, V, VI should be completed only to the extent Applicantis applying for the respective coverage part.
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.
7. Please attach a copy of the following for every Applicant**.**
   1. most recent CPA prepared full year complete audit, review or compilation
   2. most recent interim balance sheet, cash flow, income statement
   3. summary biographies of executive officer and trustees
   4. Applicant’s charter, bylaws and indemnification agreement(s)

**II. GENERAL COMPANY INFORMATION**

1. a) Name of Applicant:

Address:

State of Incorporation:

Website Address:

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) Nature of Applicant’s business:

|  |
| --- |
|  |

d) 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).

1. Are there any other entities or organizations other than the Applicant for which coverage is requested?

If “Yes”, attach details on each including: name, affiliation and nature of operations. Yes No

1. Please complete the following information for the current year:

Total employees:       Annual revenues: $      Total assets: $

1. Does the Applicant or any subsidiary render any professional services, including but not limited to conducting any standard setting, accrediting, credentialing or licensing activities, for others or for members? Yes No

Or for a fee? Yes No

If “Yes” to either question, please explain:

|  |
| --- |
|  |

1. Prior Claim Experience:
   1. Has the Applicant given notice of any claim, circumstance or potential claim to any insurer involving any of the coverages to which this **Application** relates? Yes No

If “Yes”, please attach full details of each such claim, circumstance or potential claim including any settlement or resolution thereof.

1. Has there been or is there now pending any claim(s), suits(s), action(s) investigations or regulatory inquiries against the Applicant, its **Subsidiaries**, or any entity or individual proposed for insurance including but not limited to the Applicant’s directors, officers, trustees, employees in their capacity as such? Yes No
2. Has there been or is there now pending any inquiry or investigation or any violation of ERISA\* or any similar common or statutory law anywhere in the world to which the Applicant’s employee benefit plan is subject? Yes No

If “Yes”, please attach complete details

\*Employee Retirement Income Security Act of 1974 including any amendment or revision thereto

1. Has the Applicant or any director or officer thereof been involved in, named in or charged in:
   1. any intellectual property or privacy litigation Yes No
   2. any civil or criminal action or administrative proceeding with a violation of any federal or state law governing not-for-profit entities, antitrust, fair trade, anti-harassment or anti-discrimination? Yes No

**With respect to question number 2a – d above it is agreed that if any of the above claim(s), suit(s), action(s), investigation(s), proceedings, inquiries or involvement exists they are hereby excluded from any proposed policy or coverage.**

1. Current Insurance:

|  |  |  |  |
| --- | --- | --- | --- |
| D&O (Directors & Officers Liability) | | Fiduciary Liability | |
| Carrier(s) |  | Carrier(s) |  |
| Limit | $ | Limit | $ |
| Premium | $ | Premium | $ |
| Expiration |  | Expiration |  |
|  |  |  |  |
| EPL (Employment Practices Liability) | | Crime | |
| Carrier(s) |  | Carrier(s) |  |
| Limit | $ | Limit | $ |
| Premium | $ | Premium | $ |
| Expiration |  | Expiration |  |

1. 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****)***

5. Does the Applicant carry Errors & Omissions coverage? Yes Limit $      No

1. Requested Coverage and Limits:

|  |  |
| --- | --- |
| **Coverage Sections Requested** | **Limit of Liability Requested** |
| Directors & Officers Liability and Entity Liability | $ |
| Employment Practices Liability | $ |
| Fiduciary Liability | $ |
| Crime | $ |

**III. STATEMENT OF ACTIVITIES AND CASH FLOW**

1. Please provide the following financial information for the Applicant and any unconsolidated **Subsidiaries**.

Information must be based on the most recent audited financials or interim financials if audited financials are not available.

|  |  |
| --- | --- |
| **Based on Financial Statements Dated:** | **(Year/Month)**       **Qtr/Year** |
| Total Assets | $ |
| Current Assets | $ |
| Current Liabilities | $ |
| Total Liabilities | $ |
| Fund Balance | $ |
| Total Revenues/Contributions | $ |
| Net Income  Net Loss | $ |
| Cash flow from operations | $ |
| Long Term Debt | $ |

1. Are the Applicant’s financials audited? Yes No
2. Has the Applicant changed auditors in the past 3 years? Yes No

If “Yes” was the Applicant in any dispute or disagreement with their auditors? Yes No

1. Is the Applicant 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.

1. 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)

1. Have there been any changes in the Board of Directors, CEO or other executive officers of the

Applicant within the past 12 months for reasons other than death or retirement? Yes No

Are any changes currently anticipated with the next 12 months? Yes No

If “Yes”, please attach explanation.

1. Are there currently outstanding loans to any director or officer? Yes No
2. How long has the current CEO been in that position?

**IV. EMPLOYMENT PRACTICES LIABILITY INFORMATION**

Please attach a copy of the following documents for each Applicant or if none exists, check “none”

1. Loss runs for past 3 years none
2. Most recent EEO-1 report none
3. Employee Handbook none
4. Employment Application none
5. HR Manual none

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Employee count: | Current year |  | Previous year |
| 1. Full time employees: |  |  |  |
| 1. Part time employees (include leased and seasonal): |  |  |  |
| 1. Number of volunteers: |  |  |  |
| 1. Number of independent contractors: |  |  |  |
| 1. Number of employees in California: |  |  |  |
| 1. Number of employees in Texas: |  |  |  |

1. What was the annual employee turnover rate for last 2 years?

Past 12 Months:      % Prior Full Year:      %

1. How many involuntary terminations have occurred in: Past 12 months:       Prior Full Year:
2. Has the Applicant had any plant, facility, branch or office closing, consolidations or layoffs within the past

12 months or planned in the next 12 months? Yes No

1. During the past 3 years, has any Applicant in any capacity, been involved in any matter that has been the subject of:
   * 1. 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.

(c) any “whistle blower” allegations, suit or proceeding? Yes No

1. Does the Applicant:
2. Have a full-time human resources coordinator? Yes No

If “no”, who performs this function? Name:

Title:       e-mail address:

1. Use an employment **Application** for all employment applicants? Yes No

(c) Have a written policy with respect to sexual harassment and discrimination? Yes No

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

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

(f) Have a written policy and procedures for Family Medical Leave and Equal Opportunity of Employment? Yes No

(g) Have a written human resources manual or equivalent written guidelines? Yes No

(h) Review all terminations with human resources and/or in-house or outside counsel? Yes No

(i) Have written procedures in place regarding Employment at Will? Yes No

If “No”, please attach a full explanation.

(j) Have written procedures in place regarding Americans with Disabilities Act (ADA)/Handicap

accommodation? If “No”, please attach a full explanation. Yes No

(k) Distribute its employee handbook to, and document its receipt by, all employees? Yes No

(l) Use any tests to screen applicants for employment, or to screen existing employees for continued

employment or for promotion? Yes No

If “Yes” please describe:

|  |
| --- |
|  |

(m) Require face-to-face training regarding anti-discrimination and anti-sexual harassment policies and

procedures to be conducted by:

1. In-house human resource staff? Yes No
2. An outside vendor? Yes No

If “no” to both of the above in Question 4(f), please attach an explanation.

(n) Provide formal training for its supervisors in administering these procedures? Yes No

If Yes, who provides this training?

1. For discrimination and harassment complaints, how are the investigations conducted? internally externally
2. Are pay practices reviewed for inequities? Yes No
3. Are job assignments and promotion practices reviewed for adverse impact on protected classes? Yes No
4. Does the Applicant have written established policies or procedures:

(a) Outlining employee conduct when dealing with third parities, including non-discrimination

and non-harassment statements? Yes No

(b) For responding to complaints of harassment, discrimination or civil rights violations from

third parties? Yes No

1. What percentage of the Applicant’s employees and volunteers have direct contact with the general public?      %
2. Has the Applicant ever had any action or civil suit brought against it by a customer, client or third party

alleging harassment, discrimination, or civil rights violations? Yes No

If “Yes” please attach a full description of the details.

**V. FIDUCIARY LIABILITY INFORMATION**

Please attach a copy of the following documents for each Applicant or if none exists, check “none”

1. Loss runs for past 3 years none
2. Most recent plan 5500’s none
3. Most recent audited plan financials none
4. Most recent independent stock valuation report for any ESOP none

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), Other -please describe

Status – Active, Frozen, Sold, Terminated. (If the plan has been terminated, please indicate the date of the transaction.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Plan Name** | **Plan Type: DC, DB, ESOP, Other** | **Number of Participants** | **Total Plan Assets** | **Funding Status (%)**  ***(Defined Benefit plans only)*** | **Status** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**1)** Does the Applicant handle any investment decisions in-house? Yes No

If yes, then whom?

**2)** In the past two (2) years, has there been, or, in the next 12 months is there anticipated, any merger,

termination or suspension of any plans? Yes No

If yes, please attach details.

**3)** 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

**4)** 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

**5)** Does the **Company** have any delinquent contributions to any plan? Yes No

If yes, please provide details on a separate page.

**6)** Has the **Company**, or any plan fiduciary, been accused, found guilty or held liable for a breach or trust or

convicted of criminal conduct? Yes No

If yes, please attach details.

**7)** Has any plan been investigated by the DOL, IRS or any other regulatory agency in the past 2 years or

experienced an event reportable to the PBGC? Yes No

If yes, please attach details.

**8)** Does the Applicant sponsor any Cash Balance Plans or does the Applicant anticipate the conversion to

or has it ever converted a pension plan to a Cash Balance Plan? Yes No

If yes, please attach details.

**9)** Has any plan been amended within the last 12 months in a way that will result in the reduction of benefits

**o**r are any such amendments anticipated within the next 12 months? Yes No

If yes, please attach details.

**VI. CRIME INFORMATION**

Requested Coverage:

|  |  |  |
| --- | --- | --- |
| **Insuring Agreement** | | **Limit of Insurance** |
| 1. | Employee Theft | $ |
| 2. | Depositors Forgery or Alteration | $ |
| 3. | Inside The Premises – Money, Securities and Other Property | $ |
| 4. | Outside The Premises – Money, Securities and Other Property | $ |
| 5. | Computer and Funds Transfer Fraud | $ |
| 6. | Money Orders and Counterfeit Currency | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Is coverage for loss of client property requested? | Yes No | Limit: | $ |
| Total Number of Domestic Employees: |  |  |  |
| Total Number of Foreign Employees: |  |  |  |
| Total Number of Locations: |  |  |  |

**Audit Procedures:**

Does the Applicant:

1) Allow the employees who reconcile the monthly bank statements to also:

sign checks? Yes No

handle deposits? Yes No

have access to signing machines or signature stamp/plates? Yes No

1. Is countersignature of checks required? Yes No

If “Yes”, above what amount?

1. 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.

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

Who performs these reconciliations?

5) Is there personal supervision of business activities on a daily basis by Owner, Partner or Director? Yes No

1. Do you handle, store or use for manufacturing any precious metals and or Non precious metals? Yes No
2. Are all vouchers/supporting records stamped “PAID” when checks are signed? Yes No

**Money, Securities & Payroll:**

1. Does the Applicant perform pre-employment reference checks for all its potential employees? YesNo

If “No”, please attach an explanation.

1. Are all persons who are authorized to hire/fire employees prohibited from distributing the payroll? Yes No
2. Are credit reports checked when screening new employees? Yes No
3. What is the maximum amount at any one location:

Money:

Checks:

Negotiable Securities:

**Vendor Information:**

5) Does the Applicant:

a) Maintain a list of authorized vendors? Yes No

1. 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

1. Allow the same individual who verifies the existence of vendors to also have the authority to edit

the authorized master vendor list? Yes No

1. Verify invoices against a corresponding purchase order, receiving report and the authorized master

vendor list prior to issuing payment? Yes No

**Prior Insurance:**

1. Has there been similar insurance declined or canceled during the last three years? Yes No

If “Yes”, please list:

|  |
| --- |
|  |

2) 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 of loss, is the claim open or closed, and total amount of loss. (Attach additional pages if necessary.)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**VII. PRIOR KNOWLEDGE**

The Applicant must complete the prior knowledge statement below if they currently purchase any of the three Liability Coverage Parts (Directors, Officers and **Company** Liability or Employment Practices Liability or the Fiduciary Liability Coverage Part) or if they are purchasing new larger limits in any liability Coverage Part.

The Applicant understands and agrees the Prior Knowledge Statement below applies to those liability Coverage Parts for which no coverage is currently maintained and to those Liability Coverages Parts for which the Applicantis requesting limits of liability greater than currently maintained (but shall only be applicable to the higher limit).

**PRIOR KNOWLEDGE STATEMENT:** No person or entity proposed for coverage is aware of any fact, circumstance or situation which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed liability coverages for which the Applicant does not currently maintain insurance, or within any of the larger limits of liability sought by the Applicant,except: None  or

**IMPORTANT NOTICE:** Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above, any claim or action arising from any such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

**VIII. REPRESENTATIONS, FRAUD WARNINGS AND SIGNATURES**

Any person who, knowingly and with intent to defraud any insurance company or other person, files an **Application** for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

The Applicant’s submission of this **Application** does not obligate the **Company** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the **Application** for coverage is accepted. The Applicant hereby authorizes the **Company** to make any inquiry in connection with this **Application**.

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 assureds 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.”

**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:** "ANY PERSON WHO KNOWINGLY PERSENTS 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 FLORIDA APPLICANTS**: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM 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 PUNICHABLE BY FINES OR IMPRISONMENT, OR BOTH.”

NOTICE TO KANSAS APPLICATNS: “AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREFORE, ANY WRITTEN STATEMENT AS PAST OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO’ OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.”

**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 MARYLAND APPLICANTS: “ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR 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 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 HAMPSHIRE: “ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD AS PROVIDED AS PROVIDED IN RSA 638:20.”

**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 INSURANCE COMPANY , FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE".

**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 KNOWLINGLY 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 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 CEO and CFO (or if there is no CFO, the person acting in a similar capacity such as the Treasurer).**

**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) |