

**Executive Risks Management Liability Application C-Suite**  
NEW BUSINESS APPLICATION

**NOTICE:**

**YOUR POLICY CONTAINS CLAIMS-MADE LIABILITY COVERAGE. CLAIMS-MADE COVERAGE APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE DURING THE POLICY PERIOD OR DISCOVERY PERIOD, IF PURCHASED, AND REPORTED IN ACCORDANCE WITH THE TERMS OF THE POLICY.**

**THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES WILL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES. FURTHERMORE, CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION.**

**READ THE POLICY AND THIS APPLICATION CAREFULLY AND CONSULT YOUR INSURANCE ADVISOR WITH ANY QUESTIONS.**

**General Information**

Name of Applicant:

Address of Applicant:

City:

State:

Zip Code:

Website Address:

Date of Formation: / /

**Please note: For purposes of this application, “you/your” includes the Applicant and any other persons or entities seeking coverage under this insurance on whose behalf the Applicant is authorized to submit the following information.**

1. Description of Operations and NAICS code (if known):

2. Do you:

a. maintain any locations outside of the US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please describe:		
b. i. maintain any locations in; OR ii. have any employees working in any metropolitan area in the state of California?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to either part of the above, please describe:		
c. qualify for tax exempt status under the US Internal Revenue Code or applicable state codes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is every such organization a 501 (c)(3)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Financial Information**

1. Please provide the following information for the Applicant and all of its subsidiaries combined:

Date of financial statement:

	Current year: 20	Prior year: 20
Total assets:	\$	\$
Total liabilities:	\$	\$
Current assets:	\$	\$
Current liabilities:	\$	\$
Fund balance (nonprofit entities only):	\$	\$
Total revenues:	\$	\$
Net income or net loss:	\$	\$
Cash flow from operations:	\$	\$
2. Are you currently in breach of any debt covenants or are you expected to be in breach of any debt covenants in the next 12 months? If Yes, please attach details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Insurance History and Requested Coverage

1. Please provide the following information for the Applicant (please attach information for each subsidiary separately):

	Coverage(s) currently in place	Requested coverage part(s)	Requested limit	Requested retention
Directors and Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Employed Lawyers Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

2. If you have any of the above coverages currently in place, please provide current policy details or attach a copy of the Declarations page(s):

3. Has any insurer declined, cancelled, or nonrenewed any insurance policy similar to the requested coverage for any person or organization to be insured? <b>Missouri applicants need not reply</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## Claims Details

1. Has any claim of the type that could be covered by the requested coverage ever been made against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you aware of any act, error, omission, or other matter which may lead to a claim against you or other loss of the type that could be covered by the requested coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever been subject to an inquiry, investigation, or action by any regulatory body or administrative agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been subject to a criminal action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever been involved in any antitrust, copyright, or patent litigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes to any of the above, please attach or provide additional details:

### Additional information requested:

- Loss runs for the last three years (if you currently carry coverage).
- If you have any pending or prior litigation, please provide details, including demand amounts, name of the plaintiff(s), amount of any settlements or judgments, and steps you have taken to mitigate similar issues in the future.

## Directors & Officers Liability Information

(questions 1, 2, and 3 apply to private entities only; question 6 applies to nonprofit entities only)

1. Provide shareholder information as indicated below:

Director or Officer (D&O) shareholders:	Voting shares owned:
	%
	%
	%
	%
Other shareholders (non-D&O) owning 5% or more voting shares:	Voting shares owned:
	%
	%
	%

If more space is needed, please provide on separate attachment.

2. Are any of your shareholders private equity or venture capital firms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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### Additional information requested:

- Your latest audited financial statements.

## Employment Practices Liability Information

1. Provide employee totals as follows:

How many full-time employees?	How many part-time* employees?	TOTAL number of employees (add full-time and part-time):

\* Part-time employees includes any leased, temporary, volunteer and seasonal employees (including any interns)

Top five states with largest number of employees:	# of employees (full-time or part-time) in each of these states:

## Fiduciary Liability Information

1. Provide the following with respect to the five largest employee retirement plans you offer:

Plan name:	Plan type:	Total plan assets:	Delinquent contributions in the past 12 months?	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Defined Contribution <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Cash Balance <input type="checkbox"/> Welfare <input type="checkbox"/> ESOP <input type="checkbox"/> Other <input type="checkbox"/>	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Defined Contribution <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Cash Balance <input type="checkbox"/> Welfare <input type="checkbox"/> ESOP <input type="checkbox"/> Other <input type="checkbox"/>	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Defined Contribution <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Cash Balance <input type="checkbox"/> Welfare <input type="checkbox"/> ESOP <input type="checkbox"/> Other <input type="checkbox"/>	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Defined Contribution <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Cash Balance <input type="checkbox"/> Welfare <input type="checkbox"/> ESOP <input type="checkbox"/> Other <input type="checkbox"/>	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Defined Contribution <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Cash Balance <input type="checkbox"/> Welfare <input type="checkbox"/> ESOP <input type="checkbox"/> Other <input type="checkbox"/>	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Are any plans not in compliance with any provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") (or any other applicable similar law)?

Yes  No

If yes, please describe:

### Additional information requested:

- If you offer an ESOP, please attach latest valuation.
- If you offer defined benefit plans or cash balance plans, please attach latest audited plan financial statements.

## Employed Lawyers Liability Information

- How many lawyers do you employ in their capacity as such?
- What is the average experience (in years) of your employed lawyers?
- Do any employed lawyers:

Provide <i>pro bono</i> services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Perform moonlighting services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Issue legal opinions to outside parties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Perform legal services related to mergers, acquisitions, or consolidations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Appear in court on your behalf or on behalf of any other party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Perform any securities-related legal services for you or any other party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide legal services related to criminal, matrimonial, or intellectual property matters, or estate/financial planning services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Serve on the Board of Directors of the Applicant or any of its subsidiaries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes to any of the above, please attach additional details.

## Executive Risks Crime Application C-Suite

**Please attach a list of all subsidiaries including operations, percent of ownership and the date acquired or created. (Note: This application is for a policy which includes coverage for all subsidiaries under the Applicant's control. The application and any attachments must include information for the first named insured and all subsidiaries and other entities to be included by endorsement).**

### Loss History Check if none

List all losses sustained, whether or not claimed, and if claimed, whether or not reimbursed during the past six years from the completion date of this application for any similar insurance requested in this application.

Date of loss	Type of loss (Employee Theft, Forgery, etc.)	Amount of loss
/ /		\$
/ /		\$

Please attach full details of all losses including descriptions, corrective action taken, estimated ultimate total amount and amount covered by insurance.

## Exposure Information

	Domestic	Foreign	Independent Contractors	Grand Total
Number of employees:				
1. Estimate the percentage of the Grand Total who have access to cash, checks and approval				%
2. Total number of locations:		If you provide lodging, how many guest rooms?		n/a <input type="checkbox"/>
3. For each foreign location, please detail the following information (attach separate sheet if necessary)				Check if none <input type="checkbox"/>
Country	Type of operation	# of employees	Revenues	
4. Are all controls consistent among all locations (including foreign locations)?				Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Maximum cash exposure (physical currency)	Inside the Premises:	\$	Outside:	\$
6. Do you have precious metals, precious or semi-precious stones, pearls, furs or articles containing such materials?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:				
7. Do you have access to your client's funds/property?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, type of property?				
Dollar amount value: \$		How many employees will be performing work for your client(s):		
8. Have you or any subsidiary engaged in any mergers or acquisitions in the last three years?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any plans for mergers or acquisitions in the next 12 months?				Yes <input type="checkbox"/> No <input type="checkbox"/>

## Audit Controls

1. Are your financial statements audited or reviewed annually by an independent CPA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is there a CPA Management Letter/ Response commenting on internal control weaknesses, recommendations for improvement, and a response by management? If yes, please attach the most recent report.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were any material weaknesses identified during the audit which have not yet been implemented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		
3. Do you have an Internal Audit Department? If yes, staff size?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Internal Controls

1. Please indicate the types of background checks performed for all new hires:				
References <input type="checkbox"/>	Criminal <input type="checkbox"/>	Credit Checks <input type="checkbox"/>	Prior Employer <input type="checkbox"/>	
2. Are bank accounts reconciled monthly?				Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are bank accounts reconciled by someone not authorized to deposit or withdraw?				Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are internal controls designed so that no single employee can control a transaction from initiation to recording/reconciliation (e.g. request a check, approve a voucher and sign the check)?				Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are at least two signatures required on checks?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, above what amount?				
6. Are the owner(s) with more than 25% ownership the only individuals who can sign checks and make deposits or withdrawals?				Yes <input type="checkbox"/> No <input type="checkbox"/>
7. a. Are employees in sensitive positions required to take annual vacations of at least 5 consecutive business days?				Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do you practice regular job rotation?				Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you have a fraud hotline that is publicized to employees, vendors and customers?				Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Please indicate if fraud training is provided to:		Executives <input type="checkbox"/>	Managers <input type="checkbox"/>	Employees <input type="checkbox"/>

## Vendor Controls

1. Estimated number of active vendors utilized:		
2. Do you use vendors for handling financial transactions such as payroll and bookkeeping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is an authorized vendor list utilized and updated annually for all purchases, with competitive bidding required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are background checks performed on vendors in order to determine ownership and financial capability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Is the responsibility for authorizing vendors, approving invoices and processing payments segregated among different employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Tech Controls

1. Are daily backups made and stored securely off premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are employees warned of Phishing scams and blocked from harmful websites?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are all desktop computers protected by anti-virus software?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Does your bank require authentication of the identity of the caller before acting upon any transfer instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are verifications sent directly to a department not authorized to initiate transfers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you utilize login credentials belonging to any third party including customers and vendors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. With regard to transfer of funds:	<b>Domestic</b>	<b>Foreign</b>
A) Daily average number:		
B) Average amount transferred per day:	\$	\$
C) Maximum amount in any one transfer:	\$	\$
D) Percentage going to Asia / Russia combined:		%
8. Before acting on a transfer, do you verify the request or account detail changes using a method other than the initial contact method (example: the initial request is received by email and verification is done by telephone)? If yes, above what amount?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe procedure:		
Are procedures followed for transfer requests coming from both internal and external sources?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do you use email authentication to ensure that email originated from an authorized system (example: SPF-Sender Policy Framework)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Remainder of page intentionally left blank**

## **APPLICATION DISCLOSURES:**

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

With respect to any liability coverage parts for which the Applicant is applying. Please read the following statement carefully and sign where indicated in the Applicant Information section below:

The undersigned Applicant (or their representative authorized to sign on their behalf) hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned Applicant (or their representative authorized to sign on their behalf) hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE INSURANCE 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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR 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 INSURANCE 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 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 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 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 PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**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, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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 A CRIMINAL OFFENSE AND SUBJECT TO CIVIL PENALTIES UNDER STATE LAW.

**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.

**Applicant Information:**

Applicant Name:

By (Authorized Signature):

Name/Title:

Date:

**Producer Information:**

Producer Name:

\* Producer Signature:

Date:

Address of Producer:

Street:		
City:	State:	Zip:
E-Mail Address:		

\*\* Producer License Number:

\* required only in the following State(s): Iowa  
\*\* required only in the following State(s): Florida