

PRIVATE COMPANY APPLICATION



Name of Insurance Company to which application is made

NOTICE: LIABILITY COVERAGE PARTS PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE SPECIFIED: COVERAGE APPLIES ONLY TO A CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND WHICH HAS BEEN REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS. COVERAGE IS SUBJECT TO THE INSURED'S PAYMENT OF THE APPLICABLE RETENTION. PAYMENTS OF DEFENSE COSTS ARE SUBJECT TO, AND REDUCE, THE AVAILABLE LIMIT OF LIABILITY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

1. GENERAL INFORMATION

- a) Name of Applicant Company: _____
(Together with any subsidiaries for whom this policy is intended, hereinafter, "Applicant(s).")
- b) Address:
- c) Nature of Business and SIC or NAIC Code:
- d) Year of Incorporation:
- e) Website:
- f) Employer Identification Number (EIN):

2. COVERAGE REQUESTED

Proposed Effective Date: _____

Please check the boxes below with an "X" to indicate which coverage is being requested. If you are not requesting a type of coverage, please leave the entire row blank. If a coverage requested is not currently purchased, a dollar amount of "\$0" will be assigned to current limits.

Coverage Requested	Limits Requested	Currently Purchased	Date Coverage First Purchased	Current Limits	Current Retention	Current Carrier and Premium
<input type="checkbox"/> Directors, Officers & Entity Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	
<input type="checkbox"/> Employment Practices Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	
<input type="checkbox"/> Fiduciary Liability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	
<input type="checkbox"/> Crime	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	
<input type="checkbox"/> Kidnap & Ransom/Extortion	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	

3. PRIOR KNOWLEDGE

- a) Answer the following question if any coverage currently purchased has a "date coverage first purchased" that falls within 36 months of the date that this application is executed:

With respect to each coverage currently purchased, did any Applicant or any natural person for whom insurance is intended have any knowledge or information, as of the "date coverage first purchased," of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise or could have given rise to a claim? Yes No

If "YES," provide full details (attach a separate sheet if necessary).

IT IS AGREED THAT IF ANY SUCH KNOWLEDGE OR INFORMATION EXISTED, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH ERROR, MISSTATEMENT, MISLEADING STATEMENT, ACT, OMISSION, NEGLIGENCE, BREACH OF DUTY OR OTHER MATTER OF WHICH THERE WAS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE REQUESTED.

- b) The following question must be answered if the Applicants are requesting higher limits than current limits, including requesting coverage which is not currently purchased.

Does an Applicant or any natural person for whom insurance is intended have any knowledge or information of any error, misstatement, misleading statement, act, omission, neglect, breach of duty or other matter that may give rise to a claim? Yes No

If "YES," provide full details (attach a separate sheet if necessary).

IT IS AGREED THAT IF ANY SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM BASED ON, ARISING FROM, OR IN ANY WAY RELATING TO SUCH ERROR, MISSTATEMENT, MISLEADING STATEMENT, ACT, OMISSION, NEGLIGENCE, BREACH OF DUTY OR OTHER MATTER OF WHICH THERE IS KNOWLEDGE OR INFORMATION SHALL BE EXCLUDED FROM COVERAGE REQUESTED. HOWEVER, THIS EXCLUSION SHALL APPLY UNDER A SPECIFIC COVERAGE PART ONLY TO THE EXTENT THAT THE "LIMITS REQUESTED" ARE HIGHER THAN THE "CURRENT LIMITS" PURCHASED FOR THAT COVERAGE PART.

4. APPLICANT INFORMATION

If the Applicant listed in 1(a) above has any subsidiaries, complete the following (attach a separate sheet if necessary):
a)

NAME	NATURE OF BUSINESS	DATE CREATED OR ACQUIRED	PERCENTAGE OWNED BY APPLICANT LISTED IN 1(a)	STATE/COUNTRY OF INCORPORATION

b)

Please provide the following based on the Applicants' most recent fiscal year end ("FYE") and the year prior. Please indicate negative figurers using "(" or "-"	Most Recent Fiscal Year End (Month/Year) _____/____	Year Prior to Most Recent Fiscal Year End (Month/Year) _____/____
Current Assets		
Goodwill		
Total Assets		
Current Liabilities		
Long Term Debt		
Total Liabilities		
Retained Earnings		
Shareholder Equity		
Total Revenues		
Earnings before interest and Taxes		
Net income after taxes		
Interest Expense		
Cash flow from Operations		

c) Total number of current:

- i. US based employees _____
- ii. US locations _____
- iii. non US based employees _____ (If any, please provide full details.)
- iv. non US locations? _____ (If any, please provide full details.)

If the response is "YES" to any question below, please provide full details (attach separate sheet if necessary).

d) Is an Applicant a subsidiary of a non-U.S. Corporation? Yes No

e) Has an Applicant experienced, within the past 24 months, any of the following events:

- i. Merger, acquisition, sale of any assets or other similar transaction? Yes No
- ii. Any financial restructuring, reorganization or filing for bankruptcy? Yes No
- iii. Any downsizing, layoffs, reduction in force, plant or office closings? Yes No

Does an Applicant anticipate any of the preceding events within the next 12 months? Yes No

f) Is an Applicant a Federal or other Governmental Contractor? Yes No

5. DIRECTORS, OFFICERS & ENTITY LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

- a) What percentage of an Applicant's common and preferred stock (or other ownership interest) is owned by individuals who are also directors and officers? ____ If less than 100% please provide full details.
- b) Is any of the common or preferred stock (or other ownership interests) in an Applicant owned by any of the following (check all that apply):
- i. Corporations Yes No
 - ii. Venture capital funds Yes No
 - iii. Private equity funds Yes No
 - iv. Trusts Yes No
 - v. Partnerships Yes No
 - vi. Other Yes No
- If "YES" to any of the above, please provide full details.
- c) Is any Applicant's common or preferred stock (or other ownership interest in an Applicant) owned by members of an extended family? Yes No If "YES" please provide full details.

If the response is "YES" to any question below, please provide full details (attach separate sheet if necessary).

- d) Within the past 24 months, has an Applicant completed any public or private offering of securities (including, but not limited to, IPO, Secondary Exchanges, or Crowd Funding/Crowd Financing)? Yes No
- e) Is an Applicant currently anticipating any public or private offering of securities (including but not limited to IPO, Secondary Exchanges, or Crowd Funding/Crowd Financing)? Yes No
- f) Is an Applicant currently in breach or violation of any debt covenant or loan agreement or any other material contractual obligation? Yes No
- g) Within the past 12 months, has an Applicant been in breach or violation of any debt covenant or loan agreement or any other material contractual obligation? Yes No
- h) Has an Applicant, or any natural person for whom this insurance is intended, been involved in:
- i. Any antitrust, copyright or patent litigation? Yes No
 - ii. Any civil or criminal action or administrative proceeding alleging a violation of any federal or state security law or regulation? Yes No
 - iii. Any representative actions, class actions or derivative suits? Yes No
 - iv. Any other litigation? Yes No

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Most recent audited Financial Statement and CPA opinion

6. EMPLOYMENT PRACTICES LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

- a) Please list the following information based on the Applicants' current facts as of today and those facts of one year ago:
- | | <u>Currently</u> | <u>1 Year Ago</u> |
|--|------------------|-------------------|
| i. Non-Union Full Time US Employees | _____ | _____ |
| ii. Non-Union Part Time US Employees | _____ | _____ |
| iii. Independent Contractors | _____ | _____ |
| iv. Union Employees | _____ | _____ |
| v. Foreign Based Employees | _____ | _____ |
| vi. TOTAL EMPLOYEES and CONTRACTORS
(line vi should be the sum of lines i-v.) | _____ | _____ |
| vii. Of the total number of employees/contractors listed above, please indicate how many are located in: | | |

	<u>Currently</u>	<u>1 Year Ago</u>
California	_____	_____
New Jersey	_____	_____
Unpaid Interns	_____	_____

b) Please list the percentage of employees within the following compensation bands (including any bonus and commissions):

\$50,000 or less	\$50,000+ to \$100,000	\$100,000+ to \$250,000	More than \$250,000

c) Please also list: the following:

- | | | |
|--|------------------------|---|
| | Within Last 12 months: | Within Last 24 months: |
| i. Involuntary Terminations: | _____ | _____ |
| ii. Layoffs: | _____ | _____ |
| • Was severance available to all affected? | | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Did all severance recipients sign a release? | | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If "NO" to either question, please provide full details (attach a separate sheet if necessary).

d) Do the Applicants have written procedures in place regarding:

- | | |
|--|--|
| i. Sexual Harassment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Discrimination | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Equal Employment Opportunity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. Americans with Disabilities Act | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. Employment-At-Will | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vi. Termination | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vii. Social Media and Computer/Network Usage | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- e) Is an employee handbook distributed to all employees? Yes No
- f) Do the Applicants have a stand-alone Human Resources Department? Yes No
- g) Do the Applicants review all terminations with Legal Counsel? Yes No
- h) Do the Applicants employ any outside employment risk management services? Yes No
- i) Do the Applicants require new employees to agree to arbitrate employment disputes? Yes No
- j) Do the Applicants require new employees to sign class action waivers? Yes No
- k) Has an Applicant experienced any complaints, charges or hearings involving:
- | | |
|--|--|
| i. Any Civil complaint as respects Employment Practices Liability, including any Class or Multi- Claimant Action? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Any Federal, State or Local Government agency as respects Employment Practices Liability? If "YES" to (i) or (ii), please provide full details (attach separate sheet if necessary). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- l) Do the Applicants conduct formal training on employment practices policies and procedures with all managers? Yes No

7. FIDUCIARY LIABILITY COVERAGE PART (Complete Only if Requesting this Coverage)

a) For each plan to be covered, please list the following:

PLAN NAME	PLAN TYPE*	# OF PARTICIPANTS	PLAN ASSETS (CURRENT YEAR)	PLAN STATUS**
			\$	
			\$	
			\$	

* Plan Type: Defined Benefit (DB), Defined Contribution (DC), Welfare (W), Employee Stock Ownership (ESOP) or Other (O).

** Plan Status: Active (A), Merged (M), Terminated (T) or Frozen (F).

If the response is "YES" to any question below, please provide full details (attach separate sheet if necessary).

b) Has an Applicant, any plan, or plan fiduciary:

- | | |
|---|--|
| i. been accused or found guilty of a breach of fiduciary duty or violation of ERISA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. been investigated by the DOL, IRS or any other regulatory agency in the past 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- iii. had any other litigation against any Plan or Plan Fiduciary? Yes No
- c) Does any plan hold or provide the option to invest in the securities of an Applicant? Yes No
- d) Within the past 24 months have there been any reduction in benefits? Yes No
- e) Does an Applicant anticipate any reduction in benefits in the coming 12 months? Yes No

8. CRIME COVERAGE PART (Complete Only if Requesting this Coverage)

- a) Has an Applicant discovered or sustained a crime or fidelity loss within the last 36 months? If the response is "YES," please provide full details (attach separate sheet if necessary). Yes No
- b) Are the Applicants' financial statements audited by a CPA on an annual basis? Yes No
- c) If a CPA management letter was issued, were there any internal control weaknesses or recommendations for improvement by management N/A Yes No
If "YES", please attach the most recent report along with management's response to the letter.

If the response is "NO" to any of the remaining questions, please provide details on a separate sheet.

- d) Do the Applicants conduct any type of background checks on potential employees? Yes No
- e) Do the Applicants prohibit any employee (other than the owner) who reconciles bank statements from also:
 - i. Signing checks Yes No
 - ii. Handling bank deposits Yes No
 - iii. Making withdrawals Yes No
 - iv. Having access to check signing machines or signature plates? N/A Yes No
- f) Do the Applicants have an internal audit department or someone with internal audit responsibilities? Yes No
- g) Are disbursement controls segregated so no one employee can control a process from beginning to end? (e.g. request check, approve voucher, sign check) Yes No
- h) Is an authorized vendor list utilized to assist in detecting payments to fictitious suppliers? Yes No
- i) Is the responsibility for authorizing vendors, approving invoices and processing payments segregated amongst different individuals? Yes No
- j) Are automated inventory systems and physical inventories reconciled? N/A Yes No
- k) If an Applicant operates its own plants or warehouses, are there security guards, alarms and video cameras to protect inventory in plants and warehouses? N/A Yes No
- l) Do the Applicants use precious metals, stones, gems, or other high value items in their operations?
If "YES," is access to this high value material restricted, controlled and monitored? Yes No Yes No
- m) Is the authority to initiate and approve a wire transfer separated amongst different employees? Yes No
- n) Are wire transfers reconciled by a person not involved in approving or initiating the wire transfer? Yes No
- o) Do the Applicants maintain written procedures for the proper handling of wire transfers? Yes No
- p) Are employees that process wire transfers trained to never process an internal transfer request:
 - i. unless the request comes from someone with documented authority and within their established dollar threshold? Yes No
 - ii. without first properly validating the request via an email address or telephone number which was obtained from the employee directory and not by utilizing the reply function or a telephone number supplied as a part of the request? Yes No

- q) Can wire transfer authority be delegated to anyone verbally or in writing? Yes No
 If "YES", are procedures in place to verify that the authority has been delegated to someone else? Yes No
- r) Are employees that are responsible for wire transfers provided with regular anti-fraud training to include how to detect phishing, social engineering and other types of deception fraud schemes? Yes No
- s) Are wire transfers reconciled daily? Yes No
- t) Do these same internal control procedures exist at foreign location(s)? N/A Yes No
- u) Complete the below if Theft of Clients' Property Off Premises extension is requested:
- i. Will an Applicant or its employees have access to any client's money, securities, banking systems, purchasing systems, payroll systems, accounting systems and/or wire transfer systems? Yes No
 If "yes," please provide details: _____
 - ii. If an Applicant or its employees will have access to restricted areas of the client's premises, will this be limited by the use of keycards, locks, etc.? Yes No
 - iii. How many of the Applicants' employees will be working at the client's location? _____
 - iv. How many of the Applicants' 1099 contractors will be working at client's location? _____

9. KIDNAP AND RANSOM/EXTORTION COVERAGE PART (Complete Only if Requesting this Coverage)

If "YES" to any of the questions below, please provide full details (attach separate sheet if necessary).

- a) With respect to the Applicant, or any natural person for whom this insurance is intended:
- i. Has there ever been a prior kidnapping, extortion or detention incident or threat? Yes No
 - ii. Are there any current threats or incidents regarding kidnapping, extortion or detention? Yes No
 - iii. Are any operations to be insured involved in the production of food, beverages or pharmaceuticals (including toothpaste, mouthwash, etc.)? Yes No

- b) Please complete the following regarding the Applicants for each foreign (non-U.S.) location:
 (If none, leave this space blank.)

Country, city, and description of operations	# of Employees

- c) Please complete the following regarding travel to foreign countries:
 (If none, leave this space blank.)

Country and city(ies)	Number of Trips Per Year	Average length of stay	# of Employees

- d) If an Applicant has foreign locations or travel, describe security precautions on a separate sheet.

10. LOSS HISTORY

If "YES" to any of the questions below, please provide full details (attach separate sheet if necessary).

With respect to the Applicants and any natural person for whom this insurance is intended:

- a) Have there been any actual or potential lawsuits or claims that may fall within the scope of the coverage requested? Yes No

- b) Has any Insurer cancelled or refused to renew any Directors and Officers, Employment Practices, Fiduciary, Crime, Kidnap Ransom or similar insurance within the past 36 months? Yes No
* MISSOURI APPLICANTS NEED NOT REPLY.

Applicable to Liability Coverage Parts Only:

- c) Are there any pending claims or demands against an Applicant or any natural person for whom this insurance is intended that may fall within the scope of coverage of any other previously or currently purchased insurance policy? Yes No
- d) Has an Applicant or any natural person for whom this insurance is intended given notice under the provisions of any other previously or currently purchased insurance policy of any facts or circumstances which may give rise to a claim against any of them? Yes No

REGARDING THESE QUESTIONS C & D, IT IS AGREED THAT IF ANY SUCH CLAIMS, DEMANDS OR NOTICES EXIST, ANY CLAIM BASED UPON, ARISING FROM OR IN ANY WAY RELATED TO SUCH MATTERS SHALL BE EXCLUDED FROM THE INSURANCE BEING APPLIED FOR. THE INFORMATION PROVIDED IN THIS APPLICATION IS FOR UNDERWRITING PURPOSES ONLY AND DOES NOT CONSTITUTE NOTICE TO THE COMPANY OF A CLAIM OR POTENTIAL CLAIM UNDER ANY POLICY. IF YOU INTEND TO NOTICE A CLAIM OR POTENTIAL CLAIM FOR POSSIBLE COVERAGE, PLEASE COMPLY WITH THE NOTICE OF CLAIM CONDITIONS/PROVISIONS FOUND IN YOUR POLICY.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

ATTENTION 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.

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A " FRAUDULENT INSURANCE ACT " MEANS 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 THEREOF, ANY WRITTEN ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART 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.

ATTENTION KENTUCKY, OHIO AND 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

THERE TO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

ATTENTION 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.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION 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.

ATTENTION 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) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

ATTENTION 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.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES AND ACKNOWLEDGES THAT:

- THE POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE THE LIMIT OF LIABILITY AND MAY EXHAUST IT COMPLETELY AND SHOULD THAT OCCUR, THE INSURED SHALL BE LIABLE FOR ANY FURTHER LOSS, INCLUDING DEFENSE COSTS. IN ADDITION, DEFENSE COSTS ARE APPLIED AGAINST THE RETENTION.
- THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE¹. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL, IN ORDER FOR THE INFORMATION TO BE TRUE AND COMPLETE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE². THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND OR THE FIRST DAY OF THE POLICY PERIOD, WHICHEVER IS LATER. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE DEEMED ATTACHED TO AND BECOME A PART OF THE POLICY³. 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.

1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.

2- In Maine this sentence ends at the word "quotations."

3- The application shall actually attach in the following states: North Carolina, _____

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, PRESIDENT OR BOARD CHAIRMAN.

PRINT NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Additionally required of applicants in Florida, Iowa & New Hampshire

Name of Agent _____
(Required: Florida, Iowa & New Hampshire only)

Agent License #: _____
(Required: Florida only)

Print Name: _____

Name of Agency: _____

Address: _____

Date: _____

Agent Signature: _____
(Required: Florida & New Hampshire only)

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

<Enter the address and phone number of the local The Hartford office.>